

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2020

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation): Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Form 990 Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization THE ROCHESTER GENERAL HOSPITAL
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1425 PORTLAND AVENUE
City or town, state or province, country, and ZIP or foreign postal code
ROCHESTER, NY 14621

D Employer identification number 16-0743134
E Telephone number (585) 922-1595
G Gross receipts \$ 1,328,991,605

F Name and address of principal officer: ERIC J BIEBER MD 100 KINGS HIGHWAY SOUTH ROCHESTER, NY 14617

H(a) Is this a group return for subordinates? H(b) Are all subordinates included? H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: WWW.ROCHESTERREGIONAL.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 1847 M State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO OPERATE A GENERAL HOSPITAL IN THE COUNTY OF MONROE, NY FOR MEDICAL AND SURGICAL AID, CARE AND TREATMENT OF PERSONS IN NEED.

Table with 2 columns: Description, Amount. Rows include: 2 Check this box, 3 Number of voting members, 4 Number of independent voting members, 5 Total number of individuals employed, 6 Total number of volunteers, 7a Total unrelated business revenue, 7b Net unrelated business taxable income.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue, 13 Grants and similar amounts paid, 14 Benefits paid, 15 Salaries, other compensation, 16a Professional fundraising fees, 16b Total fundraising expenses, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets, 21 Total liabilities, 22 Net assets or fund balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer THOMAS R CRILLY CFO Date 2021-11-05 Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date 2021-11-05 Check if self-employed PTIN P00589741 Firm's name FUST CHARLES CHAMBERS LLP Firm's EIN 16-1226221 Firm's address 5784 WIDEWATERS PARKWAY SYRACUSE, NY 13214 Phone no. (315) 446-3600

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

TO ESTABLISH, ERECT AND MAINTAIN A GENERAL HOSPITAL AND DISPENSARY IN THE COUNTY OF MONROE, NY FOR MEDICAL AND SURGICAL AID, CARE AND TREATMENT OF PERSONS IN NEED THEREOF; TO CARRY ON AND CONDUCT A TRAINING SCHOOL FOR NURSES; TO PROMOTE AND CARRY ON SCIENTIFIC RESEARCH RELATED TO THE CARE OF THE SICK AND INJURED; TO PARTICIPATE IN ANY ACTIVITIES DESIGNED AND CARRIED ON TO PROMOTE THE GENERAL HEALTH OF THE COMMUNITY; AND TO ACQUIRE BY PURCHASE, LEASE OR GIFT, OR IN ANY OTHER FASHION, ANY AND ALL REAL AND PERSONAL PROPERTY NECESSARY OR ADVISABLE FOR CARRYING OUT ANY OF THE FOREGOING PURPOSES AND POWERS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 927,922,991 including grants of \$ 268,440) (Revenue \$ 977,497,602)
SEE SCHEDULE O

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 927,922,991

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	Yes	
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		No
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		No
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		No
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons?		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		No
28b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		No
28c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
35b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance
 Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Form 990 (2020) Part V Statements Regarding Other IRS Filings and Tax Compliance (continued). Includes sections 2a through 16 with various questions and input fields. Notable values include 8,620 in box 2a and 'Yes' in box 15.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8 Did the organization contemporaneously document... 8a The governing body... 8b Each committee... 9 Is there any officer, director, trustee...

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters... 10b If "Yes," did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe in Schedule O the process... 12a Did the organization have a written conflict... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently... 13 Did the organization have a written whistleblower... 14 Did the organization have a written document... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute... 16b If "Yes," did the organization follow a written...

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: HOWARD GLASTONBURY 100 KINGS HIGHWAY SOUTH ROCHESTER, NY 14617 (585) 922-1595

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KAREN M GALLINA CHAIR OF THE BOARD	1.00	X		X				0	0	0
(2) DIANNE COONEY MINER VICE CHAIR	1.00	X		X				0	0	0
(3) JEFFREY C MAPSTONE TREASURER	1.00	X		X				0	0	0
(4) JULIA TEDESCO SECRETARY	1.00	X		X				0	0	0
(5) ERIC BIEBER MD CEO	19.00 36.00	X		X			999,278	1,893,369	1,280,850	
(6) KARAN SINGH ALAG MD DIRECTOR	40.00 1.00	X					340,256	0	147,510	
(7) LINDA BECKER DIRECTOR	1.00 1.00	X					0	0	0	
(8) RALPH DESTEPHANO DIRECTOR	1.00 1.00	X					0	0	0	
(9) DANIEL MEYERS DIRECTOR	1.00 1.00	X					0	0	0	
(10) ELIZABETH PATTON PHD DIRECTOR	1.00 1.00	X					0	0	0	
(11) THOMAS RILEY DIRECTOR	1.00 1.00	X					0	0	0	
(12) LEON T SAWYKO DIRECTOR	1.00 1.00	X					0	0	0	
(13) DAWN RIEDY MD DIRECTOR	40.00 1.00	X					440,661	0	306,012	
(14) MARCY C MULCONRY MD DIRECTOR	1.00 40.00	X					0	373,790	83,449	
(15) PAUL BERNSTEIN MD MEDICAL STAFF PRESIDENT	40.00 0.00	X					136,310	0	0	
(16) JAY KEYES MD MEDICAL STAFF PRESIDENT	40.00 0.00	X					381,770	0	146,561	
(17) MIKE CICERO DIRECTOR	1.00 1.00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) WALTER LARKIN DIRECTOR	1.00 1.00	X						0	0	0
(19) THOMAS CRILLY CFO	19.00 36.00			X				322,275	610,626	583,663
(20) HUGH THOMAS CAO	19.00 36.00			X				401,083	759,947	625,397
(21) KEVIN CASEY MD PRESIDENT	55.00 0.00				X			740,948	0	310,890
(22) RONALD KIRSHNER CHIEF, CARDIOTHORACIC	40.00 0.00					X		2,223,889	0	109,811
(23) SOON PARK PHYSICIAN	40.00 0.00					X		1,510,290	0	69,677
(24) DANIEL ALEXANDER PHYSICIAN	40.00 0.00					X		1,590,635	0	76,196
(25) GORDON WHITBECK PHYSICIAN	40.00 0.00					X		1,485,117	0	111,045
(26) PATRICK RIGGS PHYSICIAN	40.00 0.00					X		1,086,791	0	223,806
(27) ROBERT NESSELBUSH FORMER COO	0.00 0.00						X	370,563	515,565	351,247
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								12,029,866	4,153,297	4,426,114

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **1,192**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
LECHASE CONSTRUCTION SERVICES 205 INDIGO CREEK DR ROCHESTER, NY 14626	CONSTRUCTION SERVICES	64,119,346
SUPPLEMENTAL HEALTH CARE PO BOX 677896 DALLAS, TX 752677896	HEALTH CARE CONSULTANTS	5,057,372
DGA BUILDERS LLC 1170 PITTSFORD VICTOR RD PITTSFORD, NY 14534	CONSTRUCTION SERVICES	4,932,157
UNIVERSITY OF ROCHESTER 601 ELMWOOD AVENUE BOX 888 ROCHESTER, NY 14642	PHYSICIAN SERVICES	4,174,577
HARRIS BEACH PLLC 99 GARNSEY RD PITTSFORD, NY 14534	LEGAL SERVICES	3,210,306

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **8 4**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
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Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a			
	b Membership dues . . .	1b			
	c Fundraising events . . .	1c			
	d Related organizations	1d	28,294,067		
	e Government grants (contributions)	1e	96,350,064		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,797,518		
	g Noncash contributions included in lines 1a - 1f:\$	1g			
h Total. Add lines 1a-1f			126,441,649		

Program Service Revenue		Business Code			
		2a NET PATIENT REVENUE	622110	956,640,247	956,640,247
b RENTAL REVENUE FROM RELATED PARTI	531120	6,079,627	6,079,627		
c SCHOOL OF NURSING	611600	3,703,265	3,703,265		
d RESEARCH	541700	993,613	993,613		
e					
f All other program service revenue.		2,789,461	2,789,461		
g Total. Add lines 2a-2f.			970,206,213		

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		13,317,686		13,317,686	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		6b Less: rental expenses				
		6c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	201,852,130			
		(ii) Other				
		7b Less: cost or other basis and sales expenses	190,128,904			
		7c Gain or (loss)	11,723,226			
	d Net gain or (loss)		11,723,226		11,723,226	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
		8b Less: direct expenses				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	9a					
	9b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less						

returns and allowances . . .	10a				
b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory . . .					
Miscellaneous Revenue	Business Code				
11a PHARMACY REVENUE	446110	8,744,691			8,744,691
b CAFETERIA/CAFE & CATERING	722210	1,091,881			1,091,881
c PASSTHROUGH UBIT	900099	44,614		44,614	
d All other revenue		7,292,741	7,291,389	1,352	
e Total. Add lines 11a-11d		17,173,927			
12 Total revenue. See instructions		1,138,862,701	977,497,602	45,966	34,877,484

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).
 Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	268,440	268,440		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,533,704	4,479,209	1,054,495	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	474,694,333	425,286,466	49,407,867	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	48,962,333	43,505,481	5,456,852	
9 Other employee benefits	30,091,326	26,737,648	3,353,678	
10 Payroll taxes	36,937,673	32,820,969	4,116,704	
11 Fees for services (non-employees):				
a Management	171,018	128,263	42,755	
b Legal	141,107	105,830	35,277	
c Accounting	14,781	11,086	3,695	
d Lobbying	55,435	55,435		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	98,195,921	73,633,082	24,562,839	
12 Advertising and promotion	732,123	549,092	183,031	
13 Office expenses	-4,445,353	-4,320,883	-124,470	
14 Information technology				
15 Royalties				
16 Occupancy	37,017,672	34,963,191	2,054,481	
17 Travel	273,347	265,693	7,654	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	251,947	244,892	7,055	
20 Interest	5,565,708	4,460,698	1,105,010	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	43,988,175	36,039,224	7,948,951	
23 Insurance	8,900,416	8,554,368	346,048	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	213,968,384	207,335,260	6,633,124	
b SHARED SERVICE EXPENSE	28,602,006	25,414,312	3,187,694	
c TAXES AND ASSESSMENTS	4,655,688	4,520,906	134,782	
d BAD DEBT EXPENSE	4,320,135	4,320,135		
e All other expenses	-1,491,205	-1,455,806	-35,399	
25 Total functional expenses. Add lines 1 through 24e	1,037,405,114	927,922,991	109,482,123	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

Table with columns (A) Beginning of year, (B) End of year, and rows for Assets (1-16), Liabilities (17-26), and Net Assets or Fund Balances (27-33). Includes sub-rows 10a, 10b, 10c and 29-32.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,138,862,701
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,037,405,114
3	Revenue less expenses. Subtract line 2 from line 1	3	101,457,587
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	694,787,773
5	Net unrealized gains (losses) on investments	5	31,016,448
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-19,733,645
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	807,528,163

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury

Internal Revenue Service
Name of the organization

THE ROCHESTER GENERAL HOSPITAL

Employer identification number

16-0743134

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2019 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
 - a** A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?
 - b** A family member of a person described in 11a above?
 - c** A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.*

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1** Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

	Yes	No
2a		
2b		
3a		
3b		

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI. the role played by the organization in this regard.*

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

Current Year

1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

(continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

Additional Data

Return to Form

Software ID:

Software Version:

Name of the organization THE ROCHESTER GENERAL HOSPITAL	Employer identification number 16-0743134
--	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
THE ROCHESTER GENERAL HOSPITAL

Employer identification number
16-0743134

Part I
Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization
THE ROCHESTER GENERAL HOSPITAL

Employer identification number
16-0743134

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____

Name of organization THE ROCHESTER GENERAL HOSPITAL	Employer identification number 16-0743134
--	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	

Additional Data

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Software Version:

2020

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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization THE ROCHESTER GENERAL HOSPITAL

Employer identification number

16-0743134

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
2 Political campaign activity expenditures (see instructions)
3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.
4 Did the filing organization file Form 1120-POL for this year?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

(a)		(b)
Yes	No	Amount
	No	
Yes		55,435
		55,435
	No	

- 1** During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:
 - a** Volunteers?
 - b** Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?
 - c** Media advertisements?
 - d** Mailings to members, legislators, or the public?
 - e** Publications, or published or broadcast statements?
 - f** Grants to other organizations for lobbying purposes?
 - g** Direct contact with legislators, their staffs, government officials, or a legislative body?
 - h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?
 - i** Other activities?
 - j** Total. Add lines 1c through 1i
- 2a** Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?
- b** If "Yes," enter the amount of any tax incurred under section 4912
- c** If "Yes," enter the amount of any tax incurred by organization managers under section 4912
- d** If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1:	THE AMOUNT REFLECTED ON PART II-B. LINE 1I REPRESENTS THE PORTION OF MEMBERSHIP DUES PAID TO HEALTHCARE ASSOCIATION OF NYS (HANYS), AMERICAN HOSPITAL ASSOCIATION (AHA), LEADING AGE NEW YORK AND LEADING AGE NATIONAL ATTRIBUTABLE TO LOBBYING ACTIVITIES.

Additional Data

Return to Form

Software ID:

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Supplemental Financial Statements

2020

Open to Public Inspection

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
THE ROCHESTER GENERAL HOSPITAL

Employer identification number
16-0743134

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? **Yes** **No**

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? **Yes** **No**

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? **Yes** **No**

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? **Yes** **No**

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	10,534,609	8,995,254	8,854,278	8,819,609	8,109,429
b Contributions	1,227,128	1,539,355	140,976	34,669	710,180
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	11,761,737	10,534,609	8,995,254	8,854,278	8,819,609

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 0 %
 - b** Permanent endowment ▶ 100.000 %
 - c** Term endowment ▶ 0 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | No | No |
| (ii) Related organizations | No | No |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,900,000		2,900,000
b Buildings		540,584,488	175,258,506	365,325,982
c Leasehold improvements		55,296,336	49,448,501	5,847,835
d Equipment		407,024,879	304,901,389	102,123,490
e Other		147,023,773	8,389,456	138,634,317
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				614,831,624

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) COMMON COLLECTIVE TRUSTS	26,577,106	F
(B) HEDGE FUNDS	270,545,249	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	297,122,355	

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	199,872,904
(2) BENEFICIAL INTEREST IN FOUNDATION	56,450,221
(3) OTHER ASSETS	291,490
(4) THIRD PARTY RECEIVABLE	138,173,428
(5) SELF-INSURANCE ASSET	54,999,996
(6) OTHER RECEIVABLES	36,842,817
(7) LEASE RIGHT TO USE ASSETS	111,538,962
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	598,169,818

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	466,976,193

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART V, LINE 4:	THE INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS INCLUDE: 1) CAPITAL EXPANSION, AND 2) ADVANCEMENT OF MEDICAL EDUCATION AND RESEARCH AND HEALTH CARE SERVICES.

Additional Data

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**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2020

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990EZ for instructions and the latest information.**

Department of the
Treasury

Name of the organization

THE ROCHESTER GENERAL HOSPITAL

Employer identification number

16-0743134

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.		

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			15,942,497	8,224,635	7,717,862	0.750 %
b Medicaid (from Worksheet 3, column a)			165,783,173	129,432,750	36,350,423	3.520 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			34,923,456	23,067,859	11,855,597	1.150 %
d Total Financial Assistance and Means-Tested Government Programs			216,649,126	160,725,244	55,923,882	5.420 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			1,826,217	0	1,826,217	0.180 %
f Health professions education (from Worksheet 5)			32,516,182	17,129,420	15,386,762	1.490 %
g Subsidized health services (from Worksheet 6)			380,678,497	306,350,663	74,327,834	7.190 %
h Research (from Worksheet 7)			1,067,588	1,067,588		
i Cash and in-kind contributions for community benefit (from Worksheet 8)			615,668		615,668	0.060 %
j Total. Other Benefits			416,704,152	324,547,671	92,156,481	8.920 %
k Total. Add lines 7d and 7j			633,353,278	485,272,915	148,080,363	14.340 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense
(f) Percent of total expense					
1 Physical improvements and housing					
2 Economic development					
3 Community support					
4 Environmental improvements			579,328	87,169	492,159
0.050 %					
5 Leadership development and training for community members					
6 Coalition building					
7 Community health improvement advocacy					
8 Workforce development					
9 Other					
10 Total			579,328	87,169	492,159
0.050 %					

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2		4,320,135
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		2,020,116
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	99,100,867
6 Enter Medicare allowable costs of care relating to payments on line 5	6	126,546,518
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-27,445,651
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes
9b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 LATTIMORE SERVICES ORGANIZATION LLC	MANAGEMENT SERVICES	32.000 %		68.000 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest —see instructions)

How many hospital facilities did the organization operate during the tax year?

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)
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Facility reporting group

1	ROCHESTER GENERAL HOSPITAL 1425 PORTLAND AVENUE ROCHESTER, NY 14621	X	X		X	X	X	X	

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
 ROCHESTER GENERAL HOSPITAL

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ 1 _____

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
	a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
	b <input checked="" type="checkbox"/> Demographics of the community		
	c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
	d <input checked="" type="checkbox"/> How data was obtained		
	e <input checked="" type="checkbox"/> The significant health needs of the community		
	f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
	g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
	h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
	i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
	j <input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
	a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.ROCHESTERREGIONAL.ORG</u>		
	b <input type="checkbox"/> Other website (list url): _____		
	c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
	d <input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	Yes	
	a If "Yes" (list url): <u>WWW.ROCHESTERREGIONAL.ORG</u>		
	b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
	b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
	c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

ROCHESTER GENERAL HOSPITAL

Name of hospital facility or letter of facility reporting group _____

Did the hospital facility have in place during the tax year a written financial assistance policy that:
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?
 If "Yes," indicate the eligibility criteria explained in the FAP:

- a** Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.000000000000 %
- b** Income level other than the FPG (describe in Section C) 400.000000000000 %
- c** Asset level
- d** Medical indigency
- e** Insurance status
- f** Underinsurance discount
- g** Residency
- h** Other (describe in Section C)

14 Explained the basis for calculating amounts charged to patients?

15 Explained the method for applying for financial assistance?

If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):

- a** Described the information the hospital facility may require an individual to provide as part of his or her application
- b** Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application
- c** Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process
- d** Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications
- e** Other (describe in Section C)

16 Was widely publicized within the community served by the hospital facility?

If "Yes," indicate how the hospital facility publicized the policy (check all that apply):

- a** The FAP was widely available on a website (list url):
WWW.ROCHESTERREGIONAL.ORG
- b** The FAP application form was widely available on a website (list url):
WWW.ROCHESTERREGIONAL.ORG
- c** A plain language summary of the FAP was widely available on a website (list url):
WWW.ROCHESTERREGIONAL.ORG
- d** The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
- e** The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)
- f** A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
- g** Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or
- h** Notified members of the community, and to attract patients' attention
- i** The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations
- j** Other (describe in Section C)

	Yes	No
13	Yes	
14	Yes	
15	Yes	
16	Yes	

Part V Facility Information (continued)

Billing and Collections

ROCHESTER GENERAL HOSPITAL

Name of hospital facility or letter of facility reporting group

Table with 3 columns: Question, Yes, No. Contains questions 17, 18, 19, and 20 regarding billing and collections policies.

Policy Relating to Emergency Medical Care

Table with 3 columns: Question, Yes, No. Contains question 21 regarding emergency medical care policy.

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

ROCHESTER GENERAL HOSPITAL

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 123

Name and address	Type of Facility (describe)
1 1 - RGH LINDEN OAKS DEXA 10 HAGAN DRIVE SUITE 130 ROCHESTER, NY 14625	RGH SPECIALTY PRACTICE
2 2 - RGMG DERMATOLOGY & MOHS SURGERY AT LINDE 10 HAGAN DRIVE SUITE 300 ROCHESTER, NY 14625	RGMG SPECIALTY PRACTICE
3 3 - RGH BARIATRICS AT NEWARK 1200 DRIVING PARK AVENUE NEWARK, NY 14513	RGH SPECIALTY PRACTICE
4 4 - RGH NEPHROLOGY AT NEWARK 1200 DRIVING PARK AVENUE NEWARK, NY 14513	RGH SPECIALTY PRACTICE
5 5 - RGH PULMONARY AT NEWARK 1200 DRIVING PARK AVENUE NEWARK, NY 14513	RGH SPECIALTY PRACTICE
6 6 - RGH INFECTIOUS DISEASES AT NEWARK 1202 DRIVING PARK AVENUE NEWARK, NY 14513	RGH SPECIALTY PRACTICE
7 7 - RGH UROLOGY AT NEWARK 1202 DRIVING PARK AVENUE NEWARK, NY 14513	RGH SPECIALTY PRACTICE
8 8 - RGH OT PT AND SPEECH THERAPY 1381 EAST RIDGE ROAD ROCHESTER, NY 14621	RGH SPECIALTY PRACTICE
9 9 - RGH ULTRASOUND AT TWC 1415 PORTLAND AVENUE SUITE 400/490 ROCHESTER, NY 14621	RGH SPECIALTY PRACTICE
10 10 - RGH BARIATRICS OF WESTERN NY 1415 PORTLAND AVENUE SUITE 225 ROCHESTER, NY 14621	RGH SPECIALTY PRACTICE
11 11 - RGHS DEPARTMENT OF SURGERY 1415 PORTLAND AVENUE SUITE 245 ROCHESTER, NY 14621	RGH SPECIALTY PRACTICE
12 12 - RGH SANDS CONSTELLATION HEART INSTITUTE 1415 PORTLAND AVENUE SUITE 350 ROCHESTER, NY 14621	RGH SPECIALTY PRACTICE
13 13 - RGH NEUROLOGY AT THE MOB 1415 PORTLAND AVENUE SUITE 445 ROCHESTER, NY 14621	RGH SPECIALTY PRACTICE
14 14 - RGMG ORTHOPAEDIC CLINIC 1425 PORTLAND AVENUE ROCHESTER, NY 14621	RGMG SPECIALTY PRACTICE
15 15 - RGMG MED ASSOCIATES - TWIG SITE 1425 PORTLAND AVENUE ROCHESTER, NY 14621	RGMG SPECIALTY PRACTICE
16 16 - RGMG ORTHOPAEDICS AT WILSON 1425 PORTLAND AVENUE WILSON BUILDING ROCHESTER, NY 14621	RGMG SPECIALTY PRACTICE
17 17 - RGMG PHYSICAL MEDICINE AND REHAB AT WILS 1425 PORTLAND AVENUE WILSON BUILDING ROCHESTER, NY 14621	RGMG SPECIALTY PRACTICE
18 18 - RGMG RGPA ADOLESCENT 1425 PORTLAND AVENUE ROCHESTER, NY 14621	RGMG SPECIALTY PRACTICE
19 19 - RGMG RGPA COUNSELING 1425 PORTLAND AVENUE ROCHESTER, NY 14621	RGMG SPECIALTY PRACTICE
20 20 - RGMG RGPA PEDS INFECTIOUS DISEASE 1425 PORTLAND AVENUE ROCHESTER, NY 14621	RGMG SPECIALTY PRACTICE
21 21 - RGMG RGPA RHEUMATOLOGY 1425 PORTLAND AVENUE ROCHESTER, NY 14621	RGMG SPECIALTY PRACTICE
22 22 - RGH RADIOLOGY AT RHC 1455 EAST RIDGE ROAD ROCHESTER, NY 14621	RGH SPECIALTY PRACTICE
23 23 - RGH ULTRASOUND AT RHC 1455 EAST RIDGE ROAD ROCHESTER, NY 14621	RGH SPECIALTY PRACTICE
24 24 - RGMG GENERAL MEDICINE AT RHC 1455 EAST RIDGE ROAD ROCHESTER, NY 14621	RGMG SPECIALTY PRACTICE
25 25 - RGMG RGPA ADOLESCENT - RHC 1455 EAST RIDGE ROAD ROCHESTER, NY 14621	RGMG SPECIALTY PRACTICE
26 26 - RGMG PEADIATRIC ASSOCIATES AT RHC	RGMG SPECIALTY PRACTICE

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (Listed in descending order, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **123**

Name and address	Type of Facility (describe)
1455 EAST RIDGE ROAD ROCHESTER, NY 14621	
27 27 - RGMG RGPA COUNSELING AT RHC 1455 EAST RIDGE ROAD ROCHESTER, NY 14621	RGMG SPECIALTY PRACTICE
28 28 - RGMG RGPA PEDS INFECTIOUS DISEASE AT RHC 1455 EAST RIDGE ROAD ROCHESTER, NY 14621	RGMG SPECIALTY PRACTICE
29 29 - RGMG RHEUM AT RHC 1455 EAST RIDGE ROAD ROCHESTER, NY 14621	RGMG SPECIALTY PRACTICE
30 30 - RGMG GENERAL MED - TWIG AT RHC 1455 EAST RIDGE ROAD ROCHESTER, NY 14621	RGMG SPECIALTY PRACTICE
31 31 - RGH MAMMO AT RHC 1455 EAST RIDGE ROAD ROCHESTER, NY 14621	RGH SPECIALTY PRACTICE
32 32 - RGH BARIATRICS AT LOCKPORT 15 ELIZABETH DRIVE LOCKPORT, NY 14094	RGH SPECIALTY PRACTICE
33 33 - RGH SPEECH LANGUAGE PATH AT EAST RIDGE 1850 EAST RIDGE ROAD ROCHESTER, NY 14622	RGH SPECIALTY PRACTICE
34 34 - RGH CARDIAC REHABILITATION 1850 EAST RIDGE ROAD ROCHESTER, NY 14622	RGH SPECIALTY PRACTICE
35 35 - RGH PT AND OT AT EAST RIDGE 1850 EAST RIDGE ROAD ROCHESTER, NY 14622	RGH SPECIALTY PRACTICE
36 36 - RGH PULMONARY REHAB AT EAST RIDGE 1850 EAST RIDGE ROAD ROCHESTER, NY 14622	RGH SPECIALTY PRACTICE
37 37 - RGMG DIABETES EDUCATION AT CLIFTON SPRIN 2 COULTER ROAD SUITE 1620 CLIFTON SPRINGS, NY 14432	RGMG SPECIALTY PRACTICE
38 38 - RGH - ONCOLOGY AT LINDEN OAKS 20 HAGAN DRIVE SUITE 100 ROCHESTER, NY 14625	RGH SPECIALTY PRACTICE
39 39 - RGH DEPT OF SURGERY AND LINDEN OAKS 20 HAGAN DRIVE SUITE 320 ROCHESTER, NY 14625	RGH SPECIALTY PRACTICE
40 40 - RGH GENEVA HEART INSTITUTE 200 NORTH STREET GENEVA, NY 14456	RGH SPECIALTY PRACTICE
41 41 - RGMG DIABETES EDUCATION AT BAY CREEK 2000 EMPIRE BLVD WEBSTER, NY 14580	RGMG SPECIALTY PRACTICE
42 42 - RGH RADIOLOGY AND ULTRASOUND AT BAY CREE 2000 EMPIRE BLVD WEBSTER, NY 14580	RGH SPECIALTY PRACTICE
43 43 - RGMG PM&R AT BAY CREEK 2000 EMPIRE BLVD WEBSTER, NY 14580	RGMG SPECIALTY PRACTICE
44 44 - RGMG MIDWIFE AT BAY CREEK 2000 EMPIRE BLVD WEBSTER, NY 14580	RGMG SPECIALTY PRACTICE
45 45 - RGH DIALYSIS AT BAY CREEK 2010 EMPIRE BLVD WEBSTER, NY 14580	RGH SPECIALTY PRACTICE
46 46 - RGH PHYSICAL THERAPY AT MIDTOWN 210 EAST HIGHLAND DRIVE ROCHESTER, NY 14610	RGH SPECIALTY PRACTICE
47 47 - RGH RADIOLOGY AND ULTRASOUND AT ALEXANDE 214 ALEXANDER STREET SUITE 1000 ROCHESTER, NY 14607	RGH SPECIALTY PRACTICE
48 48 - RGH PODIATRY AT ALEXANDER PARK 222 ALEXANDER STREET SUITE 5000 ROCHESTER, NY 14607	RGH SPECIALTY PRACTICE
49 49 - RGMG PLANT BASED NUTRITION AT SCHI CLINT 2365 SOUTH CLINTON AVENUE SUITE 100 ROCHESTER, NY 14618	RGMG SPECIALTY PRACTICE
50 50 - RGH SCHI AT CLINTON WOODS 2365 SOUTH CLINTON AVENUE SUITE 100 ROCHESTER, NY 14618	RGH SPECIALTY PRACTICE
51 51 - RGH CLINTON PHLEBOTOMY 293 UPPER FALLS BLVD ROCHESTER, NY 14605	RGH SPECIALTY PRACTICE
52 52 - RGMG DIABETES EDUCATION AT LINDEN 30 HAGAN DRIVE SUITE 200 ROCHESTER, NY 14625	RGMG SPECIALTY PRACTICE
53 53 - RGH WOUND AND VEIN CARE AT LINDEN OAKS	RGH SPECIALTY PRACTICE

Section D. Other Health Care Facilities That Are Not Hospital, Registered, or Similarly Recognized as a Hospital Facility (Listed in descending order, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 123

Name and address	Type of Facility (describe)
30 HAGEN DRIVE SUITE 120 ROCHESTER, NY 14625	
54 54 - RGH SCHI AT LINDEN OAKS 30 HAGEN DRIVE SUITE 100 ROCHESTER, NY 14625	RGH SPECIALTY PRACTICE
55 55 - RGMG OFFICE OF COMMUNITY MEDICINE CLIN 309 UPPER FALLS BLVD ROCHESTER, NY 14605	FAMILY MEDICINE
56 56 - RGH SPEECH LANGUAGE OT AND PT AT LINDE 360 LINDEN OAKS DRIVE SUITE 200 ROCHESTER, NY 14625	RGH SPECIALTY PRACTICE
57 57 - RGH PAIN CLINIC AT LINDEN OAKS 360 LINDEN OAKS DRIVE SUITE 200 ROCHESTER, NY 14625	RGH SPECIALTY PRACTICE
58 58 - RGMG PM&R AT 360 LINDEN OAKS 360 LINDEN OAKS DRIVE SUITE 200 ROCHESTER, NY 14625	RGMG SPECIALTY PRACTICE
59 59 - RGH HEMODIALYSIS OUTPATIENT CENTER 370 EAST RIDGE ROAD SUITE 30 ROCHESTER, NY 14621	RGH SPECIALTY PRACTICE
60 60 - RGH HOME DIALYSIS 370 EAST RIDGE ROAD SUITE 30 ROCHESTER, NY 14621	RGH SPECIALTY PRACTICE
61 61 - RGH DEPARTMENT OF NEPHROLOGY 370 EAST RIDGE ROAD SUITE 20 ROCHESTER, NY 14621	RGH SPECIALTY PRACTICE
62 62 - RGH SCHI CANANDAIGUA 401 SOUTH MAIN STREET CANANDAIGUA, NY 14424	RGH SPECIALTY PRACTICE
63 63 - RGH FAMILY & LIFESTYLE MEDICINE CANANDAI 401 SOUTH MAIN STREET CANANDAIGUA, NY 14424	RGH SPECIALTY PRACTICE
64 64 - RGH RADIOLOGY MAMMO AND ULTRASOUND HENR 50 MIDDLE ROAD HENRIETTA, NY 14467	RGH SPECIALTY PRACTICE
65 65 - RGH PRIMARY CARE - HENRIETTA 50 MIDDLE ROAD HENRIETTA, NY 14467	RGH SPECIALTY PRACTICE
66 66 - RGH REHAB AND NEURO HENRIETTA 50 MIDDLE ROAD HENRIETTA, NY 14467	RGH SPECIALTY PRACTICE
67 67 - RGH ORTHOPAEDICS AND SPINE CENTER HENRIE 50 MIDDLE ROAD HENRIETTA, NY 14467	RGH SPECIALTY PRACTICE
68 68 - RGH SCHI AT HENRIETTA MEDICAL CENTER 50 MIDDLE ROAD HENRIETTA, NY 14467	RGH SPECIALTY PRACTICE
69 69 - RGH OBGYN AT HENRIETTA 50 MIDDLE ROAD HENRIETTA, NY 14467	RGH SPECIALTY PRACTICE
70 70 - RGMG DERM SODUS INTERNAL MEDICINE 6692 MIDDLE ROAD SODUS, NY 14551	RGMG SPECIALTY PRACTICE
71 71 - RGMG DIABETIC EDUCATION 224 ALEXANDER STREET ROCHESTER, NY 14607	RGMG SPECIALTY PRACTICES
72 72 - RGMG CLINTON FAMILY DIABETES 293 UPPER FALLS BLVD ROCHESTER, NY 14605	RGMG SPECIALTY PRACTICES
73 73 - RGMG OPTIFAST 224 ALEXANDER STREET ROCHESTER, NY 14607	RGMG SPECIALTY PRACTICES
74 74 - RGH RGMG ORTHOPAEDIC BAY CREEK 2000 EMPIRE BLVD WEBSTER, NY 14580	RGMG SPECIALTY PRACTICES
75 75 - RGMG LYONS DIABETES EDUCATION 12 LEACH RD LYONS, NY 14889	RGMG SPECIALTY PRACTICES
76 76 - RGH WOLCOTT RADIOLOGY 6254 LAWVILLE RD WOLCOTT, NY 14590	RGH PRIMARY CARE
77 77 - RGMG LYONS AIR 10 LEACH ROAD LYONS, NY 14889	RGMG SPECIALTY PRACTICES
78 78 - RGMG TWC NW ANTENATAL 1250 DRIVING PARK AVE NEWARK, NY 14513	RGMG OBGYN
79 79 - RGMG FAMILY MEDICINE AT RIT 181 LOMB MEMORIAL DRIVE SUITE 78-A670 ROCHESTER, NY 14623	RGH PRIMARY CARE

Section D. Other Health Care Facilities That Are Not Registered, or Similarly Recognized as a Hospital Facility (Listed in descending order, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 123

Name and address	Type of Facility (describe)
80 80 - RGMG GHS PRIMARY CARE 222 ALEXANDER STREET SUITE 5000 ROCHESTER, NY 14607	RGH PRIMARY CARE
81 81 - RGMG WILLIAMSON PEDIATRICS 4425 OLD RIDGE RD WILLIAMSON, NY 14589	RGMG PEDIATRICS
82 82 - RGMG SODUS INTERNAL MEDICINE 6692 MIDDLE RD SODUS, NY 14551	RGH PRIMARY CARE
83 83 - RGMG WOLCOTT PEDIATRICS 6254 LAWVILLE RD WOLCOTT, NY 14590	RGMG PEDIATRICS
84 84 - RGMG VEIN CARE CENTER 20 HAGEN DR SUITE 210 ROCHESTER, NY 14625	RGMG SPECIALTY PRACTICES
85 85 - RGMG WOMENS CTR AT CLINTON 309 UPPER FALLS BLVD ROCHESTER, NY 14605	RGMG OBGYN
86 86 - RGMG SODUS PEDIATRICS 6692 MIDDLE RD SODUS, NY 14551	RGMG PEDIATRICS
87 87 - RGMG GANANDA FAMILY PRACTICE 1200 FAIRWAY SEVEN MACEDON, NY 14502	RGH PRIMARY CARE
88 88 - RGH PM&R 1415 PORTLAND AVE SUITE 445 ROCHESTER, NY 14621	RGH PRIMARY CARE
89 89 - RGH RGMG ORTHOPAEDICS 800 CARTER STREET ROCHESTER, NY 14621	RGMG SPECIALTY PRACTICES
90 90 - RGMG LYONS HEALTH CENTER 12 LEACH RD LYONS, NY 14889	RGH PRIMARY CARE
91 91 - RGMG GI AT NEWARK 1304 DRIVING PARK AVE NEWARK, NY 14513	RGMG SPECIALTY PRACTICES
92 92 - RGMG WILLIAMSON FAM PRACTICE 4425 OLD RIDGE RD WILLIAMSON, NY 14589	RGH PRIMARY CARE
93 93 - RGMG AIR LINDEN 10 HAGEN DR SUITE 20 ROCHESTER, NY 14625	RGMG SPECIALTY PRACTICES
94 94 - RGMG GENESEE IM PORTLAND AVE 1299 PORTLAND AVENUE SUITE 17 ROCHESTER, NY 14621	RGH PRIMARY CARE
95 95 - RGMG WOLCOTT INTERNAL MEDICINE 6254 LAWVILLE RD WOLCOTT, NY 14590	RGH PRIMARY CARE
96 96 - RGMG PENN FAIR PRIMARY CARE 2200 PENFIELD ROAD PENFIELD, NY 14526	RGH PRIMARY CARE
97 97 - RGMG RIDGEWAY FAMILY MEDICINE 2350 RIDGEWAY AVENUE SUITE A ROCHESTER, NY 14626	RGH PRIMARY CARE
98 98 - RGMG AIR GREECE 2300 WEST RIDGE ROAD 5TH FLOOR ROCHESTER, NY 14626	RGMG SPECIALTY PRACTICES
99 99 - RGMG NORTHRIDGE MEDICAL GROUP 1338 E RIDGE ROAD SUITE 101 ROCHESTER, NY 14621	RGH PRIMARY CARE
100 100 - RGMG WOMENS CTR AT ALEX PARK 222 ALEXANDER STREET SUITE 1100 ROCHESTER, NY 14607	RGMG OBGYN
101 101 - RGMG CLINTON FAMILY HEALTH CTR 293 UPPER FALLS BLVD ROCHESTER, NY 14605	RGH PRIMARY CARE
102 102 - RGMG GERIATRICS CONSULT SVC 1415 PORTLAND AVE SUITE 200 ROCHESTER, NY 146213022	RGMG GERIATRICS
103 103 - RGMG PENN FAIR PEDIATRIC GROUP 2067 FAIRPORT NINE MILE POINT RD SUITE PENFIELD, NY 14526	RGMG PEDIATRICS
104 104 - RGMG BAY CREEK MEDICAL GROUP 2000 EMPIRE BLVD WEBSTER, NY 14580	RGH PRIMARY CARE
105 105 - RGMG BAY CREEK PEDIATRIC GRP 2000 EMPIRE BLVD WEBSTER, NY 14580	RGMG PEDIATRICS
106 106 - RGMG WHITE PINES MEDICAL GROUP 370 RIDGE RD EAST SUITE 400	RGH PRIMARY CARE

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (List, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **123**

Name and address	Type of Facility (describe)
ROCHESTER, NY 14621	
107 107 - RGMG RGMG CTR FOR DERMATOLOGY 20 HAGEN DR SUITE 220 ROCHESTER, NY 14625	RGMG SPECIALTY PRACTICES
108 108 - RGMG TWC RGH ANTENATAL 1415 PORTLAND AVE SUITE 480 ROCHESTER, NY 14621	RGMG OBGYN
109 109 - RGMG GENESEE IM AT ALEXANDER 222 ALEXANDER STREET SUITE 5000 ROCHESTER, NY 14607	RGH PRIMARY CARE
110 110 - RGMG REFUGEE COMMUNITY MED 222 ALEXANDER STREET 4TH FLR SUITE 41 ROCHESTER, NY 14607	RGMG REFUGEE COMMUNITY MED
111 111 - RGMG VASCULAR SURGERY ASSOC 1445 PORTLAND AVENUE SUITE 108 ROCHESTER, NY 14621	RGMG SPECIALTY PRACTICES
112 112 - RGMG WOMENS CTR AT NEWARK 1250 DRIVING PARK AVE NEWARK, NY 14513	RGMG OBGYN
113 113 - RGMG NEWARK PEDIATRICS NWCH 1200 DRIVING PARK AVE NEWARK, NY 14513	RGMG PEDIATRICS
114 114 - RGH LINDEN MEDICAL GROUP 30 HAGEN DR SUITE 300 ROCHESTER, NY 14625	RGH PRIMARY CARE
115 115 - RGMG DIABETIC CARE RES CTR 224 ALEXANDER STREET ROCHESTER, NY 14607	RGMG SPECIALTY PRACTICES
116 116 - RGMG NEWARK INTERNAL MEDICINE NWCH 1208 DRIVING PARK AVENUE NEWARK, NY 14513	RGH PRIMARY CARE
117 117 - RGMG LONG POND INTERNAL MED 2350 RIDGEWAY AVENUE SUITE B ROCHESTER, NY 14626	RGH PRIMARY CARE
118 118 - RGMG AIR ALEXANDER PARK 222 ALEXANDER ST SUITE 3000 ROCHESTER, NY 14607	RGMG SPECIALTY PRACTICES
119 119 - RGMG GENESEE PEDIATRICS (GHS) 222 ALEXANDER STREET 4TH FLR ROCHESTER, NY 14607	RGMG PEDIATRICS
120 120 - RGH RGMA OPD TWIG 1425 PORTLAND AVENUE ROCHESTER, NY 14621	RGH PRIMARY CARE
121 121 - RGMG THE WOMENS CENTER AT RGH 1415 PORTLAND AVE SUITE 400 ROCHESTER, NY 14621	RGMG OBGYN
122 122 - RGMG ROCH GEN PEDIATRIC ASSOC 1425 PORTLAND AVENUE ROCHESTER, NY 14621	RGMG PEDIATRICS
123 123 - RGMG RHEUMATOLOGY INFUSION CTR 10 HAGEN DR SUITE 330 ROCHESTER, NY 14625	RGMG SPECIALTY PRACTICES

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Form and Line Reference	Explanation
PART I, LINE 6A:	ROCHESTER GENERAL HOSPITAL'S COMMUNITY BENEFIT REPORT IS INCLUDED IN THE COMMUNITY BENEFIT REPORT FOR ROCHESTER REGIONAL HEALTH, A RELATED NOT-FOR-PROFIT ORGANIZATION, AS PART OF THE JOINT COMMUNITY BENEFIT REPORT DISTRIBUTED BY MONROE COUNTY, NY.
PART I, LINE 7:	THE COSTING METHODOLOGY USED FOR LINES 7A, B, C AND F WAS FROM BOTH THE HOSPITAL'S 2020 MEDICAID ICR, UTILIZING EXHIBIT 46, AND THE 2020 MEDICARE MCR, UTILIZING WORKSHEETS S-10 AND B, PART I. WORKSHEET 2 WAS USED TO CALCULATE THE RATIO OF PATIENT CARE COST-TO-CHARGES. EXHIBITS 11 AND 46 FROM THE 2020 MEDICAID ICR WERE UTILIZED TO COMPLETE THE CALCULATIONS.
PART I, LINE 7G:	NO PHYSICIAN CLINIC COSTS WERE INCLUDED ON LINE 7G.
PART I, LN 7 COL(F):	TOTAL EXPENSES ON FORM 990, PART IX, LINE 25, COLUMN (A) ARE \$1,037,405,114. THE BAD DEBT EXPENSE INCLUDED IN THIS AMOUNT IS \$4,320,135. AFTER BAD DEBT WAS DEDUCTED FROM TOTAL EXPENSES, THE AMOUNT OF TOTAL EXPENSES USED TO CALCULATE THE PERCENT IN LINE 7, COLUMN (F) WAS \$1,033,084,979.
PART I, LINE 7E:	DURING 2020, ROCHESTER GENERAL HOSPITAL (RGH) SPONSORED THE FOLLOWING EVENTS AND ACTIVITIES TO PROMOTE COMMUNITY HEALTH IMPROVEMENT THAT MEET THE DEFINITION FOR DISCLOSURE ON SCHEDULE H, PART I, LINE 7E (COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS). 2020 WAS A VERY DIFFERENT YEAR GIVEN THE ONSET AND SPREAD OF COVID-19 THROUGHOUT THE STATE AND LOCAL COMMUNITIES. AS A RESULT, THE MAJORITY OF EVENTS WERE HELD VIRTUALLY AND COMMUNITY EDUCATION BECAME THE FOCUS OF THE HOSPITAL AND OVERALL HEALTH SYSTEM. BABIES WITH BOOKS ROCHESTER GENERAL HOSPITAL'S NEONATAL INTENSIVE CARE UNIT PARTICIPATED IN A WORLDWIDE NICU READ-A-THON. FAMILIES WERE ENCOURAGED TO READ TO THEIR BABIES, AND EVEN THE RGH SENIOR LEADERSHIP TEAM GRABBED SOME BOOKS AND READ TO OUR TINIEST PATIENTS. READING TO PREMATURE BABIES HELPS TO ADVANCE THEIR BRAIN DEVELOPMENT AND LANGUAGE SKILLS. WOMEN HEART RGH, IN CONJUNCTION WITH THE NATIONAL COALITION FOR WOMEN WITH HEART DISEASE, SPONSORED WOMEN HEART, A SUPPORT GROUP FOR WOMEN LIVING WITH HEART DISEASE. COVID-19 VACCINE TRIAL - RGH IS ONE OF FOUR SITES NATIONWIDE TO PARTICIPATE IN A NEW COVID-19 VACCINE TRIAL. INFECTIOUS DISEASE SPECIALISTS ARE LEADING THE RANDOMIZED PLACEBO-CONTROLLED TRIAL AT RGH, WHICH CALLS FOR 90 VOLUNTEERS IN THE ROCHESTER AREA, AGES 18 TO 85, WHO HAVE NOT BEEN INFECTED WITH COVID-19. EDUCATIONAL EVENTS - OPEN TO ALL ON VARIOUS TOPICS INCLUDING: HYPERTROPHIC CARDIOMYOPATHY AND 2020 STROKE SYMPOSIUM. MAMMOS AND MAKEOVERS PUTTING THE GLAM IN MAMMOGRAM WITH MAMMOS AND MAKEOVERS. OFFERED WOMEN A FUN AND BENEFICIAL EVENT THAT FEATURES A MAMMOGRAM SCREENING, FREE MAKEOVER, CHAIR MASSAGE AND HORS D'OEUVRES! RGH SPONSORED VARIOUS SOCIAL MEDIA SPOTLIGHTS AND NEWS STORIES ON A WIDE RANGE OF TOPICS INCLUDING: CARDIOLOGY CARE; LABORATORY AND PATHOLOGY MEDICINE IS WORKING NONSTOP INSPECTING COVID-19 TESTS; WHAT STROKE PATIENTS SHOULD KNOW ABOUT COVID-19; HOSPITAL CHAPLAINS RELIEVE PATIENTS' ISOLATION DURING PANDEMIC; STATE OF THE PANDEMIC; CALLING ALL GAMERS TO JOIN OUR MINECRAFT COMMUNITY TO EXPLORE OUR NEW SANDS-CONSTELLATION CENTER FOR CRITICAL CARE. TEST YOUR SURGICAL SKILLS, DESIGN A ROOM, AND HELP US GEAR UP TO SAVE LIVES BY JOINING OUR MINECRAFT EXPERIENCE; STAYING SAFE DURING HALLOWEEN ACTIVITIES; CENTER FOR CRITICAL CARE BENEFITS FOR THE PATIENTS AND COMMUNITY; HONEY BEE PROGRAM - ROCHESTER GENERAL HOSPITAL HAS JOINED THE OTHER RRH HOSPITALS BY PLAYING HOST TO A NEW UNBELIEVABLE WORKSPACE FOR SOME NEW WORKER BEES. THE BEEHIVES ON RGH'S ROOF ARE UNDER THE WATCHFUL EYE OF AN EXPERIENCED BEEKEEPER. THE BEEKEEPER WILL MAINTAIN THE HIVES AND HARVEST THE HONEY WHEN IT'S READY. THIS PROGRAM SUPPORTS ROCHESTER REGIONAL HEALTH'S SUSTAINABILITY MISSION TO STRENGTHEN AND SUPPORT OUR LOCAL ENVIRONMENT. IN ADDITION, OUR BEES WILL MAKE HONEY! THE HONEY WILL BE BOTTLED AND AVAILABLE FOR EMPLOYEES, PATIENTS AND VISITORS TO PURCHASE ONCE HARVEST TIME ARRIVES. RGH OPENED WOLFGANG PUCK KITCHEN COUNTER. OPEN FOR BREAKFAST, LUNCH AND DINNER, THE CAFE GIVES GUESTS AND EMPLOYEES A VARIETY OF HOT AND COLD FOOD ITEMS INCLUDING SIGNATURE WOLFGANG PUCK DISHES LIKE ROTISSERIE CHICKEN, BEEF RIBEYE, THE WOLFGANG PUCK BURGER AND ASIAN CHICKEN SALAD. EXPANDED MEDICAL SERVICES, BLOOD DRIVES AND OTHER PROGRAMS INCLUDED: - RGH, THROUGH EFFORTS TO PROVIDE EXCEPTIONAL NEUROLOGIC CARE, REVEALED ITS NEWLY UPDATED SURGICAL INTENSIVE CARE UNIT & NEUROCRITICAL CARE UNIT. - RGH HELD MUSIC THERAPY: A SELF-CARE SESSION OPEN TO THE PUBLIC - RGH INTRODUCED A NEW CARDIAC PET/CT PROGRAM ADDING ON TO EXISTING SERVICES, THE PROGRAM INCLUDES CARDIAC MYOCARDIAL PERFUSION IMAGING SOMETHING ONLY OFFERED IN THE REGION BY RGH. - RGH IS NOW HOME TO AN ORTHOPAEDIC ROBOT MAKING RGH AMONG THE FIRST HOSPITALS IN OUR REGION ABLE TO PERFORM ROBOTIC TOTAL KNEE REPLACEMENTS. - RGH IS COMMEMORATING WORLD PANCREATIC CANCER DAY BY LIGHTING UP ITS EXTERIOR IN PURPLE, WHICH IS THE OFFICIAL COLOR OF PANCREATIC

Form and Line Reference

Explanation

CANCER AWARENESS. - RGH WAS SELECTED AS THE FIRST HOSPITAL IN THE NORTHEAST, AND ONLY ONE OF TEN IN THE NATION, TO INITIALLY OFFER THE NEW MEDTRONIC ABRE VENOUS SELF-EXPANDING STENT SYSTEM TO PATIENTS WITH DEEP VEIN BLOCKAGES. IN ADDITION TO THOSE EVENTS SPONSORED SPECIFICALLY BY ROCHESTER GENERAL HOSPITAL, ROCHESTER REGIONAL HEALTH, THE PARENT ORGANIZATION, SPONSORED THE FOLLOWING EVENTS AS A MEANS OF IMPROVING THE HEALTH OF ALL OF THE COMMUNITIES SERVED BY THE HEALTH SYSTEM: YOUTH APPRENTICE PROGRAM (SCHOOL-TO-WORK)THE ROCHESTER CITY SCHOOL DISTRICT AND ROCHESTER REGIONAL HEALTH HAVE PARTNERED TOGETHER WITH A VISION TO GIVE HIGH SCHOOL STUDENTS IN THE ROCHESTER CITY SCHOOL DISTRICT THE OPPORTUNITY TO GAIN "REAL-LIFE" EXPERIENCES IN HEALTHCARE. STUDENTS GAIN ACCESS TO THE DIFFERENT POSITIONS WITHIN A HEALTHCARE ORGANIZATION, AND BECOME CERTIFIED BY NEW YORK STATE THAT THEY HAVE HAD YOUTH EMPLOYMENT COMPETENCY TRAINING WHEN THEY EARN THEIR HIGH SCHOOL DIPLOMA. IN THE PAST 10 YEARS, 100% OF STUDENTS WENT THROUGH THIS PROGRAM HAVE GRADUATED HIGH SCHOOL. UPON GRADUATION AND COMPLETION OF THE PROGRAM, PARTICIPANTS ARE ELIGIBLE TO APPLY FOR ENTRY LEVEL POSITIONS AS A PATIENT CARE TECHNICIAN, PEDIATRIC TECHNICIAN, MATERIAL RECORD ASSISTANT, RESPIRATORY CARE AIDE, AND A TRANSPORTER AND LAB ASSISTANT. RIT ROCHESTER REGIONAL HEALTH ALLIANCEROCHESTER REGIONAL PARTNERS WITH ROCHESTER INSTITUTE OF TECHNOLOGY (RIT) ON MANY INITIATIVES INCLUDING BIOMEDICAL RESEARCH, HEALTHCARE EDUCATIONAL PROGRAMS, RESEARCH AND DEVELOPMENT OF INNOVATIVE TECHNOLOGY, AND OTHER SUSTAINABILITY INITIATIVES WITHIN THE ROCHESTER COMMUNITY. ROCHESTER REGIONAL PROVIDES REAL WORLD EXPERIENCE FOR STUDENTS WHO WILL EXPAND THE CARE WE PROVIDE TO OUR COMMUNITIES. TO LEARN MORE VISIT THE RIT ROCHESTER REGIONAL HEALTH ALLIANCE WEBSITE. FUTURE OF HEALTH CARE AFTER THE PANDEMIC: RRH'S HEALTH INFORMATICS TEAM PARTICIPATED IN AN RIT-SPONSORED PANEL DISCUSSION AND WEBINAR ON CURRENT EVENTS. LEADING EXPERTS WEIGHED IN ON THE INFLUENCE OF COVID-19, INCLUDING ITS IMPACT ON PATIENT CARE AND TELEMEDICINE. JCC OF GREATER ROCHESTER - ROCHESTER REGIONAL HEALTH ALLIANCE PEDIATRIC DENTIST FROM RRH VISITED THE JCC TO SHARE IMPORTANT TIPS ABOUT BRUSHING WITH SOME OF THE JCC'S YOUNGEST MEMBERS. SEVERAL CLASSES OF CHILDREN, RANGING IN AGE FROM 2-6 YEARS OLD, LEARNED ABOUT HEALTHY FOODS FOR THEIR TEETH, HOW TO BRUSH AND FLOSS, AND THAT THE BABY SHARK SONG IS THE PERFECT LENGTH FOR TIMING BRUSHING ROUTINES. THIS VISIT IS JUST ONE OF THE EDUCATIONAL SEMINARS RRH PROVIDES TO MEMBERS OF THE COMMUNITY AS PART OF OUR PARTNERSHIP WITH THE JCC.URBAN RENEWAL - EDUCATION EXPANSION RRH HAS STARTED WORK ON ONE OF ITS MOST AMBITIOUS URBAN RENEWAL PROJECTS TO DATE - THE TRANSFORMATION OF THE LONG-ABANDONED MACY'S BUILDING IN THE FORMER MEDLEY CENTER IN IRONDEQUOIT. RENOVATIONS WILL RESULT IN A NEW, EXPANDED SPACE FOR THE ISABELLA GRAHAM HART SCHOOL OF PRACTICAL NURSING AND THE FUTURE RRH COLLEGE OF HEALTH CAREERS. THIS EXPANSION REPRESENTS NOT ONLY OUR COMMITMENT TO THE ADVANCEMENT OF NURSING EDUCATION BUT ALSO OUR LEADERSHIP IN SUSTAINABILITY THROUGH URBAN RENEWAL. RRH WILL TAKE THE LONG-ABANDONED BUILDING AND CREATE A LEADING-CLASS INSTITUTION OF HIGHER LEARNING FOR NURSES AND HEALTH CARE PROFESSIONALS OF THE FUTURE. NURSES OF EVERY DISCIPLINE AND DEGREE LEVEL ARE IN HIGH DEMAND. RRH IS COMMITTED TO ENSURING A CLEAR, NAVIGABLE PATH TO TRAINING AND EDUCATION ACROSS THE NURSING EDUCATION SPECTRUM, BEGINNING WITH THE LPN PROGRAM AND CONTINUING THROUGH OUR NEW REGISTERED NURSE (RN) PROGRAM.

PART I, LINE 7E (CON'T):

THE CLIFTON SPRINGS NURSING HOME WAS RECENTLY RECOGNIZED BY THE AMERICAN NURSES CREDENTIALING CENTER AS A PATHWAY TO EXCELLENCE IN LONG TERM CARE. CLIFTON SPRINGS NOW JOINS AN ELITE GROUP OF ONLY SIX LONG TERM CARE FACILITIES IN NEW YORK STATE TO RECEIVE THIS PRESTIGIOUS HONOR. THE ANCC RECOGNIZES LONG TERM CARE FACILITIES WITH PATHWAY TO EXCELLENCE, COMPARABLE TO A HOSPITAL RECEIVING MAGNET STATUS, FOR THEIR DIVERSE AND POSITIVE PRACTICE ENVIRONMENTS THAT ENABLE NURSES TO GROW. CLIFTON SPRINGS NURSING HOME RECEIVED THIS RECOGNITION FOR ITS COMMITMENT TO PROVIDING A NETWORK OF SUPPORT AND ADVANCEMENT OPPORTUNITIES THAT EMPOWER OUR NURSING STAFF.DE MAY LIVING CENTER LOCATED IN NEWARK IS A 180-BED SKILLED NURSING RESIDENCE THAT PROVIDES BOTH CALM AND STIMULATING ATMOSPHERES FOR RESIDENTS. SERVICES INCLUDE: POST-ACUTE CARE, SHORT-TERM REHABILITATION, VENTILATOR CARE, DEMENTIA CARE, PERITONEAL DIALYSIS, WOUND CARE, TELEMEDICINE, NEUROBEHAVIORAL CARE, LONG TERM SKILLED NURSING CARE AND ADULT DAY CARE.EDNA TINA WILSON LIVING CENTER IN ROCHESTER IS A 120-BED SKILLED NURSING FACILITY THAT USES INNOVATIVE NEIGHBORHOOD DESIGN, WITH RESIDENT ROOMS CLUSTERED AROUND THE ACTIVITY CENTER AND THE LIVING AND DINING AREAS TO PROMOTE MORE SOCIAL AND INTERACTIVE LIVING. THE CENTER SPECIALIZES IN LONG-TERM CARE, REHABILITATIVE SERVICES, PAIN MANAGEMENT, RESPIRATORY THERAPY, IV THERAPY, PERITONEAL DIALYSIS SERVICES, RESPITE AND HOSPICE CARE.HILL HAVEN LIVING AND NURSING CENTER IN WEBSTER IS A 288-BED FACILITY WITH A COMPREHENSIVE RANGE OF MEDICAL AND ASSISTED LIVING SENIOR SERVICES, INCLUDING SHORT-TERM REHABILITATION, SKILLED NURSING, RESPIRATORY, IV THERAPY, CENTRAL LINE MEDICATIONS AND MAINTENANCE, POST-SURGICAL WOUND CARE, ON-SITE HEMODIALYSIS, PERITONEAL DIALYSIS, TELEMEDICINE, DEMENTIA, ALZHEIMER'S, AND HOSPICE CARE. IN 2019, HILL HAVEN RECEIVED THE U.S. NEWS & WORLD REPORT BEST NURSING HOMES DESIGNATION. TO QUALIFY, NURSING HOMES MUST EARN AN AVERAGE RATING OF 4.5 OUT OF 5 DURING 10 MONTHS OF FEDERAL REPORTS. OUT OF 48 FACILITIES REVIEWED IN THE ROCHESTER AREA, HILL HAVEN RECEIVED ONE OF THE THREE AREA DESIGNATIONS.AS COVID-19 SURGED IN OUR COMMUNITY, ROCHESTER REGIONAL HEALTH ANSWERED THE CHALLENGE WITH THE CREATION OF EMPIRE MANOR, A TEMPORARY COVID-DEDICATED NURSING HOME ON THE HILL HAVEN CAMPUS. DURING A TIME WHEN OUR COMMUNITY NEEDS MORE HOSPITAL BED CAPACITY TO CARE FOR THE ACUTELY ILL AND INJURED. EMPIRE MANOR WILL HELP RELIEVE SOME OF THIS PRESSURE ON OUR HOSPITALS.PARK RIDGE LIVING CENTER IS LOCATED IN ROCHESTER. IT RECEIVED A FIVE-STAR RATING FROM THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS), A DESIGNATION GIVEN TO ONLY 10 PERCENT OF NURSING HOMES NATIONWIDE. THIS 120 BED FACILITY IS HOME TO THE 40-BED TIMOTHY R. MCCORMICK TRANSITIONAL CARE CENTER, SPECIALIZING IN JOINT REPLACEMENT AND COMPLEX FRACTURE RECOVERY, STROKE AND NEUROLOGICAL REHABILITATION, PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY, IV THERAPY, AND CENTRAL LINE MEDICATIONS. THE FACILITY'S WEGMAN FAMILY COTTAGES SERVES 80 ELDERS. THE COTTAGES ALLOW ELDERS TO LIVE IN A HOME-LIKE ENVIRONMENT WHILE RECEIVING SKILLED NURSING CARE. FOUR YEARS IN A ROW PARK

Form and Line Reference	Explanation
	<p>RIDGE LIVING CENTER (PRLC) HAS BEEN NAMED A BEST NURSING HOME BY U.S. NEWS & WORLD REPORT. ONLY 19% OF APPROXIMATELY 15,000 NURSING HOMES RATED ACROSS THE U.S. RECEIVED THIS HIGH HONOR. PRLC IS ONE OF ONLY FOUR NURSING HOMES IN NEW YORK STATE TO BE RECOGNIZED FOR BOTH LONG-TERM AND SHORT-TERM CARE. UNITY LIVING CENTER IN ROCHESTER IS A 120-BED STATE-OF-THE-ART SKILLED NURSING FACILITY FOCUSED ON TREATMENT AND REHABILITATIVE CARE FOR PATIENTS WITH MEDICALLY COMPLEX NEEDS, DEMENTIA, AND BEHAVIORAL CHALLENGES. SPECIAL SERVICES INCLUDE SHORT-TERM REHABILITATION, PULMONOLOGY, RESPIRATORY THERAPY, TRACHEOTOMY CARE, WOUND CARE, PAIN CONTROL, AND IV THERAPY, AND PERITONEAL DIALYSIS, ACCESS TO HEMODIALYSIS, VENTILATOR BEDS, BARIATRIC CARE AND RELAXATION THERAPY TO MEET THE NEEDS OF THOSE WITH CHRONIC DISEASES. UNITY LIVING CENTER HAS BEEN AWARDED A FOUR-STAR RATING FROM THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS). THIS TREMENDOUS ACCOMPLISHMENT HIGHLIGHTS THE SUCCESSFUL PERFORMANCE OF UNITY LIVING CENTER'S DEDICATED, HARD-WORKING AND PASSIONATE EMPLOYEES. CMS RANKS NURSING HOMES NATIONWIDE WITH THE INTENT TO HELP FAMILIES AND CAREGIVERS COMPARE FACILITIES AND MAKE THE BEST CHOICE WHEN DECIDING ON CARE FOR A LOVED ONE. THE RATING INCORPORATES THREE FACTORS: QUALITY MEASURES, STAFFING RATIO, AND ANNUAL HEALTH INSPECTION REPORTS FROM THE NYS DEPARTMENT OF HEALTH. UNITY'S HOUSING GROUP OFFERS 261 AFFORDABLE AND SUBSIDIZED APARTMENTS IN FIVE LOCATIONS. OUR AFFORDABLE SENIOR LIVING COMMUNITIES OFFER COMFORTABLE AND CONVENIENT HOUSING OPTIONS FOR INDEPENDENT ADULTS AGES 55 AND OLDER AT PRICES THAT FIT EVERY BUDGET. STARTING IN 2020, RRH BEGAN COLLABORATING WITH PATHSTONE, A NOT-FOR-PROFIT COMMUNITY DEVELOPMENT AND HUMAN SERVICES ORGANIZATION, TO OFFER SUPPORTIVE SERVICES FOR RESIDENTS OF THE NEW SKYVIEW PARK APARTMENTS LOCATED AT THE FORMER MEDLEY CENTRE IN IRONDEQUOIT. THE SENIOR APARTMENT COMPLEX IS FOR INDIVIDUALS 55 YEARS OR OLDER WHO MAY BE AT RISK FOR HOMELESSNESS OR WISH TO REMAIN INDEPENDENT WITH THE ASSISTANCE OF SUPPORTIVE SERVICES. PARK RIDGE CHILD CARE CENTER CARES FOR CHILDREN BETWEEN EIGHT WEEKS TO TWELVE YEARS OF AGE. LOCATED ON THE UNITY HOSPITAL CAMPUS, THE CENTER OFFERS A SAFE AND NURTURING ENVIRONMENT - A HAPPY HOME AWAY FROM HOME WHERE EVERYONE TRULY CARES ABOUT YOUR CHILD'S GROWTH, DEVELOPMENT, AND WELL-BEING. EACH OF OUR HIGHLY TRAINED TEACHERS AND STAFF FOCUSES ON MEETING YOUR CHILD'S PHYSICAL, SOCIAL, EMOTIONAL AND COGNITIVE NEEDS. ROCHESTER AMBULATORY SURGERY CENTER (RASC) IS A 29,000 SQUARE-FOOT FACILITY THAT INCLUDES SIX OPERATING ROOMS AND TWO MINOR PROCEDURE ROOMS EQUIPPED WITH STATE OF THE ART EQUIPMENT AND INSTRUMENTATION. ACCREDITED BY THE ACCREDITATION ASSOCIATION FOR AMBULATORY HEALTHCARE, THE NEW YORK STATE DEPARTMENT OF HEALTH AND IS A MEDICARE-CERTIFIED FACILITY. THE MISSION OF RASC IS TO PROVIDE A SAFE, CONVENIENT AND COST-EFFECTIVE ALTERNATIVE TO TRADITIONAL SURGICAL CARE. LINDEN OAKS SURGERY CENTER IS A FREESTANDING, MULTISPECIALTY AMBULATORY SURGERY CENTER WHERE A BROAD RANGE OF OUTPATIENT SURGICAL PROCEDURES ARE PERFORMED. THE CENTER OFFERS FOUR OPERATING ROOMS AND TWO PROCEDURE ROOMS WHICH ARE FULLY EQUIPPED WITH PREOPERATIVE AND POST-ANESTHESIA CARE AREAS IN ORDER TO PROVIDE HIGH QUALITY CARE AND SAFETY IN A CONVENIENT OUTPATIENT SURGERY CENTER. WESTFALL SURGERY CENTER, OFFERS WIDE RANGE OF SURGICAL SERVICES - FROM GENERAL SURGERY TO PLASTIC SURGERY. WESTFALL SURGERY CENTER PROVIDES HIGH-QUALITY CARE AND SAFETY IN A CONVENIENT OUTPATIENT SURGERY SETTING. ROCHESTER REGIONAL HEALTH IMMEDIATE CARE OPERATING NINE LOCATIONS IN MONROE COUNTY, IS COMMITTED TO PROVIDING THE HIGHEST QUALITY HEALTHCARE FOR RESIDENTS AND VISITORS OF MONROE AND SURROUNDING COUNTIES. THE DEDICATION TO PROVIDING AN EXCEPTIONAL PATIENT EXPERIENCE IS SEEN FROM THE HONOR OF BEING VOTED "BEST URGENT CARE CENTER" IN ROCHESTER BY THE ROCHESTER BUSINESS JOURNAL AND DAILY RECORD FOR TWO CONSECUTIVE YEARS. THESE IMMEDIATE CARE CENTERS OFFER FULL-SERVICE URGENT CARE AND OCCUPATIONAL MEDICINE SERVICES WITH PHYSICIANS, DIAGNOSTIC TOOLS, AND LABS ON-SITE. ACM MEDICAL LABORATORY IS A FULL SERVICE CLINICAL AND PATHOLOGY LABORATORY CONDUCTING MORE THAN 20 MILLION TESTS EVERY YEAR FOR PHYSICIANS, NURSING HOMES AND HOSPITALS; PHARMACEUTICAL, BIOTECH AND RESEARCH ORGANIZATIONS; COLLEGES AND UNIVERSITY HEALTH CENTERS; AND OCCUPATIONAL HEALTH GROUPS. ACM HAS OPERATIONS IN THE U.S., U.K., INDIA, CHINA AND SINGAPORE. OPERATIONS EXTEND TO MORE THAN 60 COUNTRIES AND OFFER A BROAD MENU OF CLINICAL, PATHOLOGY AND MOLECULAR TESTING. ACM IS ONE OF THE LARGEST REGIONAL REFERENCE LABORATORIES IN NEW YORK STATE. ROCHESTER REGIONAL HEALTH FOUNDATION, NEWARK WAYNE COMMUNITY HOSPITAL FOUNDATION, CLIFTON SPRINGS HOSPITAL FOUNDATION AND UNITED MEMORIAL MEDICAL CENTER FOUNDATION: THE VITAL SERVICES THAT ROCHESTER REGIONAL PROVIDES TO THE COMMUNITY WOULD NOT BE POSSIBLE WITHOUT THE SUPPORT OF THE FOUNDATIONS. IN THE NONPROFIT ORGANIZATIONAL STRUCTURE THE FOUNDATIONS ARE CRITICAL TO THE ABILITY TO MAKE ONGOING INVESTMENTS IN STATE-OF-THE-ART MEDICAL TECHNOLOGY, CLINICAL PROGRAMS, FACILITIES, RESEARCH, AND EDUCATION THAT BENEFIT THE COMMUNITY AS A WHOLE. THE IMPACTS OF THE FOUNDATIONS' EFFORTS ARE VISIBLE THROUGHOUT THE HOSPITALS, AND IN THEIR DISTINGUISHED CENTERS OF EXCELLENCE. THE FOUNDATIONS' FUNDRAISING PROGRAMS DIRECTLY BENEFIT THE ONGOING NEEDS OF THE COMMUNITY THROUGH IMPROVED AND EXPANDED PATIENT CARE PROGRAMS, SERVICES, AND FACILITIES AND HELP PURCHASE EQUIPMENT. THIS ENHANCES THE HIGH-TOUCH AND COMPASSIONATE CARE AVAILABLE TO ALL WHO ARE SERVED IN THE COMMUNITY.</p>
PART I, LINE 7E (CON'T):	<p>AT ROCHESTER REGIONAL HEALTH, WE UNDERSTAND THAT THE HEALTH OF OUR COMMUNITY, ENVIRONMENT, AND FINANCES ARE ALL INTERTWINED. WE'RE MANAGING ALL OF OUR RESOURCES TO REDUCE OUR OVERALL ENVIRONMENTAL FOOTPRINT AND LEAD SUSTAINABILITY EFFORTS IN THE NORTHEAST. HOSPITALS CAN USE MORE THAN DOUBLE THE AMOUNT OF ENERGY AS COMMERCIAL BUILDINGS AND ON AVERAGE GENERATE MORE THAN THIRTY-THREE POUNDS OF WASTE PER PATIENT PER DAY - WE'RE MAKING ROCHESTER REGIONAL HEALTH THE EXCEPTION. OUR SUSTAINABILITY DEPARTMENT IS DEDICATED TO HELPING IMPROVE THE HEALTHCARE EXPERIENCE, ENSURE A HEALTHY ENVIRONMENT, AND LOWER HEALTHCARE COSTS. WE'RE REDUCING WASTE, ELIMINATING TOXINS, AND CREATING A MORE SUSTAINABLE COMMUNITY NOW AND FOR THE FUTURE. A FEW OF THE MANY SUSTAINABILITY PROJECTS AN INITIATIVES UNDERWAY AT ROCHESTER GENERAL HOSPITAL DURING 2020 INCLUDE: LIGHTING UPGRADES - ROCHESTER REGIONAL CONTINUES TO EXPAND ENERGY EFFICIENCY THROUGH LIGHTING UPGRADES IN OUR BUILDINGS. THE PURPOSE OF LIGHTING UPGRADES ARE TO REDUCE OVERALL FINANCIAL</p>

AND ENERGY COSTS ASSOCIATED WITH ONE OF THE LARGEST ENERGY CONSUMERS IN A BUILDING: LIGHTING. LIGHTING UPGRADES INVOLVE SWITCHING OUT EXISTING INEFFICIENT BULBS/FIXTURES WITH MORE EFFICIENT ONES. THIS NOT ONLY REDUCES THE AMOUNT OF ENERGY CONSUMED BUT ALSO REDUCES THE ELECTRICITY COST OF THE BUILDING (FROM A SUPPLY CHARGE AND DEMAND CHARGE STANDPOINT) AS WELL AS THE BUILDING'S OVERALL CARBON FOOTPRINT BY REDUCING THE AMOUNT OF ELECTRICITY NEEDED TO BE GENERATED BY THE POWER PLANT. SHARP CONTAINER RECYCLING - THIS PROGRAM WAS ESTABLISHED TO RECYCLE SHARP CONTAINERS RATHER THAN SEND THEM TO THE LANDFILL. THIS PREVENTS LANDFILLS FROM FILLING AS QUICKLY. ADDITIONALLY IT REDUCES THE AMOUNT OF HARMFUL GASES PRODUCED AND RELEASED INTO THE ATMOSPHERE, IMPROVING OVERALL HEALTH OF SURROUNDING COMMUNITIES. REPROCESSING OF SINGLE USE DEVICES - A PROGRAM SET UP TO MINIMIZE THE AMOUNT OF WASTE PRODUCED IN OUR OPERATING ROOMS. SINGLE USE DEVICES WHICH WOULD TYPICALLY BE THROWN AWAY AFTER A SINGLE USE ARE SENT TO A FACILITY IN WHICH THEY ARE CLEANED AND REPACKAGED TO BE USED IN OR'S ONCE AGAIN. THE PROGRAM IS SAFE AND EFFECTIVE AT REDUCING WASTE. THE BENEFITS INCLUDE POTENTIALLY SUBSIDIZED HOSPITAL COSTS (AS REPROCESSED DEVICES ARE LESS EXPENSIVE TO BUY THAN NEW DEVICES) AS WELL AS REDUCED LANDFILL USAGE AND RESULTING POLLUTION. RECYCLING - RECYCLING REDUCES WASTE AND INCREASES AVAILABLE RESOURCES FOR CURRENT GENERATIONS WHILE ALSO EXTENDING THE AMOUNT OF RESOURCES AVAILABLE FOR FUTURE GENERATIONS. DURING 2020, ROCHESTER GENERAL HOSPITAL, THROUGH ITS RECYCLING EFFORTS REDUCE WASTE IN LANDFILLS BY 1,304,660 POUNDS. - RRH BECAME THE ONLY HEALTH SYSTEM IN THE ROCHESTER AREA TO OFFER ROBOTIC TUBAL REANASTOMOSIS (REVERSE TUBE TYING). RRH HAS BEEN LEADING THE WAY IN MINIMALLY INVASIVE, ROBOTIC-ASSISTED SURGERIES SINCE 2004. ROBOTIC SURGERY AT RRH MEANS LESS TRAUMA TO THE BODY, MINIMIZED BLOOD LOSS, LESS POST-OPERATIVE PAIN, SHORTER HOSPITAL STAYS, LOWER RISK OF INFECTION, FASTER RECOVERY, AND LESS SCARRING. THIS IS JUST ANOTHER ONE OF THE WAYS OUR TEAMS ARE AHEAD OF THE CURVE IN DELIVERING THE BEST POSSIBLE CARE TO OUR PATIENTS AND COMMUNITY. - RRH HAS PARTNERED WITH EMMI, OUR PATIENT EDUCATION PLATFORM, TO PROVIDE AN EXTENSIVE LIBRARY OF VALUABLE RESOURCES. EMMI PROGRAMS HELP PATIENTS AND THEIR FAMILIES BY SIMPLIFYING COMPLEX MEDICAL INFORMATION AND INCREASING KNOWLEDGE ABOUT A CONDITION, PROCEDURE, ETC. THESE RESOURCES ARE EVEN MORE MEANINGFUL AND RELEVANT GIVEN THE CURRENT HEALTH CARE ENVIRONMENT. THROUGH THIS PLATFORM, RRH IS LAUNCHING PATIENT OUTREACH CAMPAIGNS THAT FEATURE INFORMATIVE, DIGESTIBLE EMMI VIDEOS ON TOPICS SUCH AS: HYPERTENSION; COVID-19; DIABETES - EYE EXAM VISIT; MEDICARE WELLNESS VISITS; WHERE TO GO WHEN YOU ARE SICK; CHOOSING A HEALTHCARE PROXY; THINKING ABOUT QUITTING SMOKING. - AT RRH, OUR PHILOSOPHY IS TO MEET AND ACCEPT INDIVIDUALS WHEREVER THEY ARE IN THEIR PATH OF RECOVERY. WE SUPPORT OUR PATIENTS IN RECOGNIZING THE HARMFUL EFFECTS OF CONTINUED ABUSE AND HELP THEM TO ADAPT NEW SKILLS TO MANAGE THEIR ADDICTION. IN HONOR OF NATIONAL RECOVERY MONTH, WE THANK OUR DEDICATED HEALTH CARE PROFESSIONALS WHO PROVIDE SUPPORT FOR THOSE ON THEIR ROAD TO RECOVERY, AND CELEBRATE THE GAINS MADE BY THOSE IN RECOVERY. - IN HONOR OF HISPANIC HERITAGE MONTH, RRH CELEBRATES CULTURAL DIVERSITY OF OUR RRH FAMILY AND THE COMMUNITIES WE SERVE. AS WE HONOR HISPANIC HERITAGE, LET'S ALSO RENEW OUR COMMITMENT TO ENSURING THAT EVERY MEMBER OF OUR COMMUNITY ENJOYS ROBUST ACCESS TO THE HIGHEST QUALITY AND MOST AFFORDABLE CARE, DELIVERED WITH KINDNESS, INTEGRITY, AND RESPECT. - IN HONOR OF BREAST CANCER AWARENESS MONTH, RRH STAFF WORE PINK AND PROVIDED MAMMOS & MAKEOVERS-TO-GO. FOR THIS TWO DAY EVENT, WOMEN WHO ATTEND RECEIVED A MAMMOGRAM SCREENING AND COMPLIMENTARY SELF-CARE ITEMS FOR PAMPERING AT HOME. - RRH DIVERSITY, EQUITY & INCLUSION LEADERS HELD A COMMUNITY CONVERSATION ON THE COVID-19.

PART II, LINE 4

SOCIAL MEDIA SPOTLIGHTS AND NEWS FEATURES PROVED TO BE A VITAL COMPONENT DURING THE COVID PANDEMIC YEAR. RRH PREPARED, PARTICIPATED IN AND PRESENTED ON THE FOLLOWING TOPICS THROUGHOUT THE COURSE OF THE YEAR: HEALTH AND SAFETY TIPS FOR STUDENTS STUDYING ABROAD; MEN'S HEALTH AND NEW TECHNOLOGY IN THE TREATMENT OF PROSTATE, KIDNEY AND BLADDER CANCER; OPENING OF THE NEW CENTER FOR CRITICAL CARE; HEART FAILURE TREATMENT; ELECTROPHYSIOLOGY AND HOW PATIENTS CAN STAY IN TUNE WITH THEIR OVERALL HEART HEALTH; TIPS FOR PEOPLE WHO THINK THEY HAVE A HEART CONDITION; STRUCTURAL HEART DISEASES AND THE APPROACHES USED TO TREAT THESE CONDITIONS; HEART DISEASE IN WOMEN; BENEFITS OF POSITIVE THINKING, GRATITUDE AND BEING OPTIMISTIC IN THE WELLNESS OF PATIENTS AND THE SUCCESSFUL OUTCOMES IN THEIR OVERALL CARE; GUIDELINES ON SCREEN TIME FOR KIDS AND HARM THAT CAN BE CAUSED BY OVERUSE; BREAKFAST AND ITS IMPORTANCE FOR THE ENERGY NEEDED TO FOCUS WHILE AT SCHOOL OR WORK; COLORECTAL CANCER SCREENING AND PREVENTION PROGRAM DESIGNED TO EDUCATE AND HELP PREVENT COLORECTAL CANCER IN MEN AND WOMEN; TIPS FOR STARTING A HOME VEGETABLE GARDEN DURING THIS TIME OF SOCIAL DISTANCING; HOW TO HAVE A CONVERSATION WITH CHILDREN ABOUT COVID-19; NECESSITY TO ASSIST PATIENTS AND MEMBERS OF THE COMMUNITY WHO ARE STRUGGLING DURING THIS CRISIS AND BEYOND; A NEW DRIVE-THRU EVALUATION VIDEO TO EDUCATE OUR COMMUNITY AND SHOW THE EXTENSIVE WORK THAT IS HAPPENING TO MEET THE GROWING LOCAL NEED FOR HEALTH CARE SERVICES, INCLUDING COVID-19 SCREENINGS; IN-DEPTH CONVERSATION ON COVID-19, ITS IMPACT ON OUR PEOPLE, ADJUSTMENTS MADE BY OUR HEALTH SYSTEM, THE SAFETY OF OUR COMMUNITY; STEPS TO TAKE IN PREPARING YOUR FAMILY FOR TICK AND MOSQUITO SEASON; EXPANDED COVID-19 TESTING CAPACITY TO INCLUDE AUTOMATED TESTING ON THE ROCHE PLATFORM; CLEANING TIPS FOR COVID-19; KEEPING YOUR CHILD'S BRAIN ACTIVE WHILE MAINTAINING SOCIAL DISTANCING; ADVICE ON HOW TO MAINTAIN GOOD MENTAL HEALTH DURING THE PANDEMIC AND EVERY DAY; HEADACHES, MIGRAINES AND HOW RRH IS UTILIZING CARE NOW TELEHEALTH TO TREAT PATIENTS DURING THE COVID-19 PANDEMIC; AT-HOME SKIN AND HAIR CARE; FIVE RECOVERY TIPS FOR THOSE STRUGGLING WITH SUBSTANCE USE AND SUBSTANCE ABUSE DISORDERS; HELPFUL TIPS ON HOW TO PRACTICE HEALTHY EATING HABITS AT HOME; TOOLS AND MOBILE APPS THAT CAN HELP SUPPORT HEALTHY EATING AND EXERCISE HABITS DURING COVID; HOW TO DIFFERENTIATE BETWEEN COVID-19 SYMPTOMS AND SEASONAL ALLERGIES; HOW TO HAVE A CONVERSATION WITH YOUR FAMILY ABOUT CARE PREFERENCES AND END-OF-LIFE WISHES; CHEMICAL DEPENDENCY TREATMENT OPTIONS DURING COVID-19; PRIMARY CARE OPTIONS DURING COVID-19; SIX TIPS ON AVOIDING ZOOM FATIGUE AND STAYING HEALTHY WHEN USING VIDEO CHATS; AND NUMEROUS OTHERS. ROC2025 - ROCHESTER REGIONAL HEALTH HAS ENTERED INTO A PLEDGE

AGREEMENT WITH ROC2025 TO CONTRIBUTE \$100,000 FOR EACH OF THE NEXT FIVE YEARS. ROC2025 IS AN INNOVATIVE ALLIANCE OF ECONOMIC DEVELOPMENT ORGANIZATIONS DEDICATED TO MAKING GREATER ROCHESTER, NEW YORK ONE OF THE MOST DYNAMIC AND RAPIDLY GROWING REGIONAL ECONOMIES IN THE U.S. IT IS THE MISSION OF ROC2025 TO CREATE NEW JOBS, INCREASE REGIONAL WEALTH, RAISE REGIONAL GDP AND ENHANCE OPPORTUNITY. ROC2025 INVESTS IN A WORLD-CLASS ECONOMIC DEVELOPMENT ECOSYSTEM WHERE INCUMBENT BUSINESSES ARE THRIVING, NEW FIRMS ARE LOCATING, AND THE WORLD'S BEST TALENT IS CHOOSING TO LIVE. THROUGH ROC2025, WE'RE DEDICATING SIGNIFICANTLY MORE RESOURCES TO GROWTH. ENHANCING THE REACH AND IMPACT OF CURRENT EFFORTS, FURTHERING OUR WORK TO EXPAND THE REGIONAL ECONOMY, AND COMPETING MORE EFFECTIVELY FOR JOBS AND INVESTMENT. ROCCOVID - ROCHESTER REGIONAL HEALTH JOINED MONROE COUNTY, THE CITY OF ROCHESTER, UNIVERSITY OF ROCHESTER MEDICAL CENTER AND COMMON GROUND HEALTH TO HELP LAUNCH ROC COVID, A NEW ONLINE HEALTH SCREENING SURVEY TOOL TO HELP PREVENT FURTHER SPREAD OF THE VIRUS THROUGHOUT THE GREATER ROCHESTER AND FINGER LAKES REGION. DATA COLLECTED BY ROCCOVID.ORG WILL ALSO INCREASE UNDERSTANDING OF THE VIRUS, MEASURE EFFORTS TO SLOW ITS PROGRESSION, AND HELP DETERMINE WHERE TO FOCUS TESTING OR ADJUST STAY-AT-HOME AND PHYSICAL DISTANCING REQUIREMENTS. SCIENTISTS AND INFORMATION TECHNOLOGY STAFF FROM RRH AND URMIC HELPED DEVELOP THE ONLINE SURVEY, WHICH CONSISTS OF A FEW QUESTIONS THAT RESIDENTS ARE ENCOURAGED TO ANSWER DAILY, EVEN WHEN THEY ARE EXPERIENCING NO SYMPTOMS. SPONSORSHIPS - ROCHESTER REGIONAL HEALTH, AS A SYSTEM, INCLUDING CLIFTON SPRINGS HOSPITAL & CLINIC, IS COMMITTED TO GIVING BACK TO THE COMMUNITY BY SUPPORTING THE MANY ORGANIZATIONS THAT ARE ALREADY WORKING SO HARD TO IMPROVE COMMUNITY HEALTH. AS SUCH, WE PROVIDE RESOURCES TO LOCAL ORGANIZATIONS AND COMMUNITY EVENTS INCLUDING THE AMERICAN HEART ASSOCIATION, THE ROCHESTER PHILHARMONIC ORCHESTRA, JORDAN HEALTH CENTER, YWCA OF ROCHESTER, CENTER FOR YOUTH, THE AMERICAN CANCER SOCIETY, THE AMERICAN DIABETES ASSOCIATION, INTERVOL, GREATER ROCHESTER CHAMBER OF COMMERCE, AND MANY OTHERS. OTHER PROGRAMS AND EVENTS HELD IN SUPPORT OF THE COMMUNITY INCLUDE: - COLLECTING DONATIONS FOR HOMELESS RELIEF DRIVE - EVENT HONORING THE LIFE AND LEGACY OF MARTIN LUTHER KING, JR. - "DIGITAL BEAT" (A TV DISPLAY) LIVE IN ALL FIVE HOSPITALS SHOWCASING NEWS, STORIES AND HELPFUL INFORMATION TO PATIENTS AND VISITORS - IN RESPONSE TO EARTHQUAKES IN PUERTO RICO, RRH REACTIVATED ITS BIENVENIDOS HELP DESK, A CENTRALIZED RESOURCE, TO HELP COORDINATE THE NEEDS OF THOSE DISPLACED BY THE EARTHQUAKES ARRIVING HERE IN ROCHESTER. THE BIENVENIDOS HELP DESK PROVIDES A SINGLE POINT OF CONTACT FOR REFERRALS TO RRH, WHERE PATIENT NEEDS ARE TRIAGED AND ALIGNED WITH THE APPROPRIATE RESOURCES. - EDUCATIONAL PROGRAMS OPEN TO ALL ON TOPICS SUCH AS PROSTATE CANCER; THE OPIOID CRISIS; AND A CARDIOVASCULAR SYMPOSIUM. - RRH UNVEILED THE DATOS HEALTH APP, WHICH WAS DEVELOPED TO REMOTELY MONITOR COVID-19 POSITIVE HEALTH CARE WORKERS AND PATIENTS. THIS WILL ALLEVIATE STRAIN ON THE HEALTH SYSTEM AND PROTECT HEALTHY PEOPLE FROM EXPOSURE, WHILE ENSURING THAT COVID-19 PATIENTS AT HOME RECEIVE HIGH QUALITY MEDICAL CARE AND ATTENTION. - CARE ON THE ROAD PROGRAM BRINGS THE RRH LABORATORY TO THE PATIENT. THE TEAM, WHICH INCLUDES MORE THAN 20 MOBILE PHLEBOTOMISTS, IS AVAILABLE AROUND THE CLOCK. COMBINED, THEY AVERAGE 200 NURSING HOME DRAWS DAILY ACROSS FIVE COUNTIES. THE TEAM'S SINGULAR FOCUS DURING THE COVID-19 PANDEMIC IS TO KEEP PATIENTS, RESIDENTS AND STAFF SAFE. - RRH'S FREE MYCARE APP MAKES COMMUNICATION BETWEEN PATIENTS AND THEIR CARE TEAMS EASIER THAN EVER. IT IS AVAILABLE FOR DOWNLOAD ON ANY MOBILE DEVICE, TABLET OR COMPUTER. APP HIGHLIGHTS FOR PATIENTS INCLUDE THE ABILITY TO: VIEW COVID-19 AND OTHER TEST RESULTS; ACCESS LOCATIONS, PROVIDERS OR SERVICES LISTINGS AND INFORMATION; ASK PROVIDERS A MEDICAL QUESTION THROUGH THE "ASK A MEDICAL QUESTION" SECTION. - DURING A TIME WHEN GETTING INFORMATION OUT TO THE COMMUNITY IS MOST IMPORTANT, RRH LAUNCHED HEALTH HIVE. HEALTH HIVE IS YOUR HOME TO TRUSTED, TIMELY, AND RELIABLE HEALTH CONTENT WRITTEN OR REVIEWED BY ROCHESTER REGIONAL HEALTH DOCTORS AND PROVIDERS. AS THE MOST COMPREHENSIVE HEALTH SYSTEM IN WESTERN NEW YORK AND THE FINGER LAKES REGION, ROCHESTER REGIONAL HEALTH KNOWS HOW IMPORTANT IT IS FOR YOU TO HAVE ACCESS TO HEALTHCARE INFORMATION THAT'S RELEVANT TO YOUR LIFE. HEALTH HIVE IS A HUB OF HEALTH INSIGHTS WRITTEN OR REVIEWED BY OUR DOCTORS AND PROVIDERS THAT SUPPORTS YOU THROUGH EVERY STAGE OF YOUR LIFE JOURNEY. - WHITE COATS FOR BLACK LIVES RRH STAFF AND PHYSICIANS PARTICIPATED IN A DEMONSTRATION WHERE HEALTHCARE PROFESSIONALS ACROSS THE US KNEEL FOR 9 MINUTES IN SILENT REFLECTION ON THE URGENT NEED TO END RACISM AS A THREAT TO THE HEALTH, SAFETY, AND WELL-BEING OF PEOPLE OF COLOR. RRH IS COMMITTED TO ENSURING RACIAL JUSTICE AND THE WELL-BEING OF COMMUNITIES OF COLOR. - RRH ANNOUNCED AN INTEGRATED SPECIALTY PHARMACY TO ENHANCE CARE FOR PATIENTS WITH CHRONIC AND COMPLEX CONDITIONS. PATIENTS WHO REQUIRE SPECIALTY MEDICATIONS OFTEN FACE FINANCIAL CHALLENGES AND REQUIRE ADDITIONAL SUPPORT TO ADHERE TO THEIR THERAPY REGIMENS. WITH AN INTEGRATED APPROACH IN MIND, RRH DESIGNED THE SPECIALTY PHARMACY TO REDUCE BURDENS AND ENSURE PATIENTS RECEIVE THE HELP THEY NEED. - RRH ANNOUNCED AN AFFILIATION AGREEMENT WITH ST. LAWRENCE HEALTH SYSTEM. OPERATING THROUGHOUT THE NORTH COUNTRY, ST. LAWRENCE HEALTH SYSTEM IS COMPOSED OF THREE HOSPITALS AND A NETWORK OF PRIMARY AND SPECIALTY CARE PRACTICES SERVING A COUNTY POPULATION OF APPROXIMATELY 108,000. THE AFFILIATION BETWEEN OUR TWO SYSTEMS WILL EXPAND AND GROW MEDICAL SERVICES THROUGHOUT THE AREA.

PART III, LINE 4:

IN 2020, THE ORGANIZATION CONTINUED ITS ENHANCED PROCESS FOR OBTAINING ADDITIONAL FINANCIAL INFORMATION FOR UNINSURED AND UNDER-INSURED PATIENTS WHO HAVE NOT SUPPLIED THE REQUISITE INFORMATION TO DETERMINE IF THEY QUALIFY FOR CHARITY CARE. THE ADDITIONAL INFORMATION OBTAINED WAS USED BY THE ORGANIZATION TO DETERMINE WHETHER TO QUALIFY PATIENTS FOR CHARITY CARE IN ACCORDANCE WITH THE ORGANIZATION'S POLICY. THE APPLICATION OF THIS ADDITIONAL INFORMATION IN 2020 RESULTED IN ADDITIONAL PATIENTS QUALIFYING FOR CHARITY CARE AND THUS RE-CLASSIFYING THIS AMOUNT FROM BAD DEBT EXPENSE. BAD DEBT EXPENSE ON PART III, LINE 2 REPRESENTS ESTIMATED UNCOLLECTIBLE CHARGES FOR THOSE PATIENTS UNWILLING, NOT UNABLE, TO PAY. BAD DEBT COSTING METHODOLOGY: THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE,

Form and Line Reference	Explanation
	<p>AND OTHER COLLECTION INDICATORS. PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY. THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR BAD DEBTS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES. AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE, THE HOSPITAL FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST DUE PATIENT BALANCES WITH COLLECTION AGENCIES, SUBJECT TO THE TERMS OF CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY THE HOSPITAL. ACCOUNTS RECEIVABLE ARE WRITTEN OFF AFTER COLLECTION EFFORTS HAVE BEEN FOLLOWED IN ACCORDANCE WITH THE HOSPITAL'S POLICIES. BAD DEBT EXPENSE IS RECORDED USING THE VALUATION METHOD AS OUTLINED IN HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION (HFMA) STATEMENT 15, WHICH REQUIRES BAD DEBT EXPENSE TO BE RECORDED AT THE AMOUNT THAT THE PAYER IS EXPECTED TO PAY. THE PROVISION FOR BAD DEBTS REPRESENTS ESTIMATED UNCOLLECTIBLE CHARGES OF PATIENTS UNWILLING TO PAY. IN 2020, THE ORGANIZATION CONTINUED ITS ENHANCED PROCESS FOR OBTAINING ADDITIONAL FINANCIAL INFORMATION FOR UNINSURED AND UNDERINSURED PATIENTS WHO HAVE NOT SUPPLIED THE REQUISITE INFORMATION TO DETERMINE IF THEY QUALIFY FOR CHARITY CARE. THE APPLICATION OF THIS ADDITIONAL INFORMATION IN 2020 RESULTED IN ADDITIONAL PATIENTS QUALIFYING FOR CHARITY CARE AND A REDUCTION TO BAD DEBT EXPENSE.</p>
PART III, LINE 8:	<p>MEDICARE COSTING METHODOLOGY: THE ORGANIZATION USED THE FILED 2020 CMS COST REPORT TO DETERMINE THE MEDICARE ALLOWABLE COSTS OF CARE RELATING TO PAYMENTS RECEIVED FROM MEDICARE. MEDICARE SHORTFALLS, WHICH ARE COSTS INCURRED BY THE HOSPITAL TO PROVIDE QUALITY CARE AND TREATMENT TO ITS PATIENTS, SHOULD BE TREATED AS A COMMUNITY BENEFIT. TO NOT INCUR THESE COSTS WOULD POTENTIALLY LIMIT OR EVEN COMPROMISE THE QUALITY OF SERVICE PROVIDED.</p>
PART III, LINE 9B:	<p>AT SUCH TIME THAT A PATIENT EXPRESSES A FINANCIAL CONCERN, THE PATIENT WILL BE OFFERED THE OPPORTUNITY TO APPLY FOR CHARITY CARE. ONCE THE PATIENT SUBMITS THE COMPLETED CHARITY CARE APPLICATION, THE ACCOUNT IS PLACED ON HOLD AND ALL COLLECTION ACTIVITIES ARE SUSPENDED UNTIL AN ELIGIBILITY DETERMINATION IS MADE. IF THE PATIENT IS ELIGIBLE FOR CHARITY CARE, THEN THE PATIENT IS NOTIFIED OF THE LEVEL OF CHARITY CARE AWARDED. IF 100% CHARITY CARE IS AWARDED, THEN NO BILL IS SENT TO THE PATIENT. IF LESS THAN 100% CHARITY CARE IS AWARDED, THEN THE PATIENT WILL RECEIVE A BILL PURSUANT TO THE PRIVATE PAY COLLECTION POLICY. ONLY AFTER PATIENT'S LIABILITY HAS BEEN DETERMINED FOLLOWING PROCESSING OF APPLICATIONS FOR GOVERNMENT ASSISTANCE, CHARITY CARE, AND/OR INSURANCE CARRIER REMITTANCE WILL THE PATIENT STATEMENT BE MAILED FOR PAYMENT RECOVERY. THE HOSPITAL'S COLLECTION PRACTICES SET FORTH IN ITS WRITTEN DEBT COLLECTION POLICY APPLY TO ALL PATIENT TYPES OF THE HOSPITAL.</p>
PART VI, LINE 2:	<p>DURING 2019, A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS CONDUCTED JOINTLY BY THE HOSPITALS SERVING MONROE COUNTY, NY IN COLLABORATION WITH MONROE COUNTY DEPARTMENT OF PUBLIC HEALTH (MCDPH). ALSO INSTRUMENTAL IN THE COMMUNITY HEALTH IMPROVEMENT PROCESS ARE SEVERAL PARTNERS INCLUDING THE LOCAL DSRIP ORGANIZATION FINGER LAKES PERFORMING PROVIDER SYSTEM (FLPPS), COMMON GROUND HEALTH (OUR LOCAL POPULATION HEALTH IMPROVEMENT PROGRAM (PHIP) AND MONROE COUNTY OFFICE OF MENTAL HEALTH (MCOMH). ROCHESTER REGIONAL HEALTH (THE PARENT OF ROCHESTER GENERAL HOSPITAL) AND THE FOLLOWING OTHER HOSPITALS OF MONROE COUNTY ARE PARTNERS IN HELPING TO IDENTIFY UNMET AND EMERGING HEALTH CARE NEEDS IN THE MONROE COUNTY COMMUNITY: 1) UNITY HOSPITAL 2) STRONG MEMORIAL HOSPITAL 3) HIGHLAND HOSPITAL THE COMMUNITY HEALTH IMPROVEMENT WORKGROUP (CHIW) IS THE OVERSIGHT BODY FOR THE ASSESSMENT PROCESS AND DEVELOPMENT OF THE CHNA REPORT. THE CHIW IS MADE UP OF REPRESENTATIVES FROM EACH HOSPITAL AS WELL AS PUBLIC HEALTH EXPERTS FROM THE MCDPH AND COMMUNITY MEMBER EXPERTS FROM FLPPS, PHIP AND MCOMH. IN ADDITION TO THE CHIW, SEVERAL OTHER ORGANIZATIONS COLLABORATED IN THE DEVELOPMENT OF THE CHNA. THESE ORGANIZATIONS AND PROGRAMS INCLUDE: AFRICAN AMERICAN HEALTH COALITION; LATINO HEALTH COALITION; MATERNAL CHILD HEALTH ADVISORY GROUP; AND THE COMMUNITY ADVISORY COUNCIL. THE MONROE COUNTY CHNA BEGAN WITH A REVIEW OF THE 2016 CHNA AND THE STATE-REQUIRED PROGRESS REPORT OF 2016 OF THE COMMUNITY HEALTH IMPROVEMENT PLAN BASED ON THE 2016 CHNA. THE PRIMARY CONSISTENT SOURCE OF DATA USED TO PRIORITIZE THE HEALTH NEEDS OF OUR COMMUNITY WAS THE COUNTY LEVEL DASHBOARDS OF THE NEW YORK STATE PREVENTION AGENDA. IN ADDITION, OTHER KEY SOURCES OF DATA INCLUDED:- BUREAU OF VITAL RECORDS (2016) VITAL RECORDS, VITAL STATISTICS UNITY, NYS DEPARTMENT OF HEALTH-COMMON GROUND HEALTH (2018) "HEALTH EQUITY CHARTBOOK"- EDUCATION, N.D. (2016-2017) HIGH SCHOOL GRADUATION RATES NYS DEPARTMENT OF EDUCATION- MC-CHIW (2016) MONROE COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN 2016-2018- METRO COUNCIL FOR TEEN POTENTIAL (2017) NEEDS AND RESOURCE ASSESSMENT: TEEN PREGNANCY PREVENTION, ROCHESTER NY IN PARTNERSHIP WITH THE CITY OF ROCHESTER BUREAU OF YOUTH SERVICES- MONROE COUNTY (2017) CHRONIC DISEASE REPORT ROCHESTER NY MONROE COUNTY DEPARTMENT OF PUBLIC HEALTH - MONROE COUNTY DEPARTMENT OF PUBLIC HEALTH (2017) MONROE COUNTY YOUTH RISK BEHAVIOR SURVEY- MONROE COUNTY DEPARTMENT OF PUBLIC HEALTH (2017) "YOUTH RISK BEHAVIOR SURVEY REPORT: ROCHESTER CITY SCHOOL DISTRICT"- MONROE COUNTY OFFICE OF MENTAL HEALTH (2018) "LOCAL SERVICES PLAN FOR MENTAL HYGIENE SERVICES"- NYS DEPARTMENT OF HEALTH (2018) COMMUNITY HEALTH PLANNING GUIDANCE- NYS DEPARTMENT OF EDUCATION (2017-2018) HIGH SCHOOL GRADUATION RATES- NYS DEPARTMENT OF HEALTH (2018) "NYS PREVENTION AGENDA DASHBOARD COUNTY LEVEL: MONROE COUNTY" - ROCHESTER MONROE ANTI-POVERTY INITIATIVE (2017) "RAMAPI A YEAR IN REVIEW 2017"- STATEWIDE PLANNING AND RESEARCH COOPERATIVE SYSTEM (SPARCCS) (2016) "SPARCS DATA"- US BUREAU (2017) "2013-2017 AMERICAN COMMUNITY SURVEY 5-YEAR ESTIMATES: MONROE COUNTY, NY- US BUREAU (2017) "2013-2017 AMERICAN COMMUNITY SURVEY 5-YEAR ESTIMATES: ROCHESTER CITY, NY SEVERAL AREAS OF CONCERN WERE IDENTIFIED AND LISTED DURING THIS TIME OF DATA REVIEW, CONSISTENT WITH HOSPITAL NEEDS AS WELL AS THE PRIORITIZATION CRITERIA. IN ORDER TO DETERMINE WHICH AREAS OF NEED AND DISPARITY AMONG VULNERABLE POPULATIONS WERE MOST IN LINE WITH NEW YORK'S COMMUNITY HEALTH GOALS, THE PREVENTION AGENDA DASHBOARD AND 2018 GOALS WERE EXAMINED. MAIN AREAS OF CONCERN WERE IDENTIFIED FOR COMMUNITY HEALTH IN MONROE COUNTY. THE CHIW IDENTIFIED AREAS WHERE THERE WAS A DEMONSTRATED NEED, ESPECIALLY AMONG VULNERABLE</p>

Form and Line Reference	Explanation
	<p>POPULATIONS AND WHERE MONROE COUNTY (1) FELL SHORT OF THE STATE GOAL FOR THE PREVENTION AGENDA 2024; (2) FACES SIGNIFICANT DISPARITY IN RACE, ETHNICITY, GEOGRAPHY OR SOCIOECONOMIC STATUS; AND (3) CONTAINS A DOWNWARD TREND OF "WORSE OR "SIGNIFICANTLY WORSE." AFTER EXTENSIVE DISCUSSION OF THE DATA SUMMARIES AND OTHERS, THE CHIW CONDENSED ALL OF THE INFORMATION INTO A LIST OF TOP PRIORITIES FOR THE 2019-2021 TIME FRAME AND LINKED THE GOALS FROM THE NYS PREVENTION AGENDA. THE TOP NINE AREAS WERE DISCUSSED AND BASED ON A SET OF CRITERIA, INCLUDING NEED AMONG VULNERABLE POPULATIONS; ABILITY TO HAVE A MEASUREABLE IMPACT; ABILITY TO INTERVENE AT A PREVENTION LEVEL; COMMUNITY CAPACITY AND WILLINGNESS TO ACT AND THE IMPORTANCE OF THE PROBLEM TO COMMUNITY MEMBERS, THOSE BEST SUITED FOR THE 2019-2021 PLAN WERE IDENTIFIED. IN 2018, COMMON GROUND HEALTH CONDUCTED A REGIONAL SURVEY OF COMMUNITY MEMBERS TO LEARN MORE ABOUT HEALTH BEHAVIORS AND BARRIERS TO HEALTHY LIVES. WITH PARTICULAR ATTENTION TO GATHERING INPUT FROM A DIVERSE GROUP OF PARTICIPANTS, OVER 4,000 PEOPLE WERE SURVEYED. THE RESULTS INDICATED THAT THE TOP CONCERN FOR ADULTS IN MONROE COUNTY ACROSS ALL RACES, GEOGRAPHIES, AND SOCIOECONOMIC STATUS LEVELS WAS MENTAL HEALTH. AFTER REVIEWING THE DATA THE CHIW SET THE GENERAL DIRECTION FOR THE CHNA/CHIP IDENTIFYING THE TOP TWO PRIORITY AREAS FOR 2019-2021 WILL BE FOCUSED ON PROMOTING THE HEALTHY WOMEN, INFANTS AND CHILDREN PARTICULARLY MATERNAL HEALTH AND A FOCUS ON PROMOTING WELL-BEING AND RESILIENCE, THE PROCESS EXPANDED TO INCLUDE THE GATHERING OF FEEDBACK FROM COMMUNITY GROUPS. THE FOLLOWING QUESTIONS WERE CREATED TO INITIATE CONVERSATION AROUND MENTAL HEALTH AND MATERNAL-CHILD HEALTH DISPARITIES: 1. WHAT SPECIFIC AREAS OF MENTAL AND EMOTIONAL HEALTH/MATERNAL CHILD HEALTH ARE MOST IMPORTANT FOR THE HOSPITALS, HEALTH DEPARTMENT, AND COMMUNITY TO ADDRESS?2. WHAT IS THE MOST IMPORTANT THING THE HEALTH DELIVERY SYSTEM CAN DO TO IMPROVE THIS PRIORITY AREA?3. HOW CAN THE HEALTH SYSTEMS IMPROVE COLLABORATION WITH EXISTING PROGRAMS AND INITIATIVES?COMMUNITY INPUT WAS STRONGLY CONSIDERED THROUGHOUT THIS PROCESS. THE CHIW REVIEWED RESULTS FROM VARIOUS PROJECTS THAT RECENTLY GATHERED COMMUNITY INPUT RELATED TO HEALTH ISSUES AFFECTING RESIDENTS. CHIW ALSO CONSIDERED SERVICES ALREADY BEING PROVIDED IN THE COMMUNITY, AND HOW WE COULD BEST DEVELOP SYNERGY WITH EXISTING PROCESSES. OVERALL, AFTER CONSIDERING THE OPINIONS OF THE CHIW MEMBERS, THE COMMUNITY, THE STATE OF NEW YORK AND THE HEALTH DATA, THE FOLLOWING TWO PRIORITIES WERE IDENTIFIED: 1. PROMOTE HEALTHY WOMEN, INFANTS AND CHILDREN2. PROMOTE WELL-BEING TO PREVENT MENTAL AND SUBSTANCE USE DISORDERSADDITIONALLY, THE CHIW IDENTIFIED SECONDARY PRIORITIES THAT IT WILL FOLLOW AND SUPPORT AS NEEDED INCLUDING:1. SMOKING CESSATION2. FOOD INSECURITY3. OPIOID CRISIS4. SEXUALLY TRANSMITTED INFECTION RATES5. VIOLENCE PREVENTION THE 2019-2021 COMMUNITY HEALTH IMPROVEMENT PLAN OUTLINES THE PRIORITIES IDENTIFIED IN THE CHNA AND PROVIDES INTERVENTIONS TO IMPACT THE HEALTH PRIORITIES AS FOLLOWS: PRIORITY 1: PROMOTE HEALTHY WOMEN, INFANTS AND CHILDREN: REDUCE RACIAL, ETHNIC, ECONOMIC AND GEOGRAPHIC DISPARITIES IN MATERNAL AND CHILD HEALTH OUTCOMES AND PROMOTE HEALTH EQUITY FOR MATERNAL AND CHILD POPULATIONS (SPECIFICALLY FOR UNPLANNED PREGNANCY INCOME DISPARITY, PRETERM BIRTH RACIAL DISPARITIES AND ADVERSE CHILDHOOD EXPERIENCES). PRIORITY 2: PROMOTE WELL-BEING TO PREVENT MENTAL AND SUBSTANCE USE DISORDERS: STRENGTHEN OPPORTUNITIES TO BUILD WELL-BEING AND RESILIENCE ACROSS THE LIFESPAN AND FACILITATE SUPPORTIVE ENVIRONMENTS THAT PROMOTE RESPECT AND DIGNITY FOR PEOPLE OF ALL AGES.</p>
PART VI, LINE 3:	<p>ROCHESTER REGIONAL INFORMS INDIVIDUALS OF AVAILABLE FREE OR REDUCED PRICE SERVICES AT THE TIME OF REGISTRATION INTO INPATIENT, OUTPATIENT, AND EMERGENCY DEPARTMENTS. POSTERS INFORMING THE PATIENT/FAMILY OF ASSISTANCE ARE POSTED IN BOTH ENGLISH AND SPANISH AND AVAILABLE THROUGHOUT ROCHESTER REGIONAL LOCATIONS. BROCHURES AND PAMPHLETS, IN BOTH ENGLISH AND SPANISH, INFORMING THE COMMUNITY ARE WIDELY DISTRIBUTED IN THE COMMUNITY AT HEALTH FAIRS, CHURCHES, SCHOOLS AND OTHER PUBLIC LOCATIONS. INFORMATION REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE IS ALSO AVAILABLE THROUGH ROCHESTER REGIONAL'S WEBSITE AND PATIENTS WITH A SELF-PAY BALANCE ARE NOTIFIED OF OUR FINANCIAL ASSISTANCE PROGRAM VIA THE PATIENT'S STATEMENT. ROCHESTER REGIONAL OFFERS SEVERAL INITIATIVES TO HELP INDIVIDUALS IN OUR COMMUNITY ACCESS AFFORDABLE HEALTH CARE, INCLUDING: - FACILITATED ENROLLMENT - TO ASSIST ELIGIBLE INDIVIDUALS WITH HEALTH INSURANCE ENROLLMENT BY OFFERING EDUCATION AND APPLICATION ASSISTANCE FOR MEDICAID, CHILD HEALTH PLUS, FAMILY HEALTH PLUS, PRENATAL CARE ASSISTANCE PROGRAM, AND STATE AID FOR CHILDREN WITH SPECIAL NEEDS. A DEDICATED TELEPHONE NUMBER IS AVAILABLE AND INFORMATION IS PUBLISHED IN PAMPHLETS AT RRH SITES AND AT VARIOUS LOCATIONS THROUGHOUT THE COMMUNITY. - FINANCIAL ASSISTANCE PROGRAM - THE ROCHESTER REGIONAL FINANCIAL ASSISTANCE PROGRAM OFFERS FREE OR REDUCED-PRICES FOR PATIENTS TREATED AT A ROCHESTER REGIONAL HOSPITAL, OUTPATIENT, EMERGENCY ROOM, OR LONG-TERM CARE FACILITY. DISCOUNTS ARE AWARDED BASED UPON INCOME AND ASSET VERIFICATION. INDIVIDUALS WHO DO NOT QUALIFY FOR MEDICAID, CHILD HEALTH PLUS, FAMILY HEALTH PLUS, PRENATAL CARE ASSISTANCE PROGRAM, AND/OR STATE AID FOR CHILDREN WITH SPECIAL NEEDS ARE CONSIDERED FOR FINANCIAL ASSISTANCE (CHARITY CARE).</p>
PART VI, LINE 4:	<p>ROCHESTER GENERAL HOSPITAL SERVES MORE THAN ONE MILLION PEOPLE EACH YEAR, PRIMARILY FROM THE CITY OF ROCHESTER AND SURROUNDING AREAS OF MONROE COUNTY. IN 2020, RGH PROVIDED CARE TO OVER 80,000 PATIENTS WHO VISITED THE EMERGENCY DEPARTMENT, INCLUDING TENT VISITS, EXPERIENCED MORE THAN 36,000 INPATIENT/OBSERVATION DISCHARGES AND 1,420,000 OUTPATIENT ENCOUNTERS. IN MONROE COUNTY, OUR PRIMARY SERVICE AREA, THE POPULATION TOTALED OVER 747,000 PEOPLE (2017 CENSUS) AND IS 76.8% WHITE, 16.2% AFRICAN AMERICAN AND 3.9% ASIAN, WITH 8.8% OF THE POPULATION IDENTIFYING AS HISPANIC OR LATINO. FROM AMERICAN COMMUNITY SURVEY 2013-2017 INFORMATION, APPROXIMATELY 14.8% OF HOUSEHOLDS IN MONROE COUNTY ARE LIVING AT OR BELOW THE POVERTY LEVEL. IN THE CITY OF ROCHESTER ITSELF, HOWEVER, THE POPULATION IS MUCH MORE DIVERSE: 46.6% ARE WHITE AND 40.7% ARE AFRICAN AMERICAN. THE CITY OF ROCHESTER HAS A POVERTY RATE IS MORE THAN DOUBLE THAT OF THE ENTIRE COUNTY AT 33.1%. MORE THAN 51% OF CHILDREN IN ROCHESTER LIVE IN POVERTY. ROCHESTER IS ALSO ONE OF ONLY FOURTEEN CITIES NATIONWIDE (AND ONE OF TWO IN NEW YORK STATE) THAT IS DESIGNATED BY THE FEDERAL OFFICE OF REFUGEE RESETTLEMENT FOR THE UNACCOMPANIED REFUGEE MINORS PROGRAM, AND BECAUSE OF THIS AND OTHER SIGNIFICANT PROGRAMS FOR REFUGEE</p>

Form and Line Reference	Explanation
	RESETTLEMENT, WE HAVE AN UNUSUALLY LARGE NUMBER OF INDIVIDUALS WHO ARE FOREIGN-BORN AND SPEAK A LANGUAGE OTHER THAN ENGLISH. IN ADDITION TO PROVIDING HIGH-QUALITY SERVICES TO INDIVIDUALS FROM THROUGHOUT THE AREA, BECAUSE ROCHESTER GENERAL HOSPITAL IS LOCATED IN ONE OF THE POOREST AREAS WITHIN THE CITY, WE PROVIDE A HEALTH CARE "SAFETY NET" FOR A SUBSTANTIAL AND DIVERSE POPULATION OF LOW INCOME AND UN- OR UNDERINSURED INDIVIDUALS IN THE ROCHESTER AREA.
PART VI, LINE 5:	MEDICAL STAFFRGH MEDICAL STAFF HAS OVER 1,500 CURRENTLY ACTIVE STAFF MEMBERS. THESE PHYSICIANS REPRESENT A BROAD SPECTRUM OF PRIMARY CARE AND SPECIALTY SERVICES. AS AN AFFILIATE OF ROCHESTER REGIONAL HEALTH, OUR PATIENTS HAVE SEAMLESS ACCESS TO ADDITIONAL SPECIALISTS INCLUDING THE WORLD-CLASS PROVIDERS AT THE SANDS-CONSTELLATION HEART INSTITUTE AND THE LIPSON CANCER INSTITUTE.VOLUNTEERS/AUXILIANSMEMBERS OF COMMUNITIES FROM ACROSS MONROE AND SURROUNDING COUNTIES HAVE ALWAYS PLAYED AN IMPORTANT ROLE IN ADVOCATING FOR, AND OFFERING ASSISTANCE AT RGH. IN 2020, MORE THAN 369 VOLUNTEERS PROVIDED MORE THAN 19,400 HOURS OF SERVICE AT RGH. ALTHOUGH VOLUNTEER SERVICES CEASED IN MARCH 2020 DUE TO COVID, THE COMMUNITY REMAINS COMMITTED TO PROVIDING ASSISTANCE TO OTHERS.BOARD OF DIRECTORS AND COMMUNITY GUIDANCERGH ENSURES COMMUNITY CONTROL OVER THE CORPORATION THROUGH ITS BOARD OF DIRECTORS, COMPRISED OF COMMUNITY AND FAITH LEADERS, AND LEADERS IN BUSINESS AND INDUSTRY, HEALTHCARE, AND PHYSICIANS REPRESENTING THE MEDICAL STAFF OF THE ORGANIZATION. THE MAJORITY OF THE DIRECTORS RESIDE IN THE ROCHESTER AREA AND EACH DIRECTOR SERVES A THREE-YEAR TERM.USE OF SURPLUS FUNDSSURPLUS FUNDS ARE USED TO FURTHER THE MISSION AND OPERATIONS OF THE ORGANIZATION, SUCH AS REINVESTING IN COMMUNITY BENEFIT PROGRAMS, AND MAKING IMPROVEMENTS IN FACILITIES, PATIENT CARE, MEDICAL, NURSING AND ALLIED HEALTH TRAINING, EDUCATION AND RESEARCH IN SUPPORT OF THE HEALTH NEEDS OF THE COMMUNITY AS WELL AS USED FOR CHARITY CARE.
PART VI, LINE 7, REPORTS FILED WITH STATES	NY
PART VI, LINE 6:	ROCHESTER REGIONAL HEALTH (ROCHESTER REGIONAL) (I.E. THE PARENT ORGANIZATION AND ITS RELATED AFFILIATES) HAS PROVIDED HIGH QUALITY HEALTHCARE SERVICES TO THE GREATER ROCHESTER NY AREA AND SURROUNDING REGIONS FOR MORE THAN 160 YEARS. IT IS ONE OF THE LARGEST EMPLOYERS IN ROCHESTER AND AN INTEGRAL PART OF THE COMMUNITY. ROCHESTER REGIONAL HAS A NATIONALLY RECOGNIZED HEART PROGRAM AND A NATIONALLY ACCREDITED CANCER CENTER, AND OFFERS PATIENTS MANY OF THE SAME LEADING EDGE TREATMENT OPTIONS FOUND AT THE COUNTRY'S FINEST MEDICAL CENTERS. FROM SURGERY TO ORTHOPEDICS, WOMEN'S HEALTH TO EMERGENCY CARE, PEOPLE ALL ACROSS WESTERN NY TURN TO ROCHESTER REGIONAL FOR THEIR EXPERIENCE, COMPASSION AND EXPERTISE IN HELPING THEM GET BACK TO LIVING THEIR LIVES. POVERTY TRENDS, COMMUNITY HEALTH RESEARCH AND NEEDS ASSESSMENTS ARE REVIEWED ON A REGULAR BASIS WHILE PLANNING COMMUNITY HEALTH PROGRAMS. ROCHESTER REGIONAL REPRESENTATIVES ARE ACTIVELY ENGAGED IN VARIOUS COMMUNITY HEALTH COLLABORATIONS WITH THE LOCAL HEALTH DEPARTMENTS, STATE HEALTH DEPARTMENT, AND LOCAL NOT-FOR-PROFIT HEALTH AND HUMAN SERVICE AGENCIES, AND ACTIVELY WORKS TO RESPOND TO COMMUNITY PRIORITIES AND DEVELOP PROGRAMS AND SERVICES THAT FILL A GAP OR SUPPLEMENT AN EXISTING PROGRAM. MOST ROCHESTER REGIONAL COMMUNITY HEALTH OUTREACH PROGRAMS ARE OFFERED IN PARTNERSHIP WITH OTHER COMMUNITY ORGANIZATIONS OR GOVERNMENTAL AGENCIES, IN ORDER TO LEVERAGE RESOURCES TO MEET COMMUNITY NEEDS. INFORMATION REGARDING THE AVAILABILITY OF COMMUNITY HEALTH PROGRAMS, ASSISTANCE WITH HEALTH INSURANCE ENROLLMENT AND FINANCIAL ASSISTANCE FOR MEDICAL CARE RECEIVED AT ROCHESTER REGIONAL HOSPITALS, EMERGENCY DEPARTMENTS, OUTPATIENT DEPARTMENTS OR LONG-TERM CARE FACILITIES ARE DISSEMINATED TO THE PUBLIC IN ELECTRONIC (WEBSITE) FORM.FIGHTING COVID-19 DID NOT STOP ROCHESTER REGIONAL FROM REACHING SIGNIFICANT MILESTONES IN STRATEGIC GROWTH. SOME OF WHICH INCLUDE: - DESTINATION CAMPUSES: BETTER SERVICE TO RURAL PATIENTS - ROCHESTER REGIONAL HEALTH'S DESTINATION-CAMPUS STRATEGY BRINGS RURAL PATIENTS EASY, LOCAL ACCESS TO A WIDE RANGE OF HIGHEST QUALITY, COORDINATED PRIMARY AND SPECIALTY CARE SERVICES. OUR NEWLY EXPANDED GENEVA MEDICAL CAMPUS OPENED IN JULY 2020 FOR PATIENTS OF ALL AGES AND HEALTH BACKGROUNDS. ITS SPECIALTY SERVICES INCLUDE ORTHOPEDICS; ORTHOPEDIC URGENT CARE; VASCULAR SURGERY; GENERAL SURGERY; EAR, NOSE & THROAT (ENT); AND OPEN MRI SERVICES - ALL OF WHICH CAN BE COORDINATED THROUGH THE PATIENT'S TRUSTED PRIMARY-CARE PROVIDER. THE GENEVA CAMPUS WILL CONTINUE TO ADD SERVICES THROUGHOUT THE YEAR, INCLUDING ALLERGY & RHEUMATOLOGY; ENDOCRINOLOGY, DIABETES & NUTRITION COUNSELING; AND GASTROENTEROLOGY. IN 2021, OUR GENESEO CAMPUS WILL BRING A SIMILAR RANGE OF SERVICES TO THE GENESEO COMMUNITY. WHEN IT OPENS, THE NEW RRH GENESEO CAMPUS WILL BE AMONG OUR LARGEST DESTINATION MEDICAL CAMPUSES. - OUR PENN FAIR DESTINATION CAMPUS, ALSO TARGETED FOR COMPLETION IN 2021, WILL ADD URGENT CARE AND PEDIATRIC OFFICES TO RENOVATED RETAIL SPACE ALREADY HOUSING LAB AND PRIMARY CARE SERVICES. - OUR STATE-OF-THE-ART SITE AT 330 MONROE AVE. IN ROCHESTER PROVIDES A NEW HOME FOR RRH FOUNDATIONS AND LIFETIME CARE. - OUR RECENTLY SIGNED AFFILIATION AGREEMENT WITH ST. LAWRENCE HEALTH - A NORTH COUNTRY SYSTEM IN NEW YORK OF THREE HOSPITALS AND A NETWORK OF PRIMARY AND SPECIALTY CARE PRACTICES - EXPANDS RRH'S REGIONAL REACH WHILE ENABLING ST. LAWRENCE TO ELEVATE AND GROW ITS MEDICAL SERVICES.EVEN AS WE EXPAND OUR GEOGRAPHIC REACH, FACILITY CAPABILITIES, AND SERVICE LINES, ROCHESTER REGIONAL PURSUES SYSTEM-WIDE INITIATIVES THAT DEFINE WHO WE ARE AND WHAT WE VALUE. THESE INCLUDE ENVIRONMENTAL SUSTAINABILITY; OUR COMMITMENT TO DIVERSITY, EQUITY, AND INCLUSION; AND OUR ONGOING PROMISE TO IMPROVE THE COMMUNITIES WE SERVE. THE OVERALL HEALTH SYSTEM CONTINUES TO GROW THROUGH THE ADDITION OF MEDICAL PRACTICES STRENGTHENING THE SERVICE OFFERINGS TO THOSE THROUGHOUT THE COMMUNITIES WE SERVE. NEW AND EXPANDED SERVICE OFFERINGS INCLUDE: ADDITIONAL PRIMARY CARE SITES; PEDIATRICS AND GERIATRICS. 2020 WAS AN UNPRECEDENTED YEAR. WHEN COVID-19 CAME TO NYS AND SPECIFICALLY INTO OUR SERVICE AREA, RRH RESPONDED BY TAKING MEASURES TO ENSURE THE SAFETY OF OUR PATIENTS, OUR TEAM MEMBERS AND OUR COMMUNITY. THE ACTIONS TAKEN IN RESPONSE TO COVID INCLUDED:- RRH SPONSORED A TOTAL OF 8 TESTING SITES INCLUDING BOTH DRIVE THRU AND IN-HOUSE OPTIONS OPEN TO PATIENTS, STAFF AND THE COMMUNITY. THESE SITES COVERED ALL OF THE COUNTIES WITHIN OUR SERVICE AREA. - RRH

PARTICIPATED IN SEVERAL COVID-19 CLINICAL AND VACCINE TRIALS.- RRH VACCINATED OVER 8,000 PEOPLE THROUGH ITS 8 VACCINE SITES OPEN TO PATIENTS, STAFF AND THE OVERALL COMMUNITY. AGAIN, COVERING ALL OF THE COUNTIES WITHIN OUR SERVICE AREA. - RRH PROVIDED ONGOING EDUCATION REGARDING COVID-19 AND VACCINE ON MULTIPLE PLATFORMS INCLUDING: SOCIAL MEDIA, WEBSITE, MYCARE PATIENT PORTAL, PHONE MESSAGING, E-NEWSLETTER. MORE SPECIFICALLY: - RRH DEVELOPED THE "HEALTH HIVE," AN ONLINE PORTAL TO ARTICLES AND HELPFUL HINTS IN DEALING WITH THE PANDEMIC CHALLENGES. DURING 2020, 95 ARTICLES WERE PUBLISHED RELATING TO COVID COVERING AREAS THAT INCLUDED: HOW TO SLOW THE SPREAD; HOW TO KEEP YOU AND YOUR FAMILY SAFE; IMPACT OF COVID ON VARIOUS TYPES OF UNDERLYING CONDITIONS; AND MANY OTHERS. - RRH PARTICIPATED IN OVER 800 NEWS ARTICLES, SPECIAL REPORTS, AND INTERVIEWS OVER A VARIETY OF MEDIUMS INCLUDING TV, RADIO AND PRINTED NEWS ARTICLES. ADDITIONALLY, RRH MADE OVER 2,500 SOCIAL MEDIA POSTS ACROSS MULTIPLE PLATFORMS INCLUDING FACEBOOK, INSTAGRAM, TWITTER AND LINKEDIN. - THE RRH DIVERSITY, EQUITY AND INCLUSION OFFICE HOSTED CONVERSATIONS WITH VARIOUS COMMUNITY AND CHURCH GROUPS. ATTENDEES HAVE JOINED FROM ROCHESTER AND ALSO THROUGHOUT OTHER PARTS OF THE US. - RRH HAS PRODUCED PROVIDER VIDEOS: MYTH BUSTING SERIES WITH DR. PICHICHERO ON THE VACCINES AND COMMON QUESTIONS/MYTHS - RRH HAS ALSO PRODUCED ANIMATION VIDEOS: CREATED AND PUSHED OUT TO HELP EXPLAIN THE VACCINES IN A WAY THAT IS EASIER FOR THE GENERAL PUBLIC TO UNDERSTAND- RRH ESTABLISHED AND MAINTAINED COLLABORATIVE PARTNERSHIPS TO ENSURE THOSE MOST VULNERABLE IN OUR COMMUNITY WERE WELL SERVED INCLUDING: - COMMUNITY 1A ELIGIBLE DRIVE-THRU CLINIC; IN PARTNERSHIP WITH FINGER LAKES VACCINE HUB - FQHC AND SAFETY NET POPULATIONS - POP-UP CLINIC FOR LATINX COMMUNITY AT THE JACKSON R-CENTER (COMMUNITY RECREATION CENTER) - ONGOING SUPPORT FOR LOCAL HEALTH DEPARTMENT RUN CLINICS, SUCH AS GENESEE COUNTY AND WAYNE COUNTY - TONAWANDA RESERVATION PARTNERSHIP - GENESEE COMMUNITY COLLEGE CLINIC - REGIONAL HEALTH REACH PROGRAM ROCHESTER GENERAL HOSPITAL (RGH), THE FLAGSHIP HOSPITAL OF ROCHESTER REGIONAL HEALTH, IS A REGIONAL LEADER IN HEALTH CARE. THIS 528-BED ACUTE CARE, TEACHING HOSPITAL SERVES THE GREATER ROCHESTER, NY REGION AND BEYOND. ROCHESTER GENERAL HOSPITAL'S NATIONALLY RECOGNIZED PROGRAMS HAVE CONSISTENTLY DEMONSTRATED QUALITY OUTCOMES THAT POSITIVELY IMPACT PATIENTS, THEIR FAMILIES AND THE ENTIRE COMMUNITY. ROCHESTER GENERAL HOSPITAL PROVIDES CARE TO MORE MONROE COUNTY RESIDENTS THAN ANY OTHER HOSPITAL IN THE REGION AND, AS A TERTIARY CARE FACILITY, HAS STRONG REFERRAL RELATIONSHIPS WITH SEVERAL REGIONAL HOSPITALS. ROCHESTER GENERAL HOSPITAL OFFERS A FULL ARRAY OF SERVICES TO MEET THE MEDICAL NEEDS OF UPSTATE NEW YORK, INCLUDING NATIONALLY RECOGNIZED PROGRAMS IN CARDIAC, CANCER, ORTHOPEDIC, VASCULAR, SURGICAL, STROKE AND DIABETES CARE. RGH IS HOME TO A NUMBER OF CENTERS OF EXCELLENCE INCLUDING THE LIPSON CANCER INSTITUTE AND THE SANDS-CONSTELLATION HEART INSTITUTE. HIGH QUALITY CLINICAL CARE PROVIDED AT ROCHESTER GENERAL HOSPITAL IS AMPLIFIED BY RELATIONSHIPS AND AFFILIATIONS WITH NATIONALLY RENOWNED INSTITUTIONS SUCH AS THE CLEVELAND CLINIC (FOR CARDIAC CARE) AND ROSWELL PARK CANCER INSTITUTE. AS WITH THE OVERALL HEALTH SYSTEM, ROCHESTER GENERAL HOSPITAL WORKS TIRELESSLY TO EXPAND CARE AND IMPROVE ITS FACILITIES AND BRING STATE-OF-THE-ART MEDICAL EQUIPMENT AND PROCEDURES TO OUR PATIENTS AND COMMUNITY. DURING 2020 SOME OF THE MAJOR IMPROVEMENTS INCLUDE THE FOLLOWING: - RGH OPENED THE SANDS-CONSTELLATION CENTER FOR CRITICAL CARE, A SEVEN-STORY, 312,000 SQUARE FOOT FACILITY THAT FEATURES PRIVATE ROOMS FOR ALL PATIENTS, 23 MULTI-DISCIPLINARY OPERATING ROOMS, 108 PRIVATE ACUITY-ADAPTABLE PATIENT ROOMS, 20 PRIVATE POST-PARTUM ROOMS, AND 14 SPECIAL CARE NURSERY ROOMS. - RGH WAS SELECTED AS THE FIRST HOSPITAL IN THE NORTHEAST, AND ONLY ONE OF TEN IN THE NATION, TO INITIALLY OFFER THE NEW MEDTRONIC ABRE VENOUS SELF-EXPANDING STENT SYSTEM TO PATIENTS WITH DEEP VEIN BLOCKAGES. THE FLEXIBLE, SELF-EXPANDING STENT ALLOWS DOCTORS TO TREAT MORE PATIENTS WITH THIS DISEASE THAN EVER BEFORE. THIS NEW, INNOVATIVE TREATMENT OPTION HELPS PATIENTS RESTORE THEIR MOVEMENT, BLOOD FLOW, AND QUALITY OF LIFE.

PART VI, LINE 6 (CON'T):

- RGH'S SANDS-CONSTELLATION HEART INSTITUTE BRINGS THE LATEST IN STATE-OF-THE-ART TECHNOLOGY TO OUR PATIENTS WITH A NEW CARDIAC PET/CT PROGRAM. IN ADDITION TO EXISTING SERVICES, THE PROGRAM INCLUDES CARDIAC MYOCARDIAL PERFUSION IMAGING - SOMETHING ONLY OFFERED IN THE REGION BY RRH. - AS PART OF OUR CONTINUED EFFORTS TO PROVIDE EXCEPTIONAL NEUROLOGIC CARE, RRH'S NEUROSCIENCE INSTITUTE SHOWED OFF ITS NEWLY UPDATED SURGICAL INTENSIVE CARE UNIT & NEUROCRITICAL CARE UNIT AT ROCHESTER GENERAL HOSPITAL. - RGH OPENED THE WOLFGANG PUCK KITCHEN COUNTER. OPEN FOR BREAKFAST, LUNCH AND DINNER, THE CAFE OFFERS GUESTS AND EMPLOYEES A VARIETY OF HOT AND COLD FOOD ITEMS INCLUDING SIGNATURE WOLFGANG PUCK DISHES LIKE ROTISSERIE CHICKEN, BEEF RIBEYE, THE WOLFGANG PUCK BURGER AND ASIAN CHICKEN SALAD. DURING 2020, ROCHESTER GENERAL HOSPITAL WAS RECOGNIZED BY THE FOLLOWING: - HEALTHGRADES - FOR THE SECOND YEAR IN A ROW, RGH WAS NAMED ONE OF THE TOP 50 HOSPITALS IN THE NATION AND THE ONLY HOSPITAL IN UPSTATE NEW YORK. THIS RECOGNITION IS AWARDED TO THE TOP 1% OF HOSPITALS THAT CONSISTENTLY EXHIBIT EXCEPTIONAL, COMPREHENSIVE, HIGH-QUALITY CARE FOR SIX OR MORE CONSECUTIVE YEARS ACROSS A BROAD SPECTRUM OF CONDITIONS AND PROCEDURES. - HEALTHGRADES ALSO NAMED RGH AMONG AMERICA'S 100 BEST HOSPITALS FOR STROKE CARE, GASTROINTESTINAL CARE, CRITICAL CARE, AND GENERAL SURGERY. RGH ALSO WON 2020 EXCELLENCE AWARDS IN THESE AREAS, AS WELL AS FOR NEUROSCIENCES AND CRANIAL NEUROSURGERY-CONTINUING A TRADITION OF MULTIPLE YEAR-AFTER-YEAR AWARDS. HEALTHGRADES IS THE LEADING RESOURCE THAT CONNECTS CONSUMERS, PHYSICIANS, AND HEALTH SYSTEMS. IN SELECTING THE 2020 AMERICAS BEST HOSPITALS, HEALTHGRADES ANALYZED THE PERFORMANCE OF NEARLY 4,500 HOSPITALS NATIONWIDE ACROSS 32 CONDITIONS AND PROCEDURES. - BEACON AWARD FOR EXCELLENCE - RGH'S 2000/2800 UNIT ACHIEVED THE AACN (AMERICAN ASSOCIATION OF COLLEGES OF NURSING) GOLD-LEVEL BEACON AWARD FOR EXCELLENCE. ADDITIONALLY, RGH'S 4500 UNIT, 5500 UNIT AND THE RGH MEDICAL INTENSIVE CARE UNIT (MICU) ACHIEVED A SILVER-LEVEL BEACON AWARD. THE ACHIEVEMENT RECOGNIZES HOSPITAL UNITS THAT EMPLOY EVIDENCE-BASED PRACTICE TO IMPROVE PATIENT AND FAMILY OUTCOMES AS WELL AS RECOGNIZES HOSPITAL UNITS THAT EXEMPLIFY EXCELLENCE IN PROFESSIONAL PRACTICE, PATIENT CARE, AND OUTCOMES. RRH NOW HOLDS 26 BEACON AWARDS, - THE MOST OF ANY HOSPITAL SYSTEM IN THE COUNTRY. EACH BEACON AWARD FOR EXCELLENCE IS ACTIVE FOR THREE YEARS. - THE STROKE AND HEART

TEAMS AT ROCHESTER GENERAL HOSPITAL EARNED GOLD PLUS HIGH HONORS FROM THE AMERICAN HEART ASSOCIATION FOR CONTINUING TO PROVIDE IMPECCABLE, AWARD-WINNING CARE TO OUR COMMUNITY. - RGH RECEIVED THE SILVER STANDARD FOR GERIATRIC EMERGENCY DEPARTMENT CARE - LEVEL 2 ACCREDITATION AS PART OF THE GERIATRIC EMERGENCY DEPARTMENT ACCREDITATION (GEDA) PROGRAM FROM THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS. THE GEDA PROGRAM RECOGNIZES EMERGENCY DEPARTMENTS THAT PROVIDE EXCELLENT CARE FOR OLDER ADULTS THROUGH SEVERAL MEASURES, INCLUDING ENHANCED EDUCATION, GERIATRIC-FOCUSED POLICIES AND PROTOCOLS THAT FOCUS ON TRANSITIONS OF CARE, QUALITY IMPROVEMENT EFFORTS, AND OPTIMAL PREPARATION OF THE PHYSICAL ENVIRONMENT. - RGH NAMED BLUE DISTINCTION CENTER PLUS BY EXCELLUS BLUE CROSS BLUE SHIELD - RECOGNIZED FOR DEMONSTRATING EXPERTISE IN DELIVERING HIGH-QUALITY, SPECIALTY PATIENT CARE - SAFELY, EFFECTIVELY AND COST EFFICIENTLY. ADDITIONALLY, ROCHESTER GENERAL HOSPITAL ACHIEVED THE FOLLOWING CERTIFICATIONS AND ACCREDITATIONS DURING 2020: - ROCHESTER GENERAL HOSPITAL HAS ONCE AGAIN EARNED THE HIGHLY PRESTIGIOUS INTERNATIONAL BABY-FRIENDLY DESIGNATION! THIS DESIGNATION, WHICH FOLLOWED A RIGOROUS REVIEW PROCESS BY BABY-FRIENDLY USA, IS A TRIBUTE TO RRH'S COMMITMENT TO ENSURING THAT EVERY WOMAN WHO DELIVERS A BABY AT RGH RECEIVES THE RESOURCES AND INFORMATION NEEDED TO HELP HER AND HER BABY GET THE BEST, HEALTHIEST START IN LIFE. - ROCHESTER GENERAL HOSPITAL ACHIEVED ITS FOURTH CONSECUTIVE DESIGNATION AS A MAGNET HOSPITAL, ALONG WITH FIVE EXEMPLARS FOR INDUSTRY-LEADING PERFORMANCE. MAGNET RECOGNIZES ORGANIZATIONS THAT PROVIDE THE HIGHEST QUALITY CARE. THE RIGOROUS APPRAISAL PROCESS INVOLVES SITE VISITS AND INTERVIEWS, AS WELL AS QUALITY MEASURES DEMONSTRATING NURSING LEADERSHIP AND COORDINATION ACROSS SPECIALTIES. RGH'S REMARKABLE ACHIEVEMENT IS A TESTAMENT TO THE EXCELLENCE OF OUR NURSES AND THE ENTIRE CARE TEAM. ROCHESTER GENERAL MEDICAL GROUP (RGMG) OPERATES AS A DIVISION OF RGH. RGMG HAS MORE THAN 40 PRACTICES IN MONROE AND WAYNE COUNTIES WITH SPECIALTIES IN ALLERGY/RHEUMATOLOGY, DERMATOLOGY, DIABETES/ENDOCRINOLOGY, FAMILY MEDICINE, GERIATRICS, INTERNAL MEDICINE, NUTRITION & WEIGHT MANAGEMENT, ORTHOPEDICS, PEDIATRICS, PHYSICAL MEDICINE & REHABILITATION, VASCULAR SURGERY & VEIN CARE AND WOMEN'S HEALTH (OB/GYN). IN ADDITION TO HOSPITAL LOCATIONS, RGMG ALSO OPERATES TWO FULL-SERVICE OUTREACH CAMPUSES AT ALEXANDER PARK AND LINDEN OAKS. UNITY HOSPITAL (UH) IS A 287-BED RECENTLY RENOVATED HOSPITAL LOCATED IN THE TOWN OF GREECE. KEY PROGRAMS AND CENTERS INCLUDE CHEMICAL DEPENDENCY, BRAIN INJURY & REHABILITATION, JOINT REPLACEMENT CENTER, FAMILY BIRTH PLACE, SPINE CENTER, DIABETES CENTER, STROKE CENTER, AND EMERGENCY CENTER. NOT TO BE OUTDONE BY ITS FELLOW AFFILIATES, UNITY HOSPITAL HAS CONTINUED TO EXPAND CARE AND IMPROVE ITS PATIENT FOCUSED SERVICES. DURING 2020 SOME OF THE MAJOR PROGRAM INITIATIVES INCLUDE THE FOLLOWING:- UH CELEBRATED A SYSTEM-FIRST PROCEDURE - A ROBOTIC-ASSISTED LUNG RESECTION. DURING THE ANATOMIC SEGMENTECTOMY, THE CARDIOTHORACIC SURGEON AND TEAM, REMOVED A SECTION OF THE LUNG FROM AN EARLY-STAGE LUNG CANCER PATIENT. THE FIVE-YEAR PROGNOSIS FOR A COMPLETELY RESECTED STAGE 1 LUNG CANCER IS MORE THAN 75%. - AS A LEADER OF CANCER CARE IN THE REGION, ROCHESTER REGIONAL HEALTH'S LIPSON CANCER INSTITUTE AT UNITY HOSPITAL IS PROVIDING CONVENIENT AND ACCESSIBLE CARE TO PATIENTS IN OUR COMMUNITY. MEDICAL ONCOLOGY/HEMATOLOGY AND INFUSION SERVICES ARE NOW LOCATED IN THE PROFESSIONAL OFFICE BUILDING. THE NEW SPACE ALLOWS FOR BETTER COLLABORATION AMONG TEAM MEMBERS AND A TRUE HOME FOR CANCER SERVICES AT UNITY. WORK CONTINUES ON THE NEW RADIATION ONCOLOGY SUITE ONSITE AT UNITY. - RRH PLASTIC SURGERY & HAND CENTER IS NOW OPEN AT UNITY HOSPITAL. OUR TEAM OF EXPERIENCED PLASTIC SURGEONS, REGISTERED NURSES, MEDICAL ASSISTANTS, SURGICAL TECHNICIANS, AND MANAGERIAL PERSONNEL ARE DEDICATED TO DELIVERING QUALITY CARE TO EVERY PATIENT. THE CENTER OFFERS HAND, AND COSMETIC AND RECONSTRUCTIVE PLASTIC SURGERY TREATMENTS USING THE LATEST TECHNOLOGY AND MINIMALLY INVASIVE TECHNIQUES, WHENEVER POSSIBLE, TO ADVANCE HEALING AND MINIMIZE RECOVERY TIME. A COMBINATION OF SURGICAL AND NONSURGICAL OPTIONS IS ALSO AVAILABLE TO MEET PATIENTS' DIVERSE NEEDS.

PART VI, LINE 6 (CON'T):

RECOGNITIONS AND AWARDS BESTOWED UPON UNITY HOSPITAL IN 2020 INCLUDE:- BEACON AWARD FOR EXCELLENCE - UH'S THE GOLISANO RESTORATIVE NEUROLOGY AND REHABILITATION CENTER, POST ANESTHESIA CARE UNIT, CARDIAC CATH LAB AND 2300 CARDIAC STROKE UNIT EACH ACHIEVED THE AACN (AMERICAN ASSOCIATION OF COLLEGES OF NURSING) SILVER-LEVEL BEACON AWARD FOR EXCELLENCE. ADDITIONALLY, UNITY HOSPITAL'S INCU UNIT WAS RE-DESIGNATED AS A SILVER-LEVEL BEACON AWARD. THE ACHIEVEMENT RECOGNIZES HOSPITAL UNITS THAT EMPLOY EVIDENCE-BASED PRACTICE TO IMPROVE PATIENT AND FAMILY OUTCOMES AS WELL AS RECOGNIZES HOSPITAL UNITS THAT EXEMPLIFY EXCELLENCE IN PROFESSIONAL PRACTICE, PATIENT CARE, AND OUTCOMES. RRH NOW HOLDS 26 BEACON AWARDS, - THE MOST OF ANY HOSPITAL SYSTEM IN THE COUNTRY. EACH BEACON AWARD FOR EXCELLENCE IS ACTIVE FOR THREE YEARS. - HEALTHGRADES RANKED UNITY HOSPITAL AMONG THE AMERICA'S BEST 250 HOSPITALS, PLACING IT IN THE TOP 5 PERCENT IN OVERALL CLINICAL EXCELLENCE FOR THE CURRENT YEAR. UNITY ALSO WAS NAMED ONE OF AMERICA'S 100 BEST HOSPITALS FOR GENERAL SURGERY, AND WAS RECOGNIZED FOR EXCELLENCE IN CARDIAC CARE, ORTHOPEDICS, PULMONARY CARE, GASTROINTESTINAL SURGERY AND TREATMENT, CRITICAL CARE, LABOR AND DELIVERY, AND GYNECOLOGICAL SURGERY. ADDITIONALLY, UNITY HOSPITAL WAS RANKED AMONG THE TOP 10 PERCENT IN THE NATION FOR JOINT REPLACEMENT. HEALTHGRADES IS THE LEADING RESOURCE THAT CONNECTS CONSUMERS, PHYSICIANS, AND HEALTH SYSTEMS. IN SELECTING THE 2020 AMERICAS BEST HOSPITALS, HEALTHGRADES ANALYZED THE PERFORMANCE OF NEARLY 4,500 HOSPITALS NATIONWIDE ACROSS 32 CONDITIONS AND PROCEDURES. - THE STROKE AND HEART TEAMS AT UNITY HOSPITAL EARNED GOLD PLUS HIGH HONORS FROM THE AMERICAN HEART ASSOCIATION FOR CONTINUING TO PROVIDE IMPECCABLE, AWARD-WINNING CARE TO OUR COMMUNITY. - UNITY HOSPITAL RECEIVED FIVE-STAR RATING FROM HEALTHGRADES FOR CHILDBIRTH SERVICES! THE FIVE-STAR RATING REFLECTS OUR TEAMS' COMMITMENT TO PROVIDING THE HIGHEST QUALITY OF CARE TO ALL PATIENTS DURING SOME OF THE MOST PROFOUND MOMENTS IN THEIR LIVES. WE APPRECIATE THE TRUST OUR COMMUNITY PUTS IN US TO TAKE CARE OF THEIR FAMILIES, AND WE ARE PROUD TO RELENTLESSLY PURSUE EVEN MORE EXTRAORDINARY CARE FOR OUR PATIENTS. ADDITIONALLY, UNITY HOSPITAL RECEIVED THE FOLLOWING CERTIFICATIONS AND ACCREDITATIONS DURING 2020:- UH NAMED BLUE DISTINCTION CENTER PLUS BY EXCELLUS BLUE CROSS BLUE SHIELD - RECOGNIZED FOR DEMONSTRATING EXPERTISE IN

DELIVERING HIGH-QUALITY, SPECIALTY PATIENT CARE - SAFELY, EFFECTIVELY AND COST EFFICIENTLY. UNITY MEDICAL GROUP OPERATES AS A DIVISION OF UNITY HOSPITAL. UNITY MEDICAL GROUP HAS 28 OFFICE- AND HOSPITAL-BASED LOCATIONS IN MONROE AND GENESEE COUNTY. THE SERVICES OFFERED BY UNITY MEDICAL GROUP INCLUDE GERIATRICS, PALLIATIVE CARE, SKILLED NURSING HOME SUPPORT, ENDOCRINOLOGY, DENTAL CARE, INTERNAL MEDICINE, PEDIATRICS, FAMILY MEDICINE, OBSTETRICS, GYNECOLOGY, PULMONARY SERVICES, SLEEP SERVICES, INFECTIOUS DISEASE TREATMENT, ORTHOPEDIC SPINE TREATMENT, PROGRESSIVE NEUROVASCULAR SERVICE WITH NEUROLOGY SPECIALTY OUTPATIENT CARE AND ENDOVASCULAR SURGICAL ACUTE CARE. THERE ARE ALSO A SPECIALIZED VASCULAR SURGERY GROUP AND NEPHROLOGY WITH COMPREHENSIVE DIALYSIS SERVICES. NEWARK-WAYNE COMMUNITY HOSPITAL (NWCH) HAS SERVED GENERATIONS OF WAYNE COUNTY RESIDENTS SINCE 1957, AND MANY HAVE BECOME MEMBERS OF OUR GROWING HEALTHCARE FAMILY. WITH NEW, LEADING-EDGE MEDICAL TECHNOLOGY, A DIRECT PARTNERSHIP WITH ROCHESTER REGIONAL HEALTH, AND HIGHLY TRAINED STAFF, NWCH CONTINUES TO GROW IN EVERY ASPECT OF ITS HEALTHCARE DELIVERY. THE HOSPITAL IS LICENSED TO OPERATE 300 BEDS OFFERING SERVICES INCLUDING CARDIOLOGY, OBSTETRICS AND GYNECOLOGY, ORTHOPAEDICS AND PULMONARY CARE, AS WELL AS AN INNOVATIVE TELEMEDICINE PROGRAM. NWCH ALSO OFFERS A FULL ARRAY OF OUTPATIENT SERVICES INCLUDING AN EMERGENCY DEPARTMENT, CARDIAC REHABILITATION, LAB SERVICES, DIAGNOSTIC IMAGING, REHABILITATION SERVICES, AND LAB DRAW STATIONS AND PATIENT IMAGING UNITS IN OTHER PARTS OF WAYNE COUNTY. IN 1997, NWCH ESTABLISHED THE WAYNE COUNTY RURAL HEALTH NETWORK (WCRHN) TO ENCOURAGE GREATER COLLABORATION AMONG HEALTH AND SOCIAL SERVICE AGENCIES WITHIN WAYNE COUNTY IN ORDER TO PROVIDE GREATER ACCESS TO NEEDED SERVICES AND TO DEVELOP INNOVATIVE PROGRAMS TO BETTER MEET IDENTIFIED NEEDS. WCRHN IS ONE OF 35 SUCH NETWORKS IN NYS. NWCH WAS CHOSEN AS A BENCHMARK IN THE SOCIOECONOMIC FACTORS CATEGORY OF THE AMERICAN HOSPITAL ASSOCIATION (AHA) PUBLICATION, COMMUNITY CONNECTIONS: IDEAS & INNOVATIONS FOR HOSPITAL LEADERS: CASE EXAMPLES. ADDITIONALLY, NEWARK-WAYNE IS A NEW YORK STATE-DESIGNATED STROKE CENTER, A NICHE (NURSES IMPROVING CARE FOR HEALTHSYSTEM ELDERS) EXEMPLAR HOSPITAL. REHABILITATIVE AND LONG-TERM CARE SERVICES ARE PROVIDED THROUGH DEMAY LIVING CENTER, AN ATTACHED FACILITY. RECOGNITIONS AND AWARDS GRANTED TO NWCH IN 2020 INCLUDE:- BEACON AWARD FOR EXCELLENCE - NWCH'S INTENSIVE CARE UNIT ACHIEVED THE AACN (AMERICAN ASSOCIATION OF COLLEGES OF NURSING) GOLD-LEVEL BEACON AWARD FOR EXCELLENCE. THE ACHIEVEMENT RECOGNIZES HOSPITAL UNITS THAT EMPLOY EVIDENCE-BASED PRACTICE TO IMPROVE PATIENT AND FAMILY OUTCOMES AS WELL AS RECOGNIZES HOSPITAL UNITS THAT EXEMPLIFY EXCELLENCE IN PROFESSIONAL PRACTICE, PATIENT CARE, AND OUTCOMES.- NWCH NAMED BLUE DISTINCTION CENTER BY EXCELLUS BLUE CROSS BLUE SHIELD - RECOGNIZED FOR DEMONSTRATING EXPERTISE IN DELIVERING HIGH-QUALITY, SPECIALTY PATIENT CARE - SAFELY, EFFECTIVELY AND COST EFFICIENTLY.- NEWARK-WAYNE COMMUNITY HOSPITAL EARNED ITS FIRST MAGNET DESIGNATION, ALONG WITH SIX EXEMPLARS FOR INDUSTRY-LEADING PERFORMANCE. THIS IS A TREMENDOUS ACHIEVEMENT FOR NEWARK-WAYNE, ONE OF VERY FEW RURAL HOSPITALS TO JOIN THE ELITE GROUP OF 461 U.S. HEALTH CARE ORGANIZATIONS, OUT OF MORE THAN 6,300, THAT HAVE ACHIEVED MAGNET RECOGNITION.- HEALTHGRADES NAMED NEWARK-WAYNE COMMUNITY HOSPITAL A FIVE-STAR RECIPIENT IN APPENDECTOMY, COLORECTAL SURGERIES, TREATMENT OF SEPSIS, TREATMENT OF RESPIRATORY FAILURE, AND TREATMENT OF PNEUMONIA. ADDITIONALLY, NEWARK-WAYNE COMMUNITY HOSPITAL RECEIVED FIVE-STAR RATINGS FROM HEALTHGRADES FOR CHILDBIRTH SERVICES. THE FIVE-STAR RATINGS REFLECT OUR TEAMS' COMMITMENT TO PROVIDING THE HIGHEST QUALITY OF CARE TO ALL PATIENTS DURING SOME OF THE MOST PROFOUND MOMENTS IN THEIR LIVES. HEALTHGRADES IS THE LEADING RESOURCE THAT CONNECTS CONSUMERS, PHYSICIANS, AND HEALTH SYSTEMS. IN SELECTING THE 2020 AMERICAS BEST HOSPITALS, HEALTHGRADES ANALYZED THE PERFORMANCE OF NEARLY 4,500 HOSPITALS NATIONWIDE ACROSS 32 CONDITIONS AND PROCEDURES. WE APPRECIATE THE TRUST OUR COMMUNITY PUTS IN US TO TAKE CARE OF THEIR FAMILIES, AND WE ARE PROUD TO RELENTLESSLY PURSUE EVEN MORE EXTRAORDINARY CARE FOR OUR PATIENTS.- THE STROKE AND HEART TEAMS AT NEWARK-WAYNE EARNED GOLD PLUS HIGH HONORS FROM THE AMERICAN HEART ASSOCIATION FOR CONTINUING TO PROVIDE IMPECCABLE, AWARD-WINNING CARE TO OUR COMMUNITY. CLIFTON SPRINGS HOSPITAL AND CLINIC (CSHC) IS A 262-BED HOSPITAL WITH A LEVEL OF TECHNOLOGY CONSISTENT WITH THAT OF LARGE URBAN HOSPITALS. THE MAIN HOSPITAL IS PHYSICALLY LOCATED IN CLIFTON SPRINGS, MIDWAY BETWEEN (BUT NORTH OF) GENEVA AND CANANDAIGUA. CSHC'S PRIMARY SERVICE AREA CONSISTS OF FOUR COUNTIES IN THE CENTRAL FINGER LAKES REGION OF UPSTATE NEW YORK: ONTARIO, WAYNE, SENECA AND YATES. CLIFTON SPRINGS HOSPITAL & CLINIC IS A NOT-FOR-PROFIT HOSPITAL PROVIDING GENERAL ACUTE CARE, PRIMARY CARE, NURSING HOME CARE, CANCER CARE, PROGRAMS FOR BEHAVIORAL HEALTH AND ADDICTION RECOVERY, AND SPECIALTY CARE TO RESIDENTS OF AND VISITORS TO THE CENTRAL FINGER LAKES REGION. THE FINGER LAKES COMMUNITY CANCER CENTER (FLCCC) IS LOCATED ON THE MAIN CAMPUS AND WAS THE FIRST FULL TREATMENT CANCER CENTER IN THE FINGER LAKES REGION. FLCCC PARTICIPATES IN CLINICAL TRIALS, OFFERS MONTHLY CANCER CONFERENCES, YEARLY SYMPOSIUMS AND SUPPORT GROUPS. THE FINGER LAKES RADIATION ONCOLOGY HAS ONE OF FIVE INTENSITY MODULATED RADIATION THERAPY UNITS IN NEW YORK STATE FOR TREATING PROSTATE CANCER. THE RADIOLOGY DEPARTMENT HAS THE LATEST TECHNOLOGY AND SOPHISTICATED EQUIPMENT FOR THE EARLY DETECTION OF CANCER AND OTHER DISEASES. THE BEHAVIORAL HEALTH DEPARTMENT IS THE AREA'S LARGEST AND HAS OFFERED MENTAL HEALTH AND ADDICTION RECOVERY SERVICES LONGER THAN ANY OTHER ORGANIZATION IN THE REGION. CSHC OFFERS NUMEROUS SUBSPECIALTIES INCLUDING BLOOD DISORDERS, RENAL DISEASE, DIABETES, AND REHABILITATION.

PART VI, LINE 6 (CON'T):

IN ADDITION, THE SPRINGS OF CLIFTON IS AN INTEGRATED HEALTH CARE PROGRAM, COMBINING BOTH CONVENTIONAL AND ALTERNATIVE/COMPLEMENTARY MEDICINE. COMPLEMENTARY THERAPIES SUPPORT THE MAINTENANCE OF HEALTH AND WELL-BEING AND THE PROCESS OF HEALING AND INCLUDE ACUPUNCTURE, CHIROPRACTIC SERVICES, HYDROTHERAPY, MASSAGE THERAPY, NATUROPATHY, CHINESE MEDICINE, QI GONG, HERBOLOGY, AND REIKI THERAPEUTIC TOUCH. DURING 2020, PROGRESS CONTINUED ON THE MEDICAL VILLAGE AT CLIFTON SPRINGS HOSPITAL & CLINIC. HIGHLIGHTS FROM THE PROJECT INCLUDE: A NEW PATIENT ACCESS CENTER AND PRE-ADMISSION TESTING SUITE AT THE SOUTH ENTRANCE; NEW OPERATING ROOMS, ENDOSCOPY ROOMS, AND AMBULATORY PROCEDURE ROOMS; A NEW PRIMARY CARE SPACE AND DENTAL SPACE; A

Form and Line Reference	Explanation
	<p>PRE/POST-SURGERY AREA; AN EXPANDED BEHAVIORAL HEALTH/CPEP SPACE. IN AN EFFORT TO PROVIDE WOMEN WITH THE BEST DIAGNOSTIC TOOLS AVAILABLE, CLIFTON SPRINGS HOSPITAL & CLINIC IS NOW PROVIDING PATIENTS THE 3D MAMMOGRAM, A MORE ADVANCED MAMMOGRAPHY EXAM. MORE ACCURATE THAN CONVENTIONAL 2D MAMMOGRAMS, 3D MAMMOGRAPHY IS THE GOLD STANDARD FOR EARLY DETECTION FOR PATIENTS ACROSS A VARIETY OF AGES AND BREAST DENSITIES. NAMED IN HONOR OF HENRY FOSTER, MD, FOUNDER OF CLIFTON SPRINGS HOSPITAL & CLINIC, CSH OPENED A NEW CAFETERIA. "FOSTER'S CAFE" UPHOLDS HIS VISION OF HOLISTIC CARE BY OFFERING HEALTHY AND NUTRITIOUS FOOD OPTIONS FOR EMPLOYEES, FAMILIES AND COMMUNITY MEMBERS. A NEW EMERGENCY DEPARTMENT WITH MORE CAPACITY, THE LATEST TECHNOLOGY, AND ADDITIONAL SPACE FOR ONE OF THE MOST COMPREHENSIVE BEHAVIORAL HEALTH PROGRAMS IN THE STATE, IS IN THE WORKS FOR THE CLIFTON SPRINGS HOSPITAL & CLINIC. PLANS TO BREAK GROUND ON THE NEW 6,500 SQUARE FOOT EMERGENCY DEPARTMENT ARE SLATED FOR EARLY 2021. THE NEW EMERGENCY DEPARTMENT WILL SUPPORT MORE PATIENT VISITS WITH ADDITIONAL TREATMENT ROOMS, TRIAGE SPACE, AND EASIER ACCESS TO THE FACILITY. THE DESIGN WILL SUPPORT THE INTEGRATION OF NEW DIAGNOSTIC AND TREATMENT TECHNOLOGIES, AND PROVIDE PATIENTS AND THEIR LOVED ONES WITH GREATER COMFORT AND DIGNITY AS THEY SEEK EMERGENCY CARE. AS WITH ALL OF THE HOSPITAL AND PATIENT CARE FACILITIES UNDER THE RRH UMBRELLA, CSHC WORKS DILIGENTLY TO CONTINUOUSLY PROVIDE TOP-QUALITY CARE. DURING 2020, CSHC WAS THE RECIPIENT OF SEVERAL RECOGNITIONS AND AWARDS SHINING A LIGHT ON THESE EFFORTS INCLUDING:- THE WOUND CARE CENTER AT CLIFTON SPRINGS HOSPITAL & CLINIC WAS RECENTLY NAMED A CENTER OF DISTINCTION BY HEALOGICS, THE NATION'S LARGEST PROVIDER OF ADVANCED WOUND CARE SERVICES. THE CLIFTON SPRINGS WOUND CARE TEAM ACHIEVED OUTSTANDING CLINICAL OUTCOMES FOR TWELVE CONSECUTIVE MONTHS, INCLUDING HIGH MARKS IN PATIENT SATISFACTION; HEALING RATE; MEDIAN DAYS TO HEAL AND PATIENT OUTLIER RATE. THIS RECOGNITION IS A TESTAMENT TO THE TEAM'S SKILL AND DEDICATION, AS WELL AS THEIR COMMITMENT TO PROVIDE EXCEPTIONAL, COMPASSIONATE AND PATIENT-CENTERED CARE. UNITED MEMORIAL MEDICAL CENTER (UMMC) SERVES RESIDENTS OF GENESEE COUNTY AND SURROUNDING RURAL COMMUNITIES. THE 131-BED HOSPITAL IN BATAVIA FEATURES A NEW, STATE-OF-ART SURGICAL DEPARTMENT, A WOUND CARE CENTER, A TELEMEDICINE PROGRAM FOR INTENSIVE CARE, A JOINT REPLACEMENT CENTER OF EXCELLENCE, TWO URGENT CARE CENTERS AND A NUMBER OF PRIMARY AND SPECIALTY PHYSICIAN OFFICES. UNITED MEMORIAL IS A NICHE (NURSES IMPROVING CARE FOR HEALTHSYSTEM ELDERS) HOSPITAL AND A NEW YORK STATE-DESIGNATED STROKE CENTER. UNITED MEMORIAL IS THE SOLE MATERNITY SERVICES PROVIDER FOR GENESEE AND ORLEANS COUNTIES. IT MANAGES THE NEW YORK STATE CANCER SERVICES PARTNERSHIP GRANT FOR ORLEANS AND GENESEE COUNTIES AND PROVIDES ORTHOPEDIC SERVICES IN GENESEE, ORLEANS AND WYOMING COUNTIES. DURING 2020 UMMC IMPROVED AND EXPANDED SERVICES AND RECEIVED RECOGNITIONS AND AWARDS FOR ITS EXEMPLARY SERVICES AND PATIENT CARE. THESE INCLUDE:- UMMC WENT LIVE WITH CARE CONNECT IN FEBRUARY 2020. THIS INTEGRATION ENABLED UMMC TO BE ON THE SAME ELECTRONIC MEDICAL RECORD PLATFORM AS THE REST OF THE HEALTH SYSTEM. PATIENTS BENEFIT FROM HAVING THEIR HEALTH INFORMATION ACCESSIBLE THROUGH ONE, EASY-TO-USE, PATIENT PORTAL.- UNITED MEMORIAL MEDICAL CENTER WAS RECOGNIZED BY HEALTHGRADES FOR EXCELLENCE IN PNEUMONIA TREATMENT, PATIENT SAFETY, AND LABOR AND DELIVERY. HEALTHGRADES IS THE LEADING RESOURCE THAT CONNECTS CONSUMERS, PHYSICIANS, AND HEALTH SYSTEMS. IN SELECTING THE 2020 AMERICAS BEST HOSPITALS, HEALTHGRADES ANALYZED THE PERFORMANCE OF NEARLY 4,500 HOSPITALS NATIONWIDE ACROSS 32 CONDITIONS AND PROCEDURES. ACCORDING TO HEALTHGRADES ANALYSIS, PATIENTS TREATED IN HOSPITALS NAMED AS AMERICA'S BEST HOSPITALS HAVE, ON AVERAGE, A 26.6 PERCENT LOWER RISK OF DYING THAN IF THEY WERE TREATED IN HOSPITALS THAT DID NOT RECEIVE THIS AWARD.- THE WOUND CARE CENTER AT UNITED MEMORIAL MEDICAL CENTER IS PROOF THAT GREAT THINGS HAPPEN WHEN WE PUT PATIENTS FIRST: UMMC WOUND CARE WAS RECENTLY NAMED A CENTER OF DISTINCTION BY HEALOGICS! THIS IS THE FOURTH YEAR IN A ROW THE TEAM HAS BEEN RECOGNIZED FOR OUTSTANDING PERFORMANCE, INCLUDING HIGH MARKS IN PATIENT SATISFACTION; HEALING RATES; MEDIAN DAYS TO HEAL AND PATIENT OUTLIERS. CLINICAL EXCELLENCE IS MORE IMPORTANT NOW THAN EVER, AND MAINTAINING A HIGH STANDARD OF CARE YEAR AFTER YEAR REQUIRES A DEDICATED FOCUS, STAMINA, STRENGTH - AND AN EXTRAORDINARY TEAM.- BEACON AWARD FOR EXCELLENCE - UMMC'S INTENSIVE CARE UNIT ACHIEVED THE AACN (AMERICAN ASSOCIATION OF COLLEGES OF NURSING) SILVER-LEVEL BEACON AWARD FOR EXCELLENCE. THE ACHIEVEMENT RECOGNIZES HOSPITAL UNITS THAT EMPLOY EVIDENCE-BASED PRACTICE TO IMPROVE PATIENT AND FAMILY OUTCOMES AS WELL AS RECOGNIZES HOSPITAL UNITS THAT EXEMPLIFY EXCELLENCE IN PROFESSIONAL PRACTICE, PATIENT CARE, AND OUTCOMES.- THE STROKE AND HEART TEAMS AT UMMC EARNED SILVER PLUS HIGH HONORS FROM THE AMERICAN HEART ASSOCIATION FOR CONTINUING TO PROVIDE IMPECCABLE, AWARD-WINNING CARE TO OUR COMMUNITY.- UNITED MEMORIAL MEDICAL CENTER RECEIVES PRAISE FROM JOINT COMMISSION - THE JOINT COMMISSION COMPLETED AN ON-SITE SURVEY AT UNITED MEMORIAL MEDICAL CENTER AND ALL OF THE SURVEYORS WERE COMPLIMENTARY ABOUT UMMC AND ITS TEAM OF EMPLOYEES. OVER THE FOUR-DAY VISIT, THE SURVEYORS REPEATEDLY MENTIONED HOW THE TEAM LIVES RRH'S VALUES IN WAYS LARGE AND SMALL, AND ALSO COMMENDED THE STRONG COLLABORATION AMONG UMMC EMPLOYEES AND WITH THE HEALTH SYSTEM. ROCHESTER MENTAL HEALTH CENTER (RMHC) HAS NINE LOCATIONS ACROSS THE COMMUNITY, INCLUDING TWO OF THE AREA'S BEST MENTAL HEALTH CENTERS, GENESEE MENTAL HEALTH CENTER AND ROCHESTER MENTAL HEALTH CENTER, AND OVER 40 YEARS OF EXPERIENCE AND TRADITION. RMHC HAS COMPREHENSIVE SERVICES AND DEDICATED MENTAL HEALTH AND SUBSTANCE ABUSE PROFESSIONALS, WORKING TO HELP PATIENTS ACHIEVE THEIR FULL POTENTIAL TO LIVE AND WORK AS PRODUCTIVE MEMBERS OF THE COMMUNITY. THEY OFFER A COMPREHENSIVE SYSTEM OF CLINICAL MENTAL HEALTH SERVICES; READILY-ACCESSIBLE, CULTURALLY-SENSITIVE SERVICES UNIQUELY MATCHED TO THE INDIVIDUAL NEEDS OF EACH PATIENT AND THEIR FAMILY; CONVENIENT ACCESS TO MENTAL HEALTH OUTPATIENT SERVICES WITH LOCATIONS THROUGHOUT THE GREATER ROCHESTER AREA; AN UNWAVERING COMMITMENT TO SERVE THOSE IN THE COMMUNITY WHO HAVE EMOTIONAL NEEDS.</p>
PART VI, LINE 6 (CON'T):	<p>PRCD, INC. IS HOME TO BARBARA WOLK SCHWARZ WOMEN'S COMMUNITY RESIDENCE THAT PROVIDES A SAFE, HOME-LIKE ENVIRONMENT FOR WOMEN UNDERGOING TREATMENT FOR CHEMICAL DEPENDENCY. SPECIALIZED PROGRAM HIGHLIGHTS INCLUDE SUBSTANCE ABUSE AND DRUG ADDICTION TREATMENT (SPECIALIZING IN OPIOID TREATMENT); SOBER LIVING</p>

AFTER COMPLETION PROGRAM; SPECIALIZED PROGRAMMING FOR THOSE WHO IDENTIFY AS LGBT, MILITARY, SENIORS, TRAUMA AND REFERRALS FROM THE JUDICIAL SYSTEM. SERVICES ARE PROVIDED IN A VARIETY OF SETTINGS TO ENSURE PARTICIPANTS RECEIVE THE NEEDED SERVICES. INDEPENDENT LIVING FOR SENIORS, (ILS) OFFERS A PROGRAM THAT GIVES THE FRAIL ELDERLY AN ALTERNATIVE TO NURSING HOME PLACEMENT. IT IS DESIGNED TO ENABLE SENIORS TO LIVE IN THEIR OWN HOME SERVED BY A NETWORK OF SUPPORTIVE SERVICES. THE ILS PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE) HAS PROVEN THAT INTEGRATING HEALTH CARE SERVICES CAN HAVE A POWERFUL AND BENEFICIAL IMPACT ON INDIVIDUAL HEALTH AND WELL-BEING. SENIORS NOW HAVE A CHOICE TO LIVE OUT THEIR LIVES IN THEIR COMMUNITY - ENJOYING FAMILY, MANAGING THEIR HEALTH, MAKING NEW FRIENDS - SIMPLIFYING HOW THEY CHOOSE AND PAY FOR NEEDED LONG-TERM CARE. ILS OFFERS ALL OF THE HEALTH, MEDICAL AND SOCIAL SERVICES NEEDED TO HELP AN AGING LOVED ONE MAINTAIN THEIR INDEPENDENCE, DIGNITY AND QUALITY OF LIFE. A RANGE OF SERVICES ARE AVAILABLE TO AN ILS PARTICIPANT, INCLUDING ADULT DAY CARE; PRIMARY CARE; LABORATORY, X-RAY AND AMBULANCE SERVICES; REHABILITATIVE AND SUPPORT SERVICES; MEDICAL SPECIALTY SERVICES; SKILLED NURSING CARE; ACUTE HOSPITAL CARE; IN-HOME SERVICES; INTERDISCIPLINARY CONSULTATION; AND NURSING HOME CARE SHOULD THE NEED ARISE. LIFETIME CARE AND HOME CARE PLUS (LIFETIME CARE) JOINED THE RRH FAMILY IN OCTOBER 2019. SERVING APPROXIMATELY 33,000 HOME CARE AND HOSPICE PATIENTS PER YEAR AT SEVEN LOCATIONS IN THE ROCHESTER AND FINGER LAKES REGION INCLUDING THE COUNTIES OF: MONROE, WAYNE, SENECA, CAYUGA, YATES, SCHUYLER, ONTARIO AND LIVINGSTON. THE LIFETIME CARE FOCUS IS ON THE DELIVERY OF COMPASSIONATE, PERSONALIZED CARE TO ADULTS AND CHILDREN WHO ARE ILL, INJURED, DYING OR GRIEVING. LIFETIME CARE PROVIDES PRIMARY IN-HOME SERVICES INCLUDING SKILLED NURSING, REHAB THERAPIES, MEDICAL SOCIAL WORK, INFUSION THERAPIES AND HOME HEALTH AIDE SERVICES; SPECIALTY CARE SERVICES INCLUDING CARDIOPULMONARY, DIABETES, CANCER, PARKINSON'S DISEASE, WOUND, JOINT REPLACEMENT AND WOMEN'S AND CHILDREN'S HEALTH; HOSPICE CARE IS PROVIDED IN MONROE, WAYNE AND SENECA COUNTIES FOR THE TERMINALLY ILL; PALLIATIVE CARE SUPPORT FOR SERIOUSLY ILL CHILDREN AND ADULTS; AS WELL AS EDUCATION THAT PROMOTES HEALING AND WELLNESS. LIFETIME CARE HAS BEEN NAMED A TOP AGENCY OF THE 2019 HOMECARE ELITE, A RECOGNITION OF THE BEST-PERFORMING HOME HEALTH AGENCIES IN THE UNITED STATES. ONLY 25% OF ELIGIBLE AGENCIES ARE RECOGNIZED AS A TOP AGENCY. HOMECARE ELITE AGENCIES ARE DETERMINED BY A NUMBER OF PERFORMANCE MEASURES IN AREAS SUCH AS QUALITY OUTCOMES, BEST PRACTICES IMPLEMENTATION AND PATIENT EXPERIENCE (HHCAPHS). LIFETIME CARE HAS RECEIVED THIS RECOGNITION 12 TIMES IN THE LAST 14 YEARS. CLIFTON SPRINGS LIVING CENTER IS A 108-BED SKILLED NURSING FACILITY LOCATED IN CLIFTON SPRINGS, NY. THE 108-BED FACILITY PROVIDES SPECIALIZED SERVICES INCLUDING TRADITIONAL SNF CARE, AS WELL AS SPECIALTY UNITS FOR RESIDENTS WHO REQUIRE POST-ACUTE CARE, VENTILATOR CARE, AND DEMENTIA CARE. THE SERVICES OF REIKI AND HEALING TOUCH THERAPIES ARE OFFERED BY THE NURSING HOME, AND ADDITIONAL SERVICES INCLUDING ACUPUNCTURE, HYDROTHERAPY, MASSAGE THERAPY, AND NATUROPATHY ARE AVAILABLE THROUGH THE SPRINGS INTEGRATIVE MEDICINE CENTER AND SPA. THE CLIFTON SPRINGS LIVING CENTER WAS RECENTLY RECOGNIZED BY THE AMERICAN NURSES CREDENTIALING CENTER AS A PATHWAY TO EXCELLENCE IN LONG TERM CARE. CLIFTON SPRINGS LIVING CENTER NOW JOINS AN ELITE GROUP OF ONLY SIX LONG TERM CARE FACILITIES IN NEW YORK STATE TO RECEIVE THIS PRESTIGIOUS HONOR. THE ANCC RECOGNIZES LONG TERM CARE FACILITIES WITH PATHWAY TO EXCELLENCE, COMPARABLE TO A HOSPITAL RECEIVING MAGNET STATUS, FOR THEIR DIVERSE AND POSITIVE PRACTICE ENVIRONMENTS THAT ENABLE NURSES TO GROW. CLIFTON SPRINGS LIVING CENTER RECEIVED THIS RECOGNITION FOR ITS COMMITMENT TO PROVIDING A NETWORK OF SUPPORT AND ADVANCEMENT OPPORTUNITIES THAT EMPOWER OUR NURSING STAFF. DE MAY LIVING CENTER LOCATED IN NEWARK IS A 180-BED SKILLED NURSING RESIDENCE THAT PROVIDES BOTH CALM AND STIMULATING ATMOSPHERES FOR RESIDENTS. SERVICES INCLUDE: POST-ACUTE CARE, SHORT-TERM REHABILITATION, VENTILATOR CARE, DEMENTIA CARE, PERITONEAL DIALYSIS, WOUND CARE, TELEMEDICINE, NEUROBEHAVIORAL CARE, LONG TERM SKILLED NURSING CARE AND ADULT DAY CARE. EDNA TINA WILSON LIVING CENTER IN ROCHESTER IS A 120-BED SKILLED NURSING FACILITY THAT USES INNOVATIVE NEIGHBORHOOD DESIGN, WITH RESIDENT ROOMS CLUSTERED AROUND THE ACTIVITY CENTER AND THE LIVING AND DINING AREAS TO PROMOTE MORE SOCIAL AND INTERACTIVE LIVING. THE CENTER SPECIALIZES IN LONG-TERM CARE, REHABILITATIVE SERVICES, PAIN MANAGEMENT, RESPIRATORY THERAPY, IV THERAPY, PERITONEAL DIALYSIS SERVICES, RESPITE AND HOSPICE CARE. HILL HAVEN LIVING AND NURSING CENTER IN WEBSTER IS A 288-BED FACILITY WITH A COMPREHENSIVE RANGE OF MEDICAL AND ASSISTED LIVING SENIOR SERVICES, INCLUDING SHORT-TERM REHABILITATION, SKILLED NURSING, RESPIRATORY, IV THERAPY, CENTRAL LINE MEDICATIONS AND MAINTENANCE, POST-SURGICAL WOUND CARE, ON-SITE HEMODIALYSIS, PERITONEAL DIALYSIS, TELEMEDICINE, DEMENTIA, ALZHEIMER'S, AND HOSPICE CARE. IN 2019, HILL HAVEN RECEIVED THE U.S. NEWS & WORLD REPORT BEST NURSING HOMES DESIGNATION. TO QUALIFY, NURSING HOMES MUST EARN AN AVERAGE RATING OF 4.5 OUT OF 5 DURING 10 MONTHS OF FEDERAL REPORTS. OUT OF 48 FACILITIES REVIEWED IN THE ROCHESTER AREA, HILL HAVEN RECEIVED ONE OF THE THREE AREA DESIGNATIONS. AS COVID-19 SURGED IN OUR COMMUNITY, ROCHESTER REGIONAL HEALTH ANSWERED THE CHALLENGE WITH THE CREATION OF EMPIRE MANOR, A TEMPORARY COVID-DEDICATED NURSING HOME ON THE HILL HAVEN CAMPUS. DURING A TIME WHEN OUR COMMUNITY NEEDS MORE HOSPITAL BED CAPACITY TO CARE FOR THE ACUTELY ILL AND INJURED. EMPIRE MANOR HELPED TO RELIEVE SOME OF THIS PRESSURE ON OUR HOSPITALS. PARK RIDGE LIVING CENTER IS LOCATED IN ROCHESTER. IT RECEIVED A FIVE-STAR RATING FROM THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS), A DESIGNATION GIVEN TO ONLY 10 PERCENT OF NURSING HOMES NATIONWIDE. THIS 120 BED FACILITY IS HOME TO THE 40-BED TIMOTHY R. MCCORMICK TRANSITIONAL CARE CENTER, SPECIALIZING IN JOINT REPLACEMENT AND COMPLEX FRACTURE RECOVERY, STROKE AND NEUROLOGICAL REHABILITATION, PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY, IV THERAPY, AND CENTRAL LINE MEDICATIONS. THE FACILITY'S WEGMAN FAMILY COTTAGES SERVES 80 ELDERS. THE COTTAGES ALLOW ELDERS TO LIVE IN A HOME-LIKE ENVIRONMENT WHILE RECEIVING SKILLED NURSING CARE. FOUR YEARS IN A ROW - PARK RIDGE LIVING CENTER (PRLC) HAS BEEN NAMED A BEST NURSING HOME BY U.S. NEWS & WORLD REPORT. ONLY 19% OF APPROXIMATELY 15,000 NURSING HOMES RATED ACROSS THE U.S. RECEIVED THIS HIGH HONOR. PRLC IS ONE OF ONLY FOUR NURSING HOMES IN NEW YORK STATE TO BE RECOGNIZED FOR BOTH LONG-TERM AND SHORT-TERM CARE. UNITY

Form and Line Reference	Explanation
	<p>LIVING CENTER IN ROCHESTER IS A 120-BED STATE-OF-THE-ART SKILLED NURSING FACILITY FOCUSED ON TREATMENT AND REHABILITATIVE CARE FOR PATIENTS WITH MEDICALLY COMPLEX NEEDS, DEMENTIA, AND BEHAVIORAL CHALLENGES. SPECIAL SERVICES INCLUDE SHORT-TERM REHABILITATION, PULMONOLOGY, RESPIRATORY THERAPY, TRACHEOTOMY CARE, WOUND CARE, PAIN CONTROL, AND IV THERAPY, AND PERITONEAL DIALYSIS, ACCESS TO HEMODIALYSIS, VENTILATOR BEDS, BARIATRIC CARE AND RELAXATION THERAPY TO MEET THE NEEDS OF THOSE WITH CHRONIC DISEASES. UNITY LIVING CENTER HAS BEEN AWARDED A FOUR-STAR RATING FROM THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS). THIS TREMENDOUS ACCOMPLISHMENT HIGHLIGHTS THE SUCCESSFUL PERFORMANCE OF UNITY LIVING CENTER'S DEDICATED, HARD-WORKING AND PASSIONATE EMPLOYEES. CMS RANKS NURSING HOMES NATIONWIDE WITH THE INTENT TO HELP FAMILIES AND CAREGIVERS COMPARE FACILITIES AND MAKE THE BEST CHOICE WHEN DECIDING ON CARE FOR A LOVED ONE. THE RATING INCORPORATES THREE FACTORS: QUALITY MEASURES, STAFFING RATIO, AND ANNUAL HEALTH INSPECTION REPORTS FROM THE NYS DEPARTMENT OF HEALTH. UNITY'S HOUSING GROUP OFFERS 261 AFFORDABLE AND SUBSIDIZED APARTMENTS IN FIVE LOCATIONS. OUR AFFORDABLE SENIOR LIVING COMMUNITIES OFFER COMFORTABLE AND CONVENIENT HOUSING OPTIONS FOR INDEPENDENT ADULTS AGES 55 AND OLDER AT PRICES THAT FIT EVERY BUDGET.</p>
PART VI, LINE 6 (CON'T):	<p>STARTING IN 2020, RRH BEGAN COLLABORATING WITH PATHSTONE, A NOT-FOR-PROFIT COMMUNITY DEVELOPMENT AND HUMAN SERVICES ORGANIZATION, TO OFFER SUPPORTIVE SERVICES FOR RESIDENTS OF THE NEW SKYVIEW PARK APARTMENTS LOCATED AT THE FORMER MEDLEY CENTRE IN IRONDEQUOIT. THE SENIOR APARTMENT COMPLEX IS FOR INDIVIDUALS 55 YEARS OR OLDER WHO MAY BE AT RISK FOR HOMELESSNESS OR WISH TO REMAIN INDEPENDENT WITH THE ASSISTANCE OF SUPPORTIVE SERVICES. PARK RIDGE CHILD CARE CENTER CARES FOR CHILDREN BETWEEN EIGHT WEEKS TO TWELVE YEARS OF AGE. LOCATED ON THE UNITY HOSPITAL CAMPUS, THE CENTER OFFERS A SAFE AND NURTURING ENVIRONMENT - A HAPPY HOME AWAY FROM HOME - WHERE EVERYONE TRULY CARES ABOUT YOUR CHILD'S GROWTH, DEVELOPMENT, AND WELL-BEING. EACH OF OUR HIGHLY TRAINED TEACHERS AND STAFF FOCUSES ON MEETING YOUR CHILD'S PHYSICAL, SOCIAL, EMOTIONAL AND COGNITIVE NEEDS. ROCHESTER AMBULATORY SURGERY CENTER (RASC) IS A 29,000 SQUARE-FOOT FACILITY THAT INCLUDES SIX OPERATING ROOMS AND TWO MINOR PROCEDURE ROOMS EQUIPPED WITH STATE OF THE ART EQUIPMENT AND INSTRUMENTATION. ACCREDITED BY THE ACCREDITATION ASSOCIATION FOR AMBULATORY HEALTHCARE, THE NEW YORK STATE DEPARTMENT OF HEALTH AND IS A MEDICARE-CERTIFIED FACILITY. THE MISSION OF RASC IS TO PROVIDE A SAFE, CONVENIENT AND COST-EFFECTIVE ALTERNATIVE TO TRADITIONAL SURGICAL CARE. LINDEN OAKS SURGERY CENTER IS A FREESTANDING, MULTISPECIALTY AMBULATORY SURGERY CENTER WHERE A BROAD RANGE OF OUTPATIENT SURGICAL PROCEDURES ARE PERFORMED. THE CENTER OFFERS FOUR OPERATING ROOMS AND TWO PROCEDURE ROOMS WHICH ARE FULLY EQUIPPED WITH PREOPERATIVE AND POST-ANESTHESIA CARE AREAS IN ORDER TO PROVIDE HIGH QUALITY CARE AND SAFETY IN A CONVENIENT OUTPATIENT SURGERY CENTER. WESTFALL SURGERY CENTER, OFFERS WIDE RANGE OF SURGICAL SERVICES - FROM GENERAL SURGERY TO PLASTIC SURGERY. WESTFALL SURGERY CENTER PROVIDES HIGH-QUALITY CARE AND SAFETY IN A CONVENIENT OUTPATIENT SURGERY SETTING. ROCHESTER REGIONAL HEALTH IMMEDIATE CARE OPERATING SEVEN LOCATIONS IN MONROE COUNTY, IS COMMITTED TO PROVIDING THE HIGHEST QUALITY HEALTHCARE FOR RESIDENTS AND VISITORS OF MONROE AND SURROUNDING COUNTIES. THE DEDICATION TO PROVIDING AN EXCEPTIONAL PATIENT EXPERIENCE IS SEEN FROM THE HONOR OF BEING VOTED "BEST URGENT CARE CENTER" IN ROCHESTER BY THE ROCHESTER BUSINESS JOURNAL AND DAILY RECORD FOR TWO CONSECUTIVE YEARS. THESE IMMEDIATE CARE CENTERS OFFER FULL-SERVICE URGENT CARE AND OCCUPATIONAL MEDICINE SERVICES WITH PHYSICIANS, DIAGNOSTIC TOOLS, AND LABS ON-SITE. ACM MEDICAL LABORATORY IS A FULL SERVICE CLINICAL AND PATHOLOGY LABORATORY CONDUCTING MORE THAN 20 MILLION TESTS EVERY YEAR FOR PHYSICIANS, NURSING HOMES AND HOSPITALS; PHARMACEUTICAL, BIOTECH AND RESEARCH ORGANIZATIONS; COLLEGES AND UNIVERSITY HEALTH CENTERS; AND OCCUPATIONAL HEALTH GROUPS. ACM HAS OPERATIONS IN THE U.S., U.K., INDIA, CHINA AND SINGAPORE. OPERATIONS EXTEND TO MORE THAN 60 COUNTRIES AND OFFER A BROAD MENU OF CLINICAL, PATHOLOGY AND MOLECULAR TESTING. ACM IS ONE OF THE LARGEST REGIONAL REFERENCE LABORATORIES IN NEW YORK STATE. ROCHESTER REGIONAL HEALTH FOUNDATION, NEWARK WAYNE COMMUNITY HOSPITAL FOUNDATION, CLIFTON SPRINGS HOSPITAL FOUNDATION AND UNITED MEMORIAL MEDICAL CENTER FOUNDATION: THE VITAL SERVICES THAT ROCHESTER REGIONAL PROVIDES TO THE COMMUNITY WOULD NOT BE POSSIBLE WITHOUT THE SUPPORT OF THE FOUNDATIONS. IN THE NONPROFIT ORGANIZATIONAL STRUCTURE THE FOUNDATIONS ARE CRITICAL TO THE ABILITY TO MAKE ONGOING INVESTMENTS IN STATE-OF-THE-ART MEDICAL TECHNOLOGY, CLINICAL PROGRAMS, FACILITIES, RESEARCH, AND EDUCATION THAT BENEFIT THE COMMUNITY AS A WHOLE. THE IMPACTS OF THE FOUNDATIONS' EFFORTS ARE VISIBLE THROUGHOUT THE HOSPITALS, AND IN THEIR DISTINGUISHED CENTERS OF EXCELLENCE. THE FOUNDATIONS' FUNDRAISING PROGRAMS DIRECTLY BENEFIT THE ONGOING NEEDS OF THE COMMUNITY THROUGH IMPROVED AND EXPANDED PATIENT CARE PROGRAMS, SERVICES, AND FACILITIES AND HELP PURCHASE EQUIPMENT. THIS ENHANCES THE HIGH-TOUCH AND COMPASSIONATE CARE AVAILABLE TO ALL WHO ARE SERVED IN THE COMMUNITY.</p>

Additional Data

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Software ID:

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**Schedule I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization
THE ROCHESTER GENERAL HOSPITAL

Employer identification number
16-0743134

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ANTHONY J JORDAN FOUNDATION 82 HOLLAND STREET ROCHESTER, NY 14620	16-1408256	501(C)(3)	20,000				SPONSORSHIP
(2) ASSOCIATION OF FUNDRAISING PROFESSIONALS GENESEE VALLEY CHAPTER PO BOX 6043 ROCHESTER, NY 14606	16-1335588	501(C)(3)	7,500				SPONSORSHIP
(3) AMERICAN CANCER SOCIETY 1 PENNY LANE LATHAM, NY 12110	13-1788491	501(C)(3)	18,000				SPONSORSHIP
(4) AMERICAN DIABETES ASSOCIATION 160 ALLENS CREEK ROAD ROCHESTER, NY 14618	13-1623888	501(C)(3)	7,500				SPONSORSHIP
(5) AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501(C)(3)	30,000				SPONSORSHIP
(6) GREATER ROCHESTER ENTERPRISE FOUNDATION 100 CHESTNUT STREET SUITE 1910 ROCHESTER, NY 14606	10-0000080	501(C)(3)	50,000				SPONSORSHIP
(7) INTERVOL INC 100 KINGS HIGHWAY SOUTH SUITE 1200 ROCHESTER, NY 14617	16-1347201	501(C)(3)	26,000				SPONSORSHIP
(8) NEW YORK KITCHEN 800 SOUTH MAIN STREET CANANDAIGUA, NY 14424	20-1682175	501(C)(3)	9,440				SPONSORSHIP
(9) ROCHESTER BROADWAY THEATER LEAGUE 885 EAST MAIN STREET ROCHESTER, NY 14605	16-0813592	501(C)(3)	15,000				SPONSORSHIP
(10) ROCHESTER INSTITUTE OF TECHNOLOGY 1 LOMB MEMORIAL DRIVE ROCHESTER, NY 14623	16-0743140	501(C)(3)	25,000				SPONSORSHIP
(11) ROCHESTER PHILHARMONIC ORCHESTRA 108 EAST AVENUE ROCHESTER, NY 14604	16-0765613	501(C)(3)	50,000				SPONSORSHIP
(12) YWCA OF ROCHESTER 175 N CLINTON AVE ROCHESTER, NY 14604	16-0743248	501(C)(3)	10,000				SPONSORSHIP

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3** Enter total number of other organizations listed in the line 1 table

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	CHECK REQUEST AND PURCHASE ORDERS ARE REVIEWED FOR APPROPRIATE AUTHORIZATION AND USE OF FUNDS PRIOR TO ISSUANCE OF PAYMENT. RGH ONLY MAKES CONTRIBUTIONS TO OTHER 501(C)(3) ORGANIZATIONS.

Additional Data

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Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE ROCHESTER GENERAL HOSPITAL

Employer identification number

16-0743134

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization? If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization? If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a	Yes	
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ERIC BIEBER MD CEO	(i)	433,274	529,624	36,380	438,233	4,242	1,441,753	416,303
	(ii)	----- 820,940	----- 1,003,498	----- 68,931	----- 830,337	----- 8,038	----- 2,731,744	----- 788,784
2 RONALD KIRSHNER CHIEF, CARDIOTHORACIC	(i)	1,221,197	1,002,692	0	98,585	11,226	2,333,700	127,797
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
3 HUGH THOMAS CAO	(i)	216,350	184,733	0	211,840	4,206	617,129	207,324
	(ii)	----- 409,926	----- 350,021	----- 0	----- 401,381	----- 7,970	----- 1,169,298	----- 392,824
4 DANIEL ALEXANDER PHYSICIAN	(i)	1,510,634	80,001	0	66,929	9,267	1,666,831	55,490
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
5 GORDON WHITBECK PHYSICIAN	(i)	648,717	836,400	0	100,269	10,776	1,596,162	121,821
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
6 SOON PARK PHYSICIAN	(i)	1,260,290	250,000	0	61,589	8,088	1,579,967	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
7 THOMAS CRILLY CFO	(i)	178,993	143,282	0	197,368	4,261	523,904	180,929
	(ii)	----- 339,145	----- 271,481	----- 0	----- 373,961	----- 8,073	----- 992,660	----- 342,812
8 PATRICK RIGGS PHYSICIAN	(i)	655,867	430,924	0	214,693	9,113	1,310,597	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
9 ROBERT NESSELBUSH FORMER COO	(i)	0	0	370,563	146,885	0	517,448	541,535
	(ii)	----- 0	----- 0	----- 515,565	----- 204,362	----- 0	----- 719,927	----- 753,440
10 KEVIN CASEY MD PRESIDENT	(i)	354,154	386,794	0	299,307	11,583	1,051,838	337,070
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
11 DAWN RIEDY MD DIRECTOR	(i)	353,161	87,500	0	294,632	11,380	746,673	318,398
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
12 JAY KEYES MD MEDICAL STAFF PRESIDENT	(i)	129,052	252,718	0	139,077	7,484	528,331	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
13 KARAN SINGH ALAG MD DIRECTOR	(i)	145,803	194,453	0	131,474	16,036	487,766	98,590
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
14 MARCY C MULCONRY MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	----- 109,940	----- 263,850	----- 0	----- 72,115	----- 11,334	----- 457,239	----- 44,382

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 3	COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIALS IS ESTABLISHED USING THE FOLLOWING: - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - FORM 990 OF OTHER ORGANIZATIONS - COMPENSATION SURVEYS AND STUDIES - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE ON AN ANNUAL BASIS, THE ORGANIZATION USES AN INDEPENDENT COMPENSATION CONSULTANT TO REVIEW THE SALARIES FOR ALL EXECUTIVES TO ENSURE SUCH SALARIES ARE CONSISTENT WITH MARKET SALARIES PAID TO SIMILARLY SITUATED EXECUTIVES. IN ADDITION, A COMPENSATION COMMITTEE REVIEWS THIS INFORMATION ANNUALLY AND IT IS THEN APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD. FINALLY, EXECUTIVES RECEIVE A WRITTEN LETTER OUTLINING THE SPECIFICS OF THE COMPENSATION AGREEMENT AND THEIR EXPECTED PERFORMANCE.
PART I, LINES 4A-B	SUPPLEMENTAL EXECUTIVE RETIREMENT PLANS PROVIDE BENEFITS TO CERTAIN KEY EXECUTIVE EMPLOYEES OF ROCHESTER REGIONAL HEALTH. THE ORGANIZATION MAINTAINS A SECTION 457(F) PLAN WHICH WOULD BE CONSIDERED A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN. THERE WERE NO DISTRIBUTIONS PAID FROM THIS PLAN IN 2020. COMPENSATION TO THE CHIEF OPERATING OFFICER INCLUDES PAYMENTS AGREED TO UNDER A SEPARATION AGREEMENT EXECUTED IN APRIL 2019. THIS AGREEMENT CALLS FOR PAYMENTS TO BE MADE THROUGH EARLY 2021. THESE PAYMENTS HAVE BEEN ACCRUED AND REPORTED AS OTHER DEFERRED COMPENSATION.

Additional Data

Return to Form

Software ID:

Software Version:

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Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2020

Open to Public Inspection

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
THE ROCHESTER GENERAL HOSPITAL

Employer identification number
16-0743134

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MONROE COUNTY INDUSTRIAL DEVELOPMENT CORPORATION	51-0188852	61075TEC8	02-27-2013	61,656,043	FINANCE CERTAIN HOSPITAL RENOVATIONS AND EXPANSION		X		X		X
B	MONROE COUNTY INDUSTRIAL DEVELOPMENT CORPORATION	51-0188852	61075TEV6	02-27-2013	47,262,507	DEFEASE 2005 BONDS		X		X		X
C	MONROE COUNTY INDUSTRIAL DEVELOPMENT CORPORATION	51-0188852	61075TRT7	05-18-2017	164,999,706	FINANCE CERTAIN HOSPITAL RENOVATIONS AND EXPANSION		X		X		X
D	MONROE COUNTY INDUSTRIAL DEVELOPMENT CORPORATION	51-0188852	61075TVU9	11-17-2020	74,608,536	FINANCE CAPITAL IMPROVEMENT PROJECTS OF THE HOSPITAL		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	61,656,043		47,262,507		164,999,706		74,608,536	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds	4,116,110				14,928,625			
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	983,415		792,669		1,899,313		565,591	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	56,556,518		46,469,838		148,171,768		74,042,945	
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2013		2013		2017		2020	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)?		X		X		X		X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, an advance refunding issue)?	X		X		X		X	
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		X
b Exception to rebate?		X		X		X		X
c No rebate due?		X		X		X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X		X		X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Return Reference	Explanation
SCHEDULE K, PART I, BOND ISSUES:	(A) ISSUER NAME: MONROE COUNTY INDUSTRIAL DEVELOPMENT CORPORATION (F) DESCRIPTION OF PURPOSE: FINANCE CERTAIN HOSPITAL RENOVATIONS & EXPANSION

Additional Data

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SCHEDULE O
(Form 990 or 990-
EZ)**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.**2020****Open to Public
Inspection**

Department of the Treasury

Name of the organization
THE ROCHESTER GENERAL HOSPITAL

Employer identification number

16-0743134

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>-RGH'S SANDS-CONSTELLATION HEART INSTITUTE BRINGS THE LATEST IN STATE-OF-THE-ART TECHNOLOGY TO OUR PATIENTS WITH A NEW CARDIAC PET/CT PROGRAM. IN ADDITION TO EXISTING SERVICES, THE PROGRAM INCLUDES CARDIAC MYOCARDIAL PERFUSION IMAGING SOMETHING ONLY OFFERED IN THE REGION BY RRH. - AS PART OF OUR CONTINUED EFFORTS TO PROVIDE EXCEPTIONAL NEUROLOGIC CARE, RRH'S NEUROSCIENCE INSTITUTE SHOWED OFF ITS NEWLY UPDATED SURGICAL INTENSIVE CARE UNIT & NEUROCRITICAL CARE UNIT AT ROCHESTER GENERAL HOSPITAL. - RGH OPENED THE WOLFGANG PUCK KITCHEN COUNTER. OPEN FOR BREAKFAST, LUNCH AND DINNER, THE CAFE OFFERS GUESTS AND EMPLOYEES A VARIETY OF HOT AND COLD FOOD ITEMS INCLUDING SIGNATURE WOLFGANG PUCK DISHES LIKE ROTISSERIE CHICKEN, BEEF RIBEYE, THE WOLFGANG PUCK BURGER AND ASIAN CHICKEN SALAD. DURING 2020, ROCHESTER GENERAL HOSPITAL WAS RECOGNIZED BY THE FOLLOWING: - HEALTHGRADES - FOR THE SECOND YEAR IN A ROW, RGH WAS NAMED ONE OF THE TOP 50 HOSPITALS IN THE NATION AND THE ONLY HOSPITAL IN UPSTATE NEW YORK. THIS RECOGNITION IS AWARDED TO THE TOP 1% OF HOSPITALS THAT CONSISTENTLY EXHIBIT EXCEPTIONAL, COMPREHENSIVE, HIGH-QUALITY CARE FOR SIX OR MORE CONSECUTIVE YEARS ACROSS A BROAD SPECTRUM OF CONDITIONS AND PROCEDURES. - HEALTHGRADES ALSO NAMED RGH AMONG AMERICA'S 100 BEST HOSPITALS FOR STROKE CARE, GASTROINTESTINAL CARE, CRITICAL CARE, AND GENERAL SURGERY. RGH ALSO WON 2020 EXCELLENCE AWARDS IN THESE AREAS, AS WELL AS FOR NEUROSCIENCES AND CRANIAL NEUROSURGERY-CONTINUING A TRADITION OF MULTIPLE YEAR-AFTER-YEAR AWARDS. HEALTHGRADES IS THE LEADING RESOURCE THAT CONNECTS CONSUMERS, PHYSICIANS, AND HEALTH SYSTEMS. IN SELECTING THE 2020 AMERICAS BEST HOSPITALS, HEALTHGRADES ANALYZED THE PERFORMANCE OF NEARLY 4,500 HOSPITALS NATIONWIDE ACROSS 32 CONDITIONS AND PROCEDURES. - BEACON AWARD FOR EXCELLENCE - RGH'S 2000/2800 UNIT ACHIEVED THE AACN (AMERICAN ASSOCIATION OF COLLEGES OF NURSING) GOLD-LEVEL BEACON AWARD FOR EXCELLENCE. ADDITIONALLY, RGH'S 4500 UNIT, 5500 UNIT AND THE RGH MEDICAL INTENSIVE CARE UNIT (MICU) ACHIEVED A SILVER-LEVEL BEACON AWARD. THE ACHIEVEMENT RECOGNIZES HOSPITAL UNITS THAT EMPLOY EVIDENCE-BASED PRACTICE TO IMPROVE PATIENT AND FAMILY OUTCOMES AS WELL AS RECOGNIZES HOSPITAL UNITS THAT EXEMPLIFY EXCELLENCE IN PROFESSIONAL PRACTICE, PATIENT CARE, AND OUTCOMES. RRH NOW HOLDS 26 BEACON AWARDS, - THE MOST OF ANY HOSPITAL SYSTEM IN THE COUNTRY. EACH BEACON AWARD FOR EXCELLENCE IS ACTIVE FOR THREE YEARS. - THE STROKE AND HEART TEAMS AT ROCHESTER GENERAL HOSPITAL EARNED GOLD PLUS HIGH HONORS FROM THE AMERICAN HEART ASSOCIATION FOR CONTINUING TO PROVIDE IMPECCABLE, AWARD-WINNING CARE TO OUR COMMUNITY. - RGH RECEIVED THE SILVER STANDARD FOR GERIATRIC EMERGENCY DEPARTMENT CARE LEVEL 2 ACCREDITATION AS PART OF THE GERIATRIC EMERGENCY DEPARTMENT ACCREDITATION (GEDA) PROGRAM FROM THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS. THE GEDA PROGRAM RECOGNIZES EMERGENCY DEPARTMENTS THAT PROVIDE EXCELLENT CARE FOR OLDER ADULTS THROUGH SEVERAL MEASURES, INCLUDING ENHANCED EDUCATION, GERIATRIC-FOCUSED POLICIES AND PROTOCOLS THAT FOCUS ON TRANSITIONS OF CARE, QUALITY IMPROVEMENT EFFORTS, AND OPTIMAL PREPARATION OF THE PHYSICAL ENVIRONMENT. - RGH NAMED BLUE DISTINCTION CENTER PLUS BY EXCELLUS BLUE CROSS BLUE SHIELD - RECOGNIZED FOR DEMONSTRATING EXPERTISE IN DELIVERING HIGH-QUALITY, SPECIALTY PATIENT CARE - SAFELY, EFFECTIVELY AND COST EFFICIENTLY. ADDITIONALLY, ROCHESTER GENERAL HOSPITAL ACHIEVED THE FOLLOWING CERTIFICATIONS AND ACCREDITATIONS DURING 2020: - ROCHESTER GENERAL HOSPITAL HAS ONCE AGAIN EARNED THE HIGHLY PRESTIGIOUS INTERNATIONAL BABY-FRIENDLY DESIGNATION! THIS DESIGNATION, WHICH FOLLOWED A RIGOROUS REVIEW PROCESS BY BABY-FRIENDLY USA, IS A TRIBUTE TO RRH'S COMMITMENT TO ENSURING THAT EVERY WOMAN WHO DELIVERS A BABY AT RGH RECEIVES THE RESOURCES AND INFORMATION NEEDED TO HELP HER AND HER BABY GET THE BEST, HEALTHIEST START IN LIFE. - ROCHESTER GENERAL HOSPITAL ACHIEVED ITS FOURTH CONSECUTIVE DESIGNATION AS A MAGNET HOSPITAL, ALONG WITH FIVE EXEMPLARS FOR INDUSTRY-LEADING PERFORMANCE. MAGNET RECOGNIZES ORGANIZATIONS THAT PROVIDE THE HIGHEST QUALITY CARE. THE RIGOROUS APPRAISAL PROCESS INVOLVES SITE VISITS AND INTERVIEWS, AS WELL AS QUALITY MEASURES DEMONSTRATING NURSING LEADERSHIP AND COORDINATION ACROSS SPECIALTIES. RGH'S REMARKABLE ACHIEVEMENT IS A TESTAMENT TO THE EXCELLENCE OF OUR NURSES AND THE ENTIRE CARE TEAM. ROCHESTER GENERAL MEDICAL GROUP (RGMG) OPERATES AS A DIVISION OF RGH. RGMG HAS MORE THAN 40 PRACTICES IN MONROE AND WAYNE COUNTIES WITH SPECIALTIES IN ALLERGY/RHEUMATOLOGY, DERMATOLOGY, DIABETES/ENDOCRINOLOGY, FAMILY MEDICINE, GERIATRICS, INTERNAL MEDICINE, NUTRITION & WEIGHT MANAGEMENT, ORTHOPEDICS, PEDIATRICS, PHYSICAL MEDICINE & REHABILITATION, VASCULAR SURGERY & VEIN CARE AND WOMEN'S HEALTH (OB/GYN). IN ADDITION TO HOSPITAL LOCATIONS, RGMG ALSO OPERATES TWO FULL-SERVICE OUTREACH CAMPUSES AT ALEXANDER PARK AND LINDEN OAKS.</p>
FORM 990, PART III, LINE 4A	<p>ROCHESTER REGIONAL HEALTH (ROCHESTER REGIONAL) (I.E. THE PARENT ORGANIZATION AND ITS RELATED AFFILIATES) HAS PROVIDED HIGH QUALITY HEALTHCARE SERVICES TO THE GREATER ROCHESTER NY AREA AND SURROUNDING REGIONS FOR MORE THAN 160 YEARS. IT IS ONE OF THE LARGEST EMPLOYERS IN ROCHESTER AND AN INTEGRAL PART OF THE COMMUNITY. ROCHESTER REGIONAL HAS A NATIONALLY RECOGNIZED HEART PROGRAM AND A NATIONALLY ACCREDITED CANCER CENTER, AND OFFERS PATIENTS MANY OF THE SAME LEADING EDGE TREATMENT OPTIONS FOUND AT THE COUNTRY'S FINEST MEDICAL CENTERS. FROM SURGERY TO ORTHOPEDICS, WOMEN'S HEALTH TO EMERGENCY CARE, PEOPLE ALL ACROSS WESTERN NY TURN TO ROCHESTER REGIONAL FOR THEIR EXPERIENCE, COMPASSION AND EXPERTISE IN HELPING THEM GET BACK TO LIVING THEIR LIVES. POVERTY TRENDS, COMMUNITY HEALTH RESEARCH AND NEEDS ASSESSMENTS ARE REVIEWED ON A REGULAR BASIS WHILE PLANNING COMMUNITY HEALTH PROGRAMS. ROCHESTER REGIONAL REPRESENTATIVES ARE ACTIVELY ENGAGED IN VARIOUS COMMUNITY HEALTH COLLABORATIONS WITH THE LOCAL HEALTH DEPARTMENTS, STATE HEALTH DEPARTMENT, AND LOCAL NOT-FOR-PROFIT HEALTH AND HUMAN SERVICE AGENCIES, AND ACTIVELY WORKS TO RESPOND TO COMMUNITY PRIORITIES AND DEVELOP PROGRAMS AND SERVICES THAT FILL A GAP OR SUPPLEMENT AN EXISTING PROGRAM. MOST ROCHESTER REGIONAL COMMUNITY HEALTH OUTREACH PROGRAMS ARE OFFERED IN PARTNERSHIP WITH OTHER COMMUNITY ORGANIZATIONS OR GOVERNMENTAL AGENCIES, IN ORDER TO LEVERAGE RESOURCES TO MEET COMMUNITY NEEDS. INFORMATION REGARDING THE AVAILABILITY OF COMMUNITY HEALTH PROGRAMS, ASSISTANCE WITH HEALTH INSURANCE ENROLLMENT AND FINANCIAL ASSISTANCE FOR</p>

Return Reference	Explanation
	<p>MEDICAL CARE RECEIVED AT ROCHESTER REGIONAL HOSPITALS, EMERGENCY DEPARTMENTS, OUTPATIENT DEPARTMENTS OR LONG-TERM CARE FACILITIES ARE DISSEMINATED TO THE PUBLIC IN ELECTRONIC (WEBSITE) FORM. FIGHTING COVID-19 DID NOT STOP ROCHESTER REGIONAL FROM REACHING SIGNIFICANT MILESTONES IN STRATEGIC GROWTH. SOME OF WHICH INCLUDE: - DESTINATION CAMPUSES: BETTER SERVICE TO RURAL PATIENTS - ROCHESTER REGIONAL HEALTH'S DESTINATION-CAMPUS STRATEGY BRINGS RURAL PATIENTS EASY, LOCAL ACCESS TO A WIDE RANGE OF HIGHEST QUALITY, COORDINATED PRIMARY AND SPECIALTY CARE SERVICES. OUR NEWLY EXPANDED GENEVA MEDICAL CAMPUS OPENED IN JULY 2020 FOR PATIENTS OF ALL AGES AND HEALTH BACKGROUNDS. ITS SPECIALTY SERVICES INCLUDE ORTHOPEDICS; ORTHOPEDIC URGENT CARE; VASCULAR SURGERY; GENERAL SURGERY; EAR, NOSE & THROAT (ENT); AND OPEN MRI SERVICES - ALL OF WHICH CAN BE COORDINATED THROUGH THE PATIENT'S TRUSTED PRIMARY-CARE PROVIDER. THE GENEVA CAMPUS WILL CONTINUE TO ADD SERVICES THROUGHOUT THE YEAR, INCLUDING ALLERGY & RHEUMATOLOGY; ENDOCRINOLOGY, DIABETES & NUTRITION COUNSELING; AND GASTROENTEROLOGY. IN 2021, OUR GENESEO CAMPUS WILL BRING A SIMILAR RANGE OF SERVICES TO THE GENESEO COMMUNITY. WHEN IT OPENS, THE NEW RRH GENESEO CAMPUS WILL BE AMONG OUR LARGEST DESTINATION MEDICAL CAMPUSES. - OUR PENN FAIR DESTINATION CAMPUS, ALSO TARGETED FOR COMPLETION IN 2021, WILL ADD URGENT CARE AND PEDIATRIC OFFICES TO RENOVATED RETAIL SPACE ALREADY HOUSING LAB AND PRIMARY CARE SERVICES. - OUR STATE-OF-THE-ART SITE AT 330 MONROE AVE. IN ROCHESTER PROVIDES A NEW HOME FOR RRH FOUNDATIONS AND LIFETIME CARE. - OUR RECENTLY SIGNED AFFILIATION AGREEMENT WITH ST. LAWRENCE HEALTH - A NORTH COUNTRY SYSTEM IN NEW YORK OF THREE HOSPITALS AND A NETWORK OF PRIMARY AND SPECIALTY CARE PRACTICES - EXPANDS RRH'S REGIONAL REACH WHILE ENABLING ST. LAWRENCE TO ELEVATE AND GROW ITS MEDICAL SERVICES. EVEN AS WE EXPAND OUR GEOGRAPHIC REACH, FACILITY CAPABILITIES, AND SERVICE LINES, ROCHESTER REGIONAL PURSUES SYSTEM-WIDE INITIATIVES THAT DEFINE WHO WE ARE AND WHAT WE VALUE. THESE INCLUDE ENVIRONMENTAL SUSTAINABILITY; OUR COMMITMENT TO DIVERSITY, EQUITY, AND INCLUSION; AND OUR ONGOING PROMISE TO IMPROVE THE COMMUNITIES WE SERVE. THE OVERALL HEALTH SYSTEM CONTINUES TO GROW THROUGH THE ADDITION OF MEDICAL PRACTICES STRENGTHENING THE SERVICE OFFERINGS TO THOSE THROUGHOUT THE COMMUNITIES WE SERVE. NEW AND EXPANDED SERVICE OFFERINGS INCLUDE: ADDITIONAL PRIMARY CARE SITES; PEDIATRICS AND GERIATRICS. 2020 WAS AN UNPRECEDENTED YEAR. WHEN COVID-19 CAME TO NYS AND SPECIFICALLY INTO OUR SERVICE AREA, RRH RESPONDED BY TAKING MEASURES TO ENSURE THE SAFETY OF OUR PATIENTS, OUR TEAM MEMBERS AND OUR COMMUNITY. THE ACTIONS TAKEN IN RESPONSE TO COVID INCLUDED: - RRH SPONSORED A TOTAL OF 8 TESTING SITES INCLUDING BOTH DRIVE THRU AND IN-HOUSE OPTIONS OPEN TO PATIENTS, STAFF AND THE COMMUNITY. THESE SITES COVERED ALL OF THE COUNTIES WITHIN OUR SERVICE AREA. - RRH PARTICIPATED IN SEVERAL COVID-19 CLINICAL AND VACCINE TRIALS. - RRH VACCINATED OVER 8,000 PEOPLE THROUGH ITS 8 VACCINE SITES OPEN TO PATIENTS, STAFF AND THE OVERALL COMMUNITY. AGAIN, COVERING ALL OF THE COUNTIES WITHIN OUR SERVICE AREA. - RRH PROVIDED ONGOING EDUCATION REGARDING COVID-19 AND VACCINE ON MULTIPLE PLATFORMS INCLUDING: SOCIAL MEDIA, WEBSITE, MYCARE PATIENT PORTAL, PHONE MESSAGING, E-NEWSLETTER. MORE SPECIFICALLY: - RRH DEVELOPED THE "HEALTH HIVE," AN ONLINE PORTAL TO ARTICLES AND HELPFUL HINTS IN DEALING WITH THE PANDEMIC CHALLENGES. DURING 2020, 95 ARTICLES WERE PUBLISHED RELATING TO COVID COVERING AREAS THAT INCLUDED: HOW TO SLOW THE SPREAD; HOW TO KEEP YOU AND YOUR FAMILY SAFE; IMPACT OF COVID ON VARIOUS TYPES OF UNDERLYING CONDITIONS; AND MANY OTHERS. - RRH PARTICIPATED IN OVER 800 NEWS ARTICLES, SPECIAL REPORTS, AND INTERVIEWS OVER A VARIETY OF MEDIUMS INCLUDING TV, RADIO AND PRINTED NEWS ARTICLES. ADDITIONALLY, RRH MADE OVER 2,500 SOCIAL MEDIA POSTS ACROSS MULTIPLE PLATFORMS INCLUDING FACEBOOK, INSTAGRAM, TWITTER AND LINKEDIN. - THE RRH DIVERSITY, EQUITY AND INCLUSION OFFICE HOSTED CONVERSATIONS WITH VARIOUS COMMUNITY AND CHURCH GROUPS. ATTENDEES HAVE JOINED FROM ROCHESTER AND ALSO THROUGHOUT OTHER PARTS OF THE US. - RRH HAS PRODUCED PROVIDER VIDEOS: MYTH BUSTING SERIES WITH DR. PICHICHERO ON THE VACCINES AND COMMON QUESTIONS/MYTHS - RRH HAS ALSO PRODUCED ANIMATION VIDEOS: CREATED AND PUSHED OUT TO HELP EXPLAIN THE VACCINES IN A WAY THAT IS EASIER FOR THE GENERAL PUBLIC TO UNDERSTAND - RRH ESTABLISHED AND MAINTAINED COLLABORATIVE PARTNERSHIPS TO ENSURE THOSE MOST VULNERABLE IN OUR COMMUNITY WERE WELL SERVED INCLUDING: - COMMUNITY 1A ELIGIBLE DRIVE-THRU CLINIC; IN PARTNERSHIP WITH FINGER LAKES VACCINE HUB - FQHC AND SAFETY NET POPULATIONS - POP-UP CLINIC FOR LATINX COMMUNITY AT THE JACKSON R-CENTER (COMMUNITY RECREATION CENTER) - ONGOING SUPPORT FOR LOCAL HEALTH DEPARTMENT RUN CLINICS, SUCH AS GENESEE COUNTY AND WAYNE COUNTY - TONAWANDA RESERVATION PARTNERSHIP - GENESEE COMMUNITY COLLEGE CLINIC - REGIONAL HEALTH REACH PROGRAM ROCHESTER GENERAL HOSPITAL (RGH), THE FLAGSHIP HOSPITAL OF ROCHESTER REGIONAL HEALTH, IS A REGIONAL LEADER IN HEALTH CARE. THIS 528-BED ACUTE CARE, TEACHING HOSPITAL SERVES THE GREATER ROCHESTER, NY REGION AND BEYOND. ROCHESTER GENERAL HOSPITAL'S NATIONALLY RECOGNIZED PROGRAMS HAVE CONSISTENTLY DEMONSTRATED QUALITY OUTCOMES THAT POSITIVELY IMPACT PATIENTS, THEIR FAMILIES AND THE ENTIRE COMMUNITY. ROCHESTER GENERAL HOSPITAL PROVIDES CARE TO MORE MONROE COUNTY RESIDENTS THAN ANY OTHER HOSPITAL IN THE REGION AND, AS A TERTIARY CARE FACILITY, HAS STRONG REFERRAL RELATIONSHIPS WITH SEVERAL REGIONAL HOSPITALS. ROCHESTER GENERAL HOSPITAL OFFERS A FULL ARRAY OF SERVICES TO MEET THE MEDICAL NEEDS OF UPSTATE NEW YORK, INCLUDING NATIONALLY RECOGNIZED PROGRAMS IN CARDIAC, CANCER, ORTHOPEDIC, VASCULAR, SURGICAL, STROKE AND DIABETES CARE. RGH IS HOME TO A NUMBER OF CENTERS OF EXCELLENCE INCLUDING THE LIPSON CANCER INSTITUTE AND THE SANDS-CONSTELLATION HEART INSTITUTE. HIGH QUALITY CLINICAL CARE PROVIDED AT ROCHESTER GENERAL HOSPITAL IS AMPLIFIED BY RELATIONSHIPS AND AFFILIATIONS WITH NATIONALLY RENOWNED INSTITUTIONS SUCH AS THE CLEVELAND CLINIC (FOR CARDIAC CARE) AND ROSWELL PARK CANCER INSTITUTE. AS WITH THE OVERALL HEALTH SYSTEM, ROCHESTER GENERAL HOSPITAL WORKS TIRELESSLY TO EXPAND CARE AND IMPROVE ITS FACILITIES AND BRING STATE-OF-THE-ART MEDICAL EQUIPMENT AND PROCEDURES TO OUR PATIENTS AND COMMUNITY. DURING 2020 SOME OF THE MAJOR IMPROVEMENTS INCLUDE THE FOLLOWING: - RGH OPENED THE SANDS-CONSTELLATION CENTER FOR CRITICAL CARE A SEVEN-STORY, 312,000 SQUARE FOOT FACILITY THAT FEATURES PRIVATE ROOMS FOR ALL PATIENTS, 23 MULTI-DISCIPLINARY OPERATING ROOMS, 108 PRIVATE ACUITY-ADAPTABLE PATIENT ROOMS, 20 PRIVATE POST-PARTUM ROOMS, AND 14 SPECIAL CARE NURSERY ROOMS. - RGH WAS SELECTED AS THE FIRST HOSPITAL IN THE NORTHEAST, AND ONLY ONE OF TEN IN THE NATION, TO INITIALLY OFFER THE NEW MEDTRONIC ABRE VENOUS SELF-EXPANDING STENT SYSTEM TO PATIENTS WITH DEEP VEIN BLOCKAGES. THE FLEXIBLE, SELF-EXPANDING STENT ALLOWS DOCTORS TO TREAT MORE PATIENTS WITH THIS DISEASE THAN EVER BEFORE. THIS NEW, INNOVATIVE TREATMENT OPTION HELPS PATIENTS RESTORE THEIR MOVEMENT, BLOOD FLOW, AND QUALITY OF LIFE.</p>
FORM 990, PART VI, SECTION A, LINE 1	EACH BOARD HAS AN EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE CONSISTS OF THE OFFICERS OF THE BOARD PLUS THE CHIEF EXECUTIVE OFFICER OF THE CORPORATION AND SUCH OTHER DIRECTORS AS THE CHAIR MAY NOMINATE FROM TIME TO TIME FOR APPOINTMENT BY A MAJORITY VOTE OF THE ENTIRE BOARD. BETWEEN MEETINGS OF THE BOARD, AND TO THE EXTENT PERMITTED BY LAW, THE EXECUTIVE COMMITTEE SHALL POSSESS THE POWERS OF THE BOARD WITH

Return Reference	Explanation
	RESPECT TO MANAGING AND CONDUCTING THE AFFAIRS OF THE CORPORATION, EXCEPT AS OTHERWISE PROVIDED BY LAW OR WITHIN CERTAIN BY-LAWS.
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION IS A MEMBERSHIP (NOT A STOCK) CORPORATION UNDER NEW YORK STATE LAW. THE ORGANIZATION'S SOLE CORPORATE MEMBER IS ROCHESTER REGIONAL HEALTH, A RELATED NOT-FOR-PROFIT ORGANIZATION.
FORM 990, PART VI, SECTION A, LINE 7B	ROCHESTER REGIONAL HEALTH, AS THE SOLE CORPORATE MEMBER, ALSO HAS THE RIGHT TO APPROVE OR RATIFY SIGNIFICANT DECISIONS OF THE ORGANIZATION'S GOVERNING BODY, INCLUDING AMENDMENT OF BYLAWS AND CHARTERS, REMOVAL OF MEMBERS OF THE GOVERNING BODY, AND THE DECISION TO DISSOLVE THE ORGANIZATION.
FORM 990, PART VI, SECTION B, LINE 11B	PRIOR TO FILING, A COPY OF THE FORM 990 IS PROVIDED TO, AND REVIEWED WITH, ALL MEMBERS OF THE AUDIT AND COMPLIANCE COMMITTEE. THIS REVIEW IS PERFORMED IN CONSULTATION WITH THE ORGANIZATION'S TAX ADVISORS, AND IS BASED ON THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS AND OTHER RELEVANT INFORMATION FOR THE APPROPRIATE TIME PERIOD.
FORM 990, PART VI, SECTION B, LINE 12C	UPON EMPLOYMENT, ALL EMPLOYEES RECEIVE THE ETHICAL STANDARD OF CONDUCT BOOKLET FOR WHICH THEY SIGN A RECEIPT OF ACKNOWLEDGEMENT. CONFLICT OF INTEREST EDUCATION IS CONDUCTED ANNUALLY FOR ALL EMPLOYEES. CONFLICT OF INTEREST IS DEFINED, AS IS MANAGEMENT OF A CONFLICT OF INTEREST. EMPLOYEES ARE REQUIRED TO DISCLOSE AND SEEK RESOLUTION TO ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST BEFORE TAKING A POTENTIALLY IMPROPER ACTION. ANNUALLY, EACH KEY EMPLOYEE, DIRECTOR AND OFFICER OF THE ORGANIZATION IS REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM, PROVIDING MANAGEMENT WITH SUFFICIENT INFORMATION ABOUT HIS/HER PERSONAL INTERESTS AND RELATIONSHIPS SO THAT MANAGEMENT CAN: (1) DETERMINE WHETHER ANY ACTUAL OR PERCEIVED CONFLICT OF INTEREST EXISTS, AND (2) MONITOR WORK ASSIGNMENTS TO AVOID PLACING THE KEY EMPLOYEE OR OFFICER IN A POSITION WHERE THERE MAY BE A QUESTION AS TO HIS/HER OBJECTIVITY AS WELL AS TO AVOID ANY APPEARANCE OF IMPROPRIETY. THROUGHOUT THE YEAR, KEY EMPLOYEES, OFFICERS AND DIRECTORS OF THE ORGANIZATION ARE ALSO REQUIRED TO NOTIFY MANAGEMENT PROMPTLY IF ANY CHANGE TO THEIR DISCLOSURES OCCURS. IN ADDITION, EACH MEMBER OF THE BOARD OF DIRECTORS MUST ALSO COMPLETE A CONFLICT OF INTEREST AND DISCLOSURE FORM, WHICH MUST BE SUBMITTED TO THE GENERAL COUNSEL. BOARD MEMBERS LEAVE THE ROOM DURING DISCUSSIONS AND ABSTAIN FROM VOTING WHEN THEY HAVE A CONFLICT OF INTEREST.
FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION'S OFFICER AND KEY EMPLOYEE COMPENSATION ARRANGEMENTS ARE REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE. INFORMATION REVIEWED FOR THE OFFICER/KEY EMPLOYEE INCLUDES COMPARABLE DATA FROM SIMILAR SIZE TAX-EXEMPT ORGANIZATIONS AS WELL AS COMPENSATION FOR THESE POSITIONS (AS DISCLOSED ON FORM 990) WITH OTHER ORGANIZATIONS IN THE HEALTHCARE INDUSTRY THAT ARE OF SIMILAR SIZE. REVIEW AND APPROVAL OF THE COMPENSATION ARRANGEMENT BY THE COMPENSATION COMMITTEE IS DOCUMENTED.
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AT THE ADMINISTRATIVE OFFICES OF THE AFFILIATED HEALTH SYSTEM AT 100 KINGS HIGHWAY SOUTH, ROCHESTER, NY 14617. A NOMINAL FEE IS CHARGED IF COPIES ARE REQUESTED.
FORM 990, PART XI, LINE 9:	CHANGE IN INTEREST IN NET ASSETS OF ROCHESTER GENERAL HOSPITAL FOUNDATION -19,687,679. LAB SERVICE UBIT -1,352. PASSTHROUGH UBI -44,614.
FORM 990, PART XII, LINE 2C:	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Additional Data

Return to Form

Software ID:

Software Version:

Department of the Treasury
Internal Revenue Service

Name of the organization
THE ROCHESTER GENERAL HOSPITAL

Employer identification number
16-0743134

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) PSYCHIATRIC SERVICES GROUP 1425 PORTLAND AVENUE ROCHESTER, NY 14621 16-1464705	PSYCH SVCS	NY			RGH

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) GRHS FOUNDATION 100 KINGS HIGHWAY SOUTH ROCHESTER, NY 14617 22-3378111	R/E INV MGMT	NY	501(C)(3)	LINE 12B, II	ROCHESTER REGIONAL HEALTH	Yes	
(2) NEWARK WAYNE COMMUNITY HOSPITAL FOUNDATION DRIVING PARK AVENUE NEWARK, NY 14513 22-2963015	FUNDRAISING	NY	501(C)(3)	LINE 12B, II	ROCHESTER REGIONAL HEALTH	Yes	
(3) NEWARK WAYNE COMMUNITY HOSPITAL DRIVING PARK AVENUE NEWARK, NY 14513 15-0584188	HOSPITAL	NY	501(C)(3)	LINE 3	ROCHESTER REGIONAL HEALTH	Yes	
(4) RGHS WORKERS' COMPENSATION TRUST 1425 PORTLAND AVENUE ROCHESTER, NY 14621 16-6429300	SEE PART VII	NY	501(C)(3)	LINE 12B, II	ROCHESTER REGIONAL HEALTH	Yes	
(5) CONTINUING CARE NETWORK INC (CCN) 100 KINGS HIGHWAY SOUTH ROCHESTER, NY 14617 22-2963016	SUPPORT RGH	NY	501(C)(3)	LINE 12B, II	ROCHESTER REGIONAL HEALTH	Yes	
(6) ROCHESTER GENERAL HUDSON HOUSING 2066 HUDSON AVENUE ROCHESTER, NY 14621 22-3210351	LOW INC HOUSING	NY	501(C)(3)	LINE 10	ROCHESTER REGIONAL HEALTH	Yes	
(7) VIA HEALTH HOME CARE I 100 KINGS HIGHWAY SOUTH ROCHESTER, NY 14617 16-1504370	HOME HEALTH	NY	501(C)(3)	LINE 10	CCN	Yes	
(8) VIA HEALTH HOMECARE II 100 KINGS HIGHWAY SOUTH ROCHESTER, NY 14617 16-1538727	HOME HEALTH	NY	501(C)(3)	LINE 10	CCN	Yes	
(9) INDEPENDENT LIVING FOR SENIORS 2066 HUDSON AVENUE ROCHESTER, NY 14617 16-1491059	ADULT DAY HC	NY	501(C)(3)	LINE 10	ROCHESTER REGIONAL HEALTH	Yes	
(10) ROCHESTER GENERAL LONG TERM CARE 1550 EMPIRE BLVD WEBSTER, NY 14580 22-3187140	NH & REHAB	NY	501(C)(3)	LINE 10	ROCHESTER REGIONAL HEALTH	Yes	
(11) WESTERN NEW YORK MEDICAL PRACTICE PC 1425 PORTLAND AVENUE ROCHESTER, NY 14621 61-1654232	PHYS PRAC	NY	501(C)(3)	LINE 10	ROCHESTER REGIONAL HEALTH	Yes	
(12) NORTH PARK NURSING HOME INC 1555 LONG POND RD ROCHESTER, NY 14626 22-3159644	LONG TERM CARE FACILITY	NY	501(C)(3)	LINE 10	ROCHESTER REGIONAL HEALTH	Yes	
(13) PARK RIDGE NURSING HOME INC 1555 LONG POND RD ROCHESTER, NY 14626 16-0978184	LONG TERM CARE FACILITY	NY	501(C)(3)	LINE 10	ROCHESTER REGIONAL HEALTH	Yes	
(14) PARK RIDGE CHILD CARE CENTER INC 1555 LONG POND RD ROCHESTER, NY 14626 22-2918126	CHILD DAY CARE SERVICES	NY	501(C)(3)	LINE 10	ROCHESTER REGIONAL HEALTH	Yes	
(15) PARK RIDGE HOUSING DEVELOPMENT FUND 1555 LONG POND RD ROCHESTER, NY 14626 22-2608311	LOW INCOME HOUSING PROJECT FOR ELDERLY	NY	501(C)(3)	LINE 10	ROCHESTER REGIONAL HEALTH	Yes	
(16) PARK RIDGE HOUSING INC 1555 LONG POND RD ROCHESTER, NY 14626 22-2570457	SENIOR APARTMENT COMPLEX	NY	501(C)(3)	LINE 10	ROCHESTER REGIONAL HEALTH	Yes	
(17) PARKWAY COMMONS HOUSING DEVELOPMENT 1555 LONG POND RD ROCHESTER, NY 14626 22-3130818	LOW INCOME HOUSING FOR ELDERLY/HANDICAPPED	NY	501(C)(3)	LINE 10	ROCHESTER REGIONAL HEALTH	Yes	
(18) UNITY AGING SERVICES INC 1555 LONG POND RD ROCHESTER, NY 14626 84-1684195	MANAGEMENT AND DEVELOPMENT CO	NY	501(C)(3)	LINE 10	ROCHESTER REGIONAL HEALTH	Yes	
(19) UNITY HOUSING DEVELOPMENT FUND CORP 1555 LONG POND RD ROCHESTER, NY 14626 30-0068596	RECEIPT AND DISBURSEMENTS OF SUBSIDIES	NY	501(C)(3)	LINE 10	ROCHESTER REGIONAL HEALTH	Yes	
(20) WOODLAND VILLAGE INC 1555 LONG POND RD ROCHESTER, NY 14626 16-1588242	SENIOR APARTMENT COMPLEX	NY	501(C)(3)	LINE 10	ROCHESTER REGIONAL HEALTH	Yes	
(21) UNITY AMBULATORY SURGERY CENTER INC 1555 LONG POND RD ROCHESTER, NY 14626 38-3871383	OUTPATIENT SURGERY	NY	501(C)(3)	LINE 10	ROCHESTER REGIONAL HEALTH	Yes	
(22) UNITY HEALTH SYSTEM INC 1555 LONG POND ROAD ROCHESTER, NY 14626 22-2572873	SYSTEM SUPPORT	NY	501(C)(3)	LINE 12B, II	ROCHESTER REGIONAL HEALTH	Yes	
(23) ROCHESTER REGIONAL HEALTH 100 KINGS HIGHWAY SOUTH ROCHESTER, NY 14617 47-1234999	SYSTEM PARENT	NY	501(C)(3)	LINE 12B, II	N/A	Yes	
(24) 1929 MEMORIAL MEDICAL CENTER 127 NORTH STREET BATAVIA, NY 14020 16-0743029	HOSPITAL	NY	501(C)(3)	LINE 3	ROCHESTER REGIONAL HEALTH	Yes	
(25) CLIFTON SPRINGS HOSPITAL AND CLINIC 2 COULTER ROAD CLIFTON SPRINGS, NY 14432 16-0743966	HOSPITAL	NY	501(C)(3)	LINE 3	ROCHESTER REGIONAL HEALTH	Yes	
(26) BEHAVIORAL HEALTH NETWORK INC 490 EAST RIDGE ROAD ROCHESTER, NY 14621 16-6069131	MENTAL HEALTH	NY	501(C)(3)	LINE 10	ROCHESTER REGIONAL HEALTH	Yes	
(27) PRCD INC 1555 LONG POND RD ROCHESTER, NY 14626 16-1311581	SUBSTANCE ABUSE TREATMENT & REHAB.	NY	501(C)(3)	LINE 7	ROCHESTER REGIONAL HEALTH	Yes	
(28) UNITED MEMORIAL MEDICAL CENTER FOUNDATION 127 NORTH STREET BATAVIA, NY 14020 22-2611543	FUNDRAISING	NY	501(C)(3)	LINE 12B, II	UNITED MEMORIAL MEDICAL CENTER	Yes	
(29) CLIFTON SPRINGS HOSPITAL & CLINIC FOUNDATION 2 COULTER ROAD CLIFTON SPRINGS, NY 14432 16-1560033	FUNDRAISING	NY	501(C)(3)	LINE 12B, II	ROCHESTER REGIONAL HEALTH	Yes	
(30) ROCHESTER GENERAL HEALTH SYSTEM 100 KINGS HIGHWAY SOUTH ROCHESTER, NY 14617 22-2551509	SYSTEM SUPPORT	NY	501(C)(3)	LINE 12A, I	ROCHESTER REGIONAL HEALTH	Yes	
(31) THE UNITY HOSPITAL OF ROCHESTER 1555 LONG POND RD ROCHESTER, NY 14626 23-7221763	HOSPITAL	NY	501(C)(3)	LINE 3	ROCHESTER REGIONAL HEALTH	Yes	
(32) GENESEE REGION HOME CARE ASSOCIATION INC 100 KINGS HIGHWAY SOUTH ROCHESTER, NY 14617 16-0844109	HOME HEALTH	NY	501(C)(3)	LINE 3	ROCHESTER REGIONAL HEALTH	Yes	
(33) GENESEE REGION HOME CARE ASSOCIATION OF ONTARIO COUNTY INC 100 KINGS HIGHWAY SOUTH ROCHESTER, NY 14617 22-3257719	HOME HEALTH	NY	501(C)(3)	LINE 3	ROCHESTER REGIONAL HEALTH	Yes	
(34) PARMA HOUSING DEVELOPMENT FUND CORP 89 GENESEE STREET ROCHESTER, NY 14611 81-0671685	LOW INCOME HOUSING FOR ELDERLY/HANDICAPPED	NY	501(C)(3)	LINE 10	ROCHESTER REGIONAL HEALTH	Yes	
(35) ROCHESTER GENERAL HOSPITAL ASSOCIATION INC 1425 PORTLAND AVENUE ROCHESTER, NY 14621 22-2255243	SYSTEM SUPPORT	NY	501(C)(3)	LINE 12B, II	ROCHESTER REGIONAL HEALTH	Yes	
(36) ROCHESTER GENERAL HOSPITAL FOUNDATION 100 KINGS HIGHWAY SOUTH ROCHESTER, NY 14617 22-2229425	FUNDRAISING	NY	501(C)(3)	LINE 12B, II	ROCHESTER REGIONAL HEALTH	Yes	

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) NW ASSOCIATES LP PO BOX 111 DRIVING PARK AVENUE NEWARK, NY 14513 14-1674119	R/E LEASING	NY	NWCH	RELATED				No			No	73.610 %
(2) PARMA SENIOR HOUSING 1555 LONG POND RD ROCHESTER, NY 14626 43-2082116	HILTON PROJ	NY	N/A	RELATED				No			No	
(3) UNITY SENIOR HOUSING 1555 LONG POND RD ROCHESTER, NY 14626 06-1709927	MOORE PK	NY	N/A	RELATED				No			No	
(4) LATTIMORE SERVICES LLC 125 LATTIMORE ROAD ROCHESTER, NY 14620 16-1533823	MGMT SVCS	NY	RGH	RELATED				No			No	29.000 %

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) GREATER ROCHESTER ASSURANCE COMPANY LTD GEORGE TOWN GRAND CAYMAN CJ	INSURANCE	CJ	N/A	C			100.000 %		No
(2) GRACO RISK RETENTION GROUP INC 1425 PORTLAND AVENUE ROCHESTER, NY 14621 71-0933967	INSURANCE	SC	RGH	C			100.000 %		No
(3) NWA INC DRIVING PARK AVENUE NEWARK, NY 14513 14-1667339	R/E LEASING	NY	NWCH	C			100.000 %		No
(4) GREATER ROCHESTER INDEPENDENT PRACTICE ASSOCIATION INC 100 KINGS HWY S SUITE 2500 ROCHESTER, NY 14617 16-1507171	INDEPENDENT PRACTICE ASSOCIATION	NY	N/A	C			50.000 %		No
(5) ROCHESTER GENERAL HEALTH SYSTEM DIALYSIS INC 1425 PORTLAND AVENUE ROCHESTER, NY 14621 38-3912199	DIALYSIS	NY	RGHS	C			100.000 %		No
(6) ACM MEDICAL LABORATORY INC 160 ELMGROVE PARK ROCHESTER, NY 14624 16-1059691	CLINICAL LAB	NY	PRH INC	C					No
(7) PRH INC 1555 LONG POND ROAD ROCHESTER, NY 14626 16-1329632	MEDICAL LAB	NY	ROCHESTER REGIONAL HEALTH	C					No
(8) GREATER ROCHESTER IMMEDIATE MEDICAL CARE PLLC DBA ROCHESTER IMMEDIATE CARE 265 BROOKVIEW CENTRE WAY SUITE 400 KNOXVILLE, TN 37919 27-1453784	URGENT CARE CENTERS	TN	WESTERN NEW YORK MEDICAL PC	C			100.000 %		No
(9) ROCHESTER MEDICINE PLLC 265 BROOKVIEW CENTRE WAY SUITE 400 KNOXVILLE, TN 37919 81-2625325	OCCUPATIONAL MEDICINE	TN	WESTERN NEW YORK MEDICAL PC	C			100.000 %		No
(10) PARMA SENIOR HOUSING LLC 1555 LONG POND ROAD ROCHESTER, NY 14626 81-0671687	SENIOR HOUSING	NY	ROCHESTER REGIONAL HEALTH	C					No
(11) UNITY SENIOR HOUSING CORP 1555 LONG POND ROAD ROCHESTER, NY 14624 06-1709925	SENIOR HOUSING	NY	ROCHESTER REGIONAL HEALTH	C					No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k	Yes	
1l	Yes	
1m		No
1n		No
1o		No
1p	Yes	
1q	Yes	
1r		No
1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE UNITY HOSPITAL OF ROCHESTER	J	2,435,486	FMV
(2) WNY MEDICAL PRACTICE PC	Q	140,904,393	FMV
(3) INDEPENDENT LIVING FOR SENIORS INC	L	12,233,526	FMV
(4) NEWARK WAYNE COMMUNITY HOSPITAL	Q	15,703,995	FMV
(5) ROCHESTER REGIONAL HEALTH	P	9,837,852	FMV
(6) GREATER ROCHESTER HEALTH SYSTEM FOUNDATION	J	9,087,545	FMV
(7) CLIFTON SPRINGS SANITARIUM CO	Q	4,758,328	FMV
(8) ROCHESTER REGIONAL HOSPITAL FOUNDATION	C	29,049,823	FMV
(9) GREATER ROCHESTER ASSURANCE COMPANYLTD	P	7,699,196	FMV
(10) INDEPENDENT LIVING FOR SENIORS INC	Q	1,397,167	FMV
(11) NORTH PARK NURSING HOME (ETW)	Q	1,381,424	FMV
(12) GRHS LLC DBA ROCHESTER AMBULATORY SURGERY CENTER	K	1,284,207	FMV
(13) PARK RIDGE NURSING HOME (PRLC)	Q	978,564	FMV
(14) RGHS WORKERS' COMPENSATION TRUST	P	4,323,638	FMV
(15) ROCHESTER GENRAL LONG TERM CARE	Q	872,764	FMV
(16) GREATER ROCHESTER HEALTH SYSTEM FOUNDATION	Q	1,297,712	FMV
(17) BEHAVIORAL HEALTH NETWORK	Q	886,741	FMV
(18) GREATER ROCHESTER INDEPENDENT PRACTICE ASSOC INC (GRIPA)	Q	4,173,163	FMV
(19) UNITED MEMORIAL MEDICAL CENTER	Q	1,930,025	FMV
(20) PRH INC	Q	443,822	FMV
(21) ROCHESTER GENERAL HOSPITAL WORKERS COMPENSATION TRUST	Q	266,580	FMV
(22) ROCHESTER REGIONAL HEALTH FOUNDATION	Q	181,403	FMV
(23) PARK RIDGE CHILD CARE INC	Q	83,949	FMV
(24) GENESEE REGION HOME CARE ASSOCIATION INC	Q	308,887	FMV
(25) ROCHESTER REGIONAL HOSPITAL FOUNDATION	J	258,471	
(26) THE UNITY HOSPITAL OF ROCHESTER	Q	64,807,830	
(27) ACM MEDICAL LABORATORY INC	P	4,539,385	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation
SCHEDULE R, PART II, COLUMN (B):	RELATED TAX-EXEMPT ORGANIZATION - PRIMARY ACTIVITY: RGHS WORKERS' COMPENSATION TRUST SUPPORTS THE ROCHESTER GENERAL HOSPITAL, NEWARK WAYNE COMMUNITY HOSPITAL, ROCHESTER GENERAL LONG TERM CARE, INDEPENDENT LIVING FOR SENIORS, VIAHEALTH HOMECARE I, VIAHEALTH HOMECARE II, BEHAVIORAL HEALTH NETWORK, INC, CLIFTON SPRINGS HOSPITAL & CLINIC, THE UNITY HOSPITAL OF ROCHESTER, UNITED MEMORIAL MEDICAL CENTER, GENESEE REGION HOME CARE ASSOCIATION, INC. AND GENESEE HOME CARE OF ONTARIO COUNTY, INC.

Schedule R (Form 990) 2020

Additional Data[Return to Form](#)

Software ID:
Software Version: