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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
Rochester Institute of Technology

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
46 Lomb Memorial Drive

City or town, state or province, country, and ZIP or foreign postal code
Rochester, NY 14623

D Employer identification number
16-0743140

E Telephone number
(585) 475-2383

G Gross receipts $ 987,195,953

F Name and address of principal officer
David C Munson Jr
7 Lomb Memorial Drive
Rochester, NY 146235603

H(a) Is this a group return for subordinates? ☐ Yes ☑ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www rit edu

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1830

M State of legal domicile NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
THROUGH A UNIQUE BLEND OF CURRICULAR, EXPERIENTIAL, AND RESEARCH PROGRAMS DELIVERED WITHIN A STUDENT-CENTRIC CULTURE, ROCHESTER INSTITUTE OF TECHNOLOGY PREPARES ITS STUDENTS FOR SUCCESSFUL CAREERS IN A GLOBAL SOCIETY

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	50
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	43
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	12,846
6	Total number of volunteers (estimate if necessary)	6	3,686
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	5,966,904
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-1,321,440

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	131,475,310	127,991,300
	9	Program service revenue (Part VIII, line 2g)	564,057,916	571,878,678
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	37,976,228	19,919,887
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,704,606	9,530,563
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	743,214,060	729,320,428
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	189,209,017	196,953,985
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	352,101,147	368,189,873
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	60,184	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶10,859,668		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	176,082,649	181,183,969
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	717,452,997	746,327,827
	19	Revenue less expenses Subtract line 18 from line 12	25,761,063	-17,007,399
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,717,639,043	1,825,772,670
	21	Total liabilities (Part X, line 26)	561,341,958	594,754,284
	22	Net assets or fund balances Subtract line 21 from line 20	1,156,297,085	1,231,018,386

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 — Date 2018-04-27

▶ James H Watters Sr VP Finance & Administration
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no	

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

THROUGH A UNIQUE BLEND OF CURRICULAR, EXPERIENTIAL, AND RESEARCH PROGRAMS DELIVERED WITHIN A STUDENT-CENTRIC CULTURE, ROCHESTER INSTITUTE OF TECHNOLOGY PREPARES ITS STUDENT FOR SUCCESSFUL CAREERS IN A GLOBAL SOCIETY

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 $ 509,026,828 including grants of $ 191,905,993) (Revenue $ 484,090,154)

See Additional Data

4b (Code) (Expenses $ 121,926,320 including grants of $ 133,638) (Revenue $ 82,991,492)

See Additional Data

4c (Code) (Expenses $ 51,033,447 including grants of $ 4,914,354) (Revenue $ 4,797,032)

See Additional Data

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 681,986,595

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
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*	22	Yes	
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*	23	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*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		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*	25a		No
b	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*	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27	Yes	
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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		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*	32		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? *If "Yes," complete Schedule R, Part I*	33	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*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	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*	35b	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*	36		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*	37		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	38	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	1a	1,513			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	12,846			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	Yes	
b	If "Yes," enter the name of the foreign country ▶HR See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	50		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	43		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶ CA , PA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 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

☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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
▶Lyn Kelly 7 Lomb Memorial Drive Rochester, NY 146235603 (585) 475-2383

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ 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			
See Additional Data Table										

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): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
See Additional Data Table										
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								6,490,099	0	901,878

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 ▶ 550

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
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? *If "Yes," complete Schedule J for such individual*	**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?*If "Yes," complete Schedule J for such person*	**5**	Yes	

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
AMERICAN CAMPUS COMMUNITIES OPERATING PTP LLC 400 PARK POINT DRIVE ROCHESTER, NY 14623	RENT	800,151
BOND SCHOENECK & KING PLLC ONE LINCOLN CENTER SYRACUSE, NY 13202	LEGAL SERVICES	710,220
HAMILTON STERN CONSTRUCTION 3850 MONROE AVE PITTSFORD, NY 14534	CONSTRUCTION SERVICES	349,964
PRICEWATERHOUSE COOPERS LLP PO BOX 7247-8001 PHILADELPHIA, PA 19170	AUDITING SERVICES	317,622
LECHASE CONSTRUCTION SERVICES LLC 205 INDIGO CREEK DR ROCHESTER, NY 14626	CONSTRUCTION SERVICE	316,285

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 ▶ 27

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
Contributions, Gifts, Grants and Other Similar Amounts						
1a Federated campaigns	1a					
b Membership dues	1b					
c Fundraising events	1c	31,570				
d Related organizations	1d					
e Government grants (contributions)	1e	110,637,084				
f All other contributions, gifts, grants, and similar amounts not included above	1f	17,322,646				
g Noncash contributions included in lines 1a-1f $ 4,238,800						
h **Total.** Add lines 1a-1f ▶			127,991,300			
Program Service Revenue	Business Code					
2a Tuition	900099		481,483,846	481,483,846	0	0
b Auxiliary services	721000		74,451,205	0	0	74,451,205
c Research	900099		1,980,323		746,925	1,233,398
d Non-credit Instruction	900099		3,483,739	3,275,437	208,302	0
e Fees	713990		2,281,641	0	0	2,281,641
f All other program service revenue			8,197,924	7,937,773	61,197	198,954
g **Total.** Add lines 2a–2f ▶			571,878,678			

Other Revenue

	(i) Real	(ii) Personal				
3 Investment income (including dividends, interest, and other similar amounts) ▶			13,539,935	0	310,832	13,229,103
4 Income from investment of tax-exempt bond proceeds ▶			35,431	0	0	35,431
5 Royalties ▶			303,366	0	0	303,366
6a Gross rents	808,122					
b Less rental expenses	883,843					
c Rental income or (loss)	-75,721	0				
d Net rental income or (loss) ▶			-75,721	0		-75,721
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	263,276,830	42,410				
b Less cost or other basis and sales expenses	256,435,276	539,443				
c Gain or (loss)	6,841,554	-497,033				
d Net gain or (loss) ▶			6,344,521	42,410		6,302,111
8a Gross income from fundraising events (not including $ ____ of contributions reported on line 1c) See Part IV, line 18 a		21,828				
b Less direct expenses b		16,963				
c Net income or (loss) from fundraising events ▶			4,865		0	4,865
9a Gross income from gaming activities See Part IV, line 19 a						
b Less direct expenses b						
c Net income or (loss) from gaming activities ▶						
10a Gross sales of inventory, less returns and allowances a						
b Less cost of goods sold b						
c Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue	Business Code					
11a RIT Inn and Conference Center	721110		3,590,257	0	3,590,257	0
b Bookstore Commissions	451211		971,660	0	0	971,660
c Parking	812930		1,318,591	1,318,591	0	0
d All other revenue			3,417,545	1,464,798	1,049,391	903,356
e **Total.** Add lines 11a–11d ▶			9,298,053			
12 **Total revenue.** See Instructions ▶			729,320,428	495,522,855	5,966,904	99,839,369

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	886,989	886,989		
2 Grants and other assistance to domestic individuals See Part IV, line 22	196,005,462	196,005,462		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	61,534	61,534		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,213,191	1,466,409	2,836,177	910,605
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	275,758,755	248,690,630	21,010,144	6,057,981
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	20,800,203	18,448,748	1,836,059	515,396
9 Other employee benefits	48,051,584	42,598,945	4,020,002	1,432,637
10 Payroll taxes	18,366,140	16,289,855	1,621,201	455,084
11 Fees for services (non-employees)				
a Management	267,987	91,844	176,143	
b Legal	1,397,124	283,618	1,112,123	1,383
c Accounting	308,085	2,080	306,005	
d Lobbying	351,442	8,036	329,213	14,193
e Professional fundraising services See Part IV, line 17				
f Investment management fees	288,770		288,770	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	28,140,109	22,947,084	4,937,643	255,382
12 Advertising and promotion	1,679,326	1,349,865	320,556	8,905
13 Office expenses	41,150,103	36,462,462	4,367,290	320,351
14 Information technology	6,571,598	5,915,828	440,258	215,512
15 Royalties . .	36,546	36,546		
16 Occupancy	10,698,991	10,188,390	506,244	4,357
17 Travel	13,952,379	11,965,488	1,466,641	520,250
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
20 Interest	10,188,493	9,293,943	894,550	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	38,725,000	35,544,455	3,180,545	
23 Insurance . . .	1,641,053	1,563,247	77,806	
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 EXPENSE RECOVERIES FROM AFFILIATES	-2,828,263	-2,211,808	-616,455	
b POSTRETIREMENT BENEFITS ASC 715	26,862,166	23,825,409	2,961,511	75,246
c BAD DEBT EXPENSE	1,435,906	69,900	1,366,006	
d PAYMENTS TO BENEFICIARIES	605,234		605,234	
e All other expenses	-288,080	201,636	-562,102	72,386
25 **Total functional expenses.** Add lines 1 through 24e	746,327,827	681,986,595	53,481,564	10,859,668
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 ▶ ☐ 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 . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		566,344	1	363,565
	2	Savings and temporary cash investments		60,212,732	2	72,934,856
	3	Pledges and grants receivable, net		29,645,464	3	31,975,975
	4	Accounts receivable, net		56,506,017	4	49,773,669
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	0
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		1,232,264	8	1,289,391
	9	Prepaid expenses and deferred charges		6,861,770	9	4,711,963
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,168,977,279			
	b	Less accumulated depreciation	10b 527,012,745	632,281,914	10c	641,964,534
	11	Investments—publicly traded securities		257,086,723	11	270,149,737
	12	Investments—other securities See Part IV, line 11		670,326,064	12	749,622,265
	13	Investments—program-related See Part IV, line 11		0	13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		2,919,751	15	2,986,715
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,717,639,043	16	1,825,772,670
Liabilities	17	Accounts payable and accrued expenses		39,708,435	17	45,672,163
	18	Grants payable			18	
	19	Deferred revenue		25,386,008	19	28,570,878
	20	Tax-exempt bond liabilities		269,834,948	20	259,716,441
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		606,222	24	12,800,549
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		225,806,345	25	247,994,253
	26	**Total liabilities.** Add lines 17 through 25		561,341,958	26	594,754,284
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		760,402,513	27	796,531,372
	28	Temporarily restricted net assets		235,765,121	28	268,524,209
	29	Permanently restricted net assets		160,129,451	29	165,962,805
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,156,297,085	33	1,231,018,386
	34	Total liabilities and net assets/fund balances		1,717,639,043	34	1,825,772,670

Part XI Reconcilliation 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	729,320,428
2	Total expenses (must equal Part IX, column (A), line 25)	2	746,327,827
3	Revenue less expenses Subtract line 2 from line 1	3	-17,007,399
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,156,297,085
5	Net unrealized gains (losses) on investments	5	91,728,700
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	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,231,018,386

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 ☐ Cash ☑ Accrual ☐ 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?	2a		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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 ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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?	3a	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	3b	Yes	

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 16-0743140
Name: Rochester Institute of Technology

Form 990 (2016)

Form 990, Part III, Line 4a:

Instruction and Academic Support - Established in 1829, RIT is one of the world's premier universities with an innovative and creative student body from all fifty states and over 100 countries RIT total enrollment in Fall 2016 was approximately 18,600, which included approximately 15,400 undergraduate and 3,200 graduate students Approximately 16,700 students are enrolled at RIT's main campus and the remainder at international locations RIT is comprised of nine colleges and two degree-granting entities offering more than 200 graduate and undergraduate programs NTID (National Technical Institute for the Deaf), one of RIT's colleges, is the world's first and largest technical institute college for deaf students with approximately 1,300 students from the United States and abroad Over the preceding 10 years, enrollment has increased from 15,557 students in the Fall of 2006 to 18,632 students in the Fall of 2016, an increase of 20%

Form 990, Part III, Line 4b:

Student and Auxiliary Services - Student services provide students with additional enrichment and educational opportunities Such services include athletics, student health and admissions Auxiliaries provide essential services to students in support of RIT's educational mission These services include housing operations and dining services Sales and services of auxiliary enterprises generated total revenue of $84 7 million, a decrease of $1 8 million from the prior year Surpluses from auxiliary services support the operating budget of the University

Form 990, Part III, Line 4c:

Research and Public Support - RIT engages in public service activities that benefit the general community in which it resides, including training, postsecondary education for the deaf and hard of hearing, and K-12 programs RIT also conducts research to advance the body of knowledge, enhance student and faculty learning and build its reputation in the scientific and technical communities in support of, or in concert with, the University's exempt mission, while providing positive returns to our sponsoring partners As articulated in RIT's strategic plan, the University continues to place emphasis on its revenue growth in the research portfolio

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
WILLIAM W DESTLER PRESIDENT	40 0 0 1	X		X				925,001	0	92,735
ROBERT W AUGUST TRUSTEE	0 1 0 1	X						0	0	0
ERIC J BIEBER TRUSTEE	0 1	X						0	0	0
BROOKS H BOWER TRUSTEE	0 1	X						0	0	0
ANDREW N BRENNEMAN TRUSTEE	0 1	X						0	0	0
CHARLES S BROWN JR TRUSTEE	0 1	X						0	0	0
WILLIAM A BUCKINGHAM TRUSTEE	0 1	X						0	0	0
DAVID J BURNS TRUSTEE	0 1 0 1	X						0	0	0
ANN L BURR TRUSTEE	0 1	X						0	0	0
ESSIE L CALHOUN-MCDAVID TRUSTEE	0 1	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
RICHARD M DASTIN TRUSTEE	0 1	X						0	0	0
ROBERT A DOBIES TRUSTEE	0 1	X						0	0	0
HYACINTH DRUMMOND TRUSTEE	0 1	X						0	0	0
NANCY L FEIN TRUSTEE	0 1 0 1	X						0	0	0
MARIANNE GOFF TRUSTEE	0 1	X						0	0	0
ARTHUR A GOSNELL TRUSTEE	0 1	X						0	0	0
BRIAN H HALL TRUSTEE	0 1	X						0	0	0
JEFFREY K HARRIS TRUSTEE	0 1	X						0	0	0
FRANK S HERMANCE TRUSTEE	0 1	X						0	0	0
DARSHAN N HIRANANDANI TRUSTEE	0 1	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
SUSAN R HOLLIDAY TRUSTEE	0 1	X						0	0	0
JAY T HOLMES TRUSTEE	0 1 0 1	X						0	0	0
ANDREW R JACOBSON TRUSTEE	0 1	X						0	0	0
THOMAS F JUDSON JR TRUSTEE	0 1	X						0	0	0
RICHARD A KAPLAN TRUSTEE	0 1 0 1	X						0	0	0
JOYCE B KLEMMER TRUSTEE	0 1	X						0	0	0
ERIC J KUCKHOFF TRUSTEE	0 1	X						0	0	0
CHRISTOPHER LEHFELDT DDS TRUSTEE	0 1	X						0	0	0
AUSTIN W MCCHORD TRUSTEE	0 1	X						0	0	0
ROOSEVELT MERCER JR TRUSTEE	0 1	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
ROBERT D MOORE JR TRUSTEE	0 1 0 1	X						0	0	0
BRIAN P O'SHAUGHNESSY TRUSTEE	0 1	X						0	0	0
SANDRA A PARKER TRUSTEE	0 1	X						0	0	0
WOLFGANG PFIZENMAIER TRUSTEE	0 1	X						0	0	0
GERARD Q PIERCE TRUSTEE	0 1	X						0	0	0
SUSAN M PUGLIA TRUSTEE	0 1	X						0	0	0
ROBERT W RICE TRUSTEE	0 1	X						0	0	0
RONALD S RICOTTA TRUSTEE	0 1	X						0	0	0
SUSAN J RILEY TRUSTEE	0 1	X						0	0	0
RICHARD E SANDS TRUSTEE	0 1	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
JANET F SANSONE TRUSTEE	0 1	X						0	0	0
STEPHEN L SCHULTZ TRUSTEE	0 1	X						0	0	0
FRANK S SKLARSKY TRUSTEE	0 1	X						0	0	0
KEVIN J SURACE TRUSTEE	0 1	X						0	0	0
SHARON TING TRUSTEE	0 1	X						0	0	0
HARRY P TRUEHEART III TRUSTEE	0 1	X						0	0	0
DONALD J TRUESDALE TRUSTEE	0 1	X						0	0	0
KIM E VANGELDER TRUSTEE	0 1	X						0	0	0
JUDY B VON BUCHER TRUSTEE	0 1	X						0	0	0
CHESTER N WATSON TRUSTEE	0 1	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
CHRISTINE B WHITMAN TRUSTEE	0 1 0 1	X						0	0	0
RONALD L ZARRELLA TRUSTEE	0 1	X						0	0	0
KAREN A BARROWS SECRETARY OF THE INST AND CHIEF OF STAFF	40 0			X				127,841	0	20,192
GERARD BUCKLEY PRESIDENT NTID, VP AND DEAN RIT	40 0			X				324,896	0	44,061
LISA A CAUDA VP DEVELOPMENT AND ALUMNI RELATIONS	40 0			X				290,979	0	40,959
JEREMY A HAEFNER PROVOST AND SVP ACADEMIC AFFAIRS	40 0 0 1			X				482,319	0	43,415
KEITH JENKINS INTERIM VP & ASSOC PROVOST FOR DIVERSITY & INCLUSION	40 0			X				156,295	0	42,420
SANDRA S JOHNSON SVP STUDENT AFFAIRS	40 0			X				329,235	0	46,047
KATHERINE J MAYBERRY VP FOR STRATEGIC PLANNING AND SPECIAL INITIATIVES	40 0			X				251,098	0	33,866
JAMES G MILLER SVP ENROLLMENT MGMT AND CAREER SVCS	40 0 0 1			X				369,252	0	38,082

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
DANIEL ORNT VP AND DEAN OF INST OF HEALTH SCIENCES AND TECH	40 0			X				431,475	0	40,591
RYNE RAFFAELLE VP FOR RESEARCH AND ASSOC PROVOST	40 0			X				284,659	0	138,085
DEBORAH M STENDARDI VP GOVT AND COMMUNITY RELATIONS	40 0			X				281,539	0	45,438
JOHN K TRIERWEILER VP, CHIEF MARKETING OFFICER	40 0			X				139,887	0	19,846
JAMES H WATTERS SVP FINANCE AND ADMINISTRATION	40 0 0 1			X				495,711	0	45,136
DONALD F FIGER PROF AND DIR CENTER FOR DETECTORS	40 0					X		281,374	0	39,852
ANNE HAAKE DEAN, GOLISANO COLLEGE OF COMPUTING AND INFO SCIENCES	40 0					X		288,447	0	28,684
SOPHIA MAGGELAKIS DEAN, COLLEGE OF SCIENCE	40 0					X		278,803	0	34,336
JACQUELINE MOZRALL DEAN, SAUNDERS COLLEGE OF BUSINESS	40 0					X		322,081	0	63,692
NABIL Z NASR ASST PROVOST, DIR GOLISANO INST OF SUSTAINABILITY	40 0					X		429,207	0	44,441

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Rochester Institute of Technology

Employer identification number
16-0743140

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	122,644,364	118,058,527	124,848,640	131,466,464	127,988,354	625,006,349
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	122,644,364	118,058,527	124,848,640	131,466,464	127,988,354	625,006,349
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)						0
6 **Public support.** Subtract line 5 from line 4						625,006,349

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4	122,644,364	118,058,527	124,848,640	131,466,464	127,988,354	625,006,349
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	13,327,954	14,909,633	19,006,334	16,467,048	14,376,022	78,086,991
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	1,813,101	1,905,496	1,933,093	1,964,075	1,896,844	9,512,609
11 **Total support.** Add lines 7 through 10						712,605,949

12 Gross receipts from related activities, etc (see instructions) **12** 2,296,245,622

13 **First five 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** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) **14** 87 71 %

15 Public support percentage for 2015 Schedule A, Part II, line 14 **15** 87 54 %

16a **33 1/3% support test—2016.** 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 ▶ ☑

b **33 1/3% support test—2015.** 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 ▶ ☐

17a **10%-facts-and-circumstances test—2016.** 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 ▶ ☐

b **10%-facts-and-circumstances test—2015.** 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 ▶ ☐

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 ▶ ☐

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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 five 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** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** 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 ▶ ☐

b **33 1/3% support tests—2015.** 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 ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 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*	1		
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)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
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*	3b		
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*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
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*	4b		
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*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) 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)*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.***	6		
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)*	7		
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)*	8		
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.***	9a		
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.***	9b		
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.***	9c		
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*	10a		
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)*	10b		

Part IV **Supporting Organizations** (continued)

			Yes	No
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 (b) and (c) below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the 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*	**1**		
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*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
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)*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
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?	**1**		
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)*	**2**		
3	By reason of the relationship described in (2), 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*	**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)

			Yes	No
2	Activities Test **Answer (a) and (b) 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*	**2a**		
b	Did the activities described in (a) 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*	**2b**		
3	Parent of Supported Organizations **Answer (a) and (b) 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? *Provide details in **Part VI.***	**3a**		
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*	**3b**		

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 **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 1-1/2% 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 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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part II, Line 10 Other Income	DESCRIPTION - COMMISSIONS - BOOKSTORE, COLUMN A - 971660 0, COLUMN B - 971660 0, COLUMN C - 971660 0, COLUMN D - 971660 0, COLUMN E - 971660 0, COLUMN F - 4858300 0, DESCRIPTION - MARGARETS HOUSE, COLUMN A - 765357 0, COLUMN B - 848998 0, COLUMN C - 887201 0, COLUMN D - 907015 0, COLUMN E - 861031 0, COLUMN F - 4269602 0, DESCRIPTION - FUNDRAISING INCOME, CO LUMN A - 35066 0, COLUMN B - 32734 0, COLUMN C - 30633 0, COLUMN D - 28358 0, COLUMN E - 2 1828 0, COLUMN F - 148619 0, DESCRIPTION - ALL OTHER REVENUE, COLUMN A - 41018 0, COLUMN B - 52104 0, COLUMN C - 43599 0, COLUMN D - 57042 0, COLUMN E - 42325 0, COLUMN F - 236088 0,

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2016

Open to Public Inspection

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	Employer identification number
Rochester Institute of Technology	16-0743140

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

2 Political expenditures ▶ $

3 Volunteer hours

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? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

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? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

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)	0	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	398,846	
c Total lobbying expenditures (add lines 1a and 1b)	398,846	
d Other exempt purpose expenditures	681,587,749	
e Total exempt purpose expenditures (add lines 1c and 1d)	681,986,595	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	0
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a If zero or less, enter -0-	0	
i Subtract line 1f from line 1c If zero or less, enter -0-	0	

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

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? ☐ **Yes** ☐ **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)** 2013	**(b)** 2014	**(c)** 2015	**(d)** 2016	**(e)** Total
2a	Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c	Total lobbying expenditures	346,300	372,198	396,871	398,846	1,514,215
d	Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f	Grassroots lobbying expenditures	0	0	0	0	0

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) Yes	(a) No	(b) Amount
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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Rochester Institute of Technology

Employer identification number
16-0743140

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	1
b	Total acreage restricted by conservation easements	2b	32 0
c	Number of conservation easements on a certified historic structure included in (a)	2c	0
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	0

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 0

4 Number of states where property subject to conservation easement is located ▶ 1

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 SFAS 116 (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 SFAS 116 (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 ▶ $ 40,880

(ii) Assets included in Form 990, Part X ▶ $ 12,128,066

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 SFAS 116 (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 Education

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	750,894,725	761,936,337	753,950,862	669,331,907	628,328,362
b Contributions . . .	16,532,778	20,576,277	16,583,606	7,171,686	4,654,227
c Net investment earnings, gains, and losses	108,843,391	-1,429,899	17,755,661	105,705,608	62,099,043
d Grants or scholarships . . .	7,395,557	7,277,918	6,830,883	6,605,396	6,636,972
e Other expenditures for facilities and programs . . .	21,663,876	22,910,072	19,522,909	21,652,943	19,112,753
f Administrative expenses	0	0	0	0	0
g End of year balance	847,211,461	750,894,725	761,936,337	753,950,862	669,331,907

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶ 53 57 %

b Permanent endowment ▶ 19 19 %

c Temporarily restricted endowment ▶ 27 24 %

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 . . . . . 3a(i)	Yes	
(ii) related organizations . . . . . 3a(ii)		No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b		

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 . . .		11,041,483		11,041,483
b Buildings		958,038,581	422,279,609	535,758,972
c Leasehold improvements				
d Equipment . . .		154,192,382	104,733,136	49,459,246
e Other . . .		45,704,833		45,704,833
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶				641,964,534

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) BENEFICIAL INTERESTS IN TRUSTS	1,799,971	F
(B) CASH SURRENDER VALUE OF LIFE INSURANCE	162,540	F
(C) COMMINGLED EQUITY FUNDS	254,612,625	F
(D) COMMINGLED FIXED INCOME FUNDS	32,188,378	F
(E) PRIVATE PLACEMENTS	241,384,573	F
(F) HEDGE FUNDS	195,993,279	F
(G) CDAR HELD FOR INVESTMENT	23,480,899	F
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	749,622,265	

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

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	
FEDERAL PERKINS LOAN PROGRAM	22,508,259
ASSET RETIREMENT OBLIGATIONS	20,457,535
ASC 715 POSTRETIREMENT BENEFITS OBLIGATION	202,616,226
ALL OTHER	2,412,233
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	247,994,253

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 16-0743140
Name: Rochester Institute of Technology

Supplemental Information

Return Reference	Explanation
Schedule D, Part II, Line 9 Conservation easements financial reporting	IN 2007, THE UNIVERSITY ENTERED INTO A CONSERVATION EASEMENT WITH THE TOWN OF HENRIETTA, N Y THE CONSERVATION EASEMENT IS VALUED AS PART OF THE LAND AND RECORDED IN RIT'S FINANCIAL STATEMENTS

Supplemental Information

Return Reference	Explanation
Schedule D, Part III, Line 4 Collections of art - description of collections	THE UNIVERSITY'S SPECIAL COLLECTIONS INCLUDE MANUSCRIPTS AND CORRESPONDENCE COLLECTIONS ON THE HISTORY AND PRACTICE OF GRAPHIC COMMUNICATION TECHNOLOGIES, HOLDINGS ON BOOKBINDING, PAPERMAKING, TYPE DESIGN, CALLIGRAPHY, AND BOOK ILLUSTRATION COLLECTIONS ARE AVAILABLE TO STUDENTS, RESEARCHERS, AND THE PUBLIC THROUGH AN ONLINE DATABASE THE UNIVERSITY CAMPUS I S ALSO HOME TO A COLLECTION OF PUBLIC ART INCLUDING, BUT NOT LIMITED TO, MURALS, PAINTINGS , AND STATUES

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	THE INTENDED USES OF THE UNIVERSITY'S ENDOWMENT FUNDS, AS DETERMINED BY EITHER DONOR RESTRICTION OR BOARD DESIGNATION, INCLUDE SCHOLARSHIPS, AWARDS, PROFESSORSHIPS, LECTURES, AND OTHER GENERAL SUPPORT OF THE UNIVERSITY'S EDUCATIONAL AND RESEARCH MISSION

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	The University and its consolidated US subsidiaries, except for Venture Fund I, LLC (Fund I), are not-for-profit organizations, and generally exempt from income taxes on related in come under Section 501(c)(3) of the IRC but are subject to unrelated business income tax o n activities not related to their exempt purposes Fund I, a limited liability company of which RIT is the investor member, is classified as a disregarded entity for federal income tax purposes RIT Croatia is subject to the assessment of Corporate Profit Tax in Croatia The accounting for income taxes Topic of the FASB Accounting Standards Codification addr esses the determination of whether certain tax positions result in benefits claimed or exp ected to be claimed on a tax return and whether they should be recorded in the Consolidate d Financial Statements For tax-exempt entities, tax positions include the entity's tax-ex empt status and assumptions used to determine unrelated business taxable income The Unive rsity believes its tax positions meet the more-likely-than-not recognition threshold refer enced in the Topic

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Rochester Institute of Technology

Employer identification number
16-0743140

Part I

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
	If you answered "Yes" to either line 6a or line 6b, explain on Part II			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	

Part II **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information (see instructions)

Return Reference	Explanation
Schedule E, Part I, Line 3 RACIALLY NONDISCRIMINATORY POLICY	RIT'S RACIALLY NON-DISCRIMINATORY POLICY WITH RESPECT TO STUDENT SOLICITATION IS PUBLICIZED IN ALL UNIVERSITY APPLICATIONS, REGISTRATIONS AND OTHER CAMPUS-WIDE PUBLICATIONS IN ADDITION, RIT PUBLICIZES ITS RACIALLY NON-DISCRIMINATORY EMPLOYMENT POLICIES WHEN RECRUITING FOR OPEN POSITIONS
Schedule E, Part I, Line 6(a) FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENT	THE UNIVERSITY IS THE RECIPIENT OF APPROPRIATIONS AND ASSISTANCE FROM THE DEPARTMENT OF EDUCATION TO OPERATE THE NATIONAL TECHNICAL INSTITUTE FOR THE DEAF AND TO SUPPORT THE FEDERAL WORK STUDY AND FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANT PROGRAMS THE UNIVERSITY ALSO RECEIVES AN APPROPRIATION OF DIRECT INSTITUTIONAL SUPPORT OF "BUNDY AID" FROM THE NEW YORK STATE DEPARTMENT OF EDUCATION

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Rochester Institute of Technology

Employer identification number
16-0743140

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			234,002,441
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			234,002,441

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		Europe (Including Iceland and Greenland)	Research related to environmental, social and cultural change in contemporary Greenland	61,534	WIRE			
(2)								
(3)								
(4)								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 0

3 Enter total number of other organizations or entities . . . . . ▶ 1

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of non-cash assistance	**(g)** Description of non-cash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☑ Yes ☐ No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)* ☐ Yes ☑ No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☑ Yes ☐ No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☑ Yes ☐ No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☑ Yes ☐ No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☐ Yes ☑ No

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 16-0743140
Name: Rochester Institute of Technology

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Investments		217,755,292
Europe (Including Iceland and Greenland)	0	0	Investments		15,772,262
North America (Canada & Mexico only)	0	0	Investments		474,887

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www irs gov/form990*.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Rochester Institute of Technology

Employer identification number
16-0743140

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations

b ☐ Internet and email solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations

e ☐ Solicitation of non-government grants

f ☐ Solicitation of government grants

g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
		Yes	**No**			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	53,398			53,398
	2 Less Contributions	31,570			31,570
	3 Gross income (line 1 minus line 2)	21,828	0	0	21,828
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	6,600			6,600
	7 Food and beverages	4,747			4,747
	8 Entertainment				
	9 Other direct expenses	5,616			5,616
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				16,963
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				4,865

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Rochester Institute of Technology

Employer identification number
16-0743140

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 non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 17

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 2

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIP	13776	187,596,470			
(2) GRADUATE RESEARCH ASSISTANCE	396	5,699,587			
(3) FELLOWSHIPS	21	141,033			
(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
Schedule I, Part III NUMBER OF RECIPIENTS	THE UNIVERSITY ESTIMATES THE NUMBER OF RECIPIENTS FROM RECORDS MAINTAINED IN OUR FINANCIAL AID (SCHOLARSHIPS) AND ACCOUNTS PAYABLE SYSTEM (GRADUATE RESEARCH ASSISTANCE STIPENDS AND FELLOWSHIPS) WHICH HAVE BEEN CLASSIFIED BY THE TYPE OF ASSISTANCE
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	SCHOLARSHIPS, FELLOWSHIPS, AND OTHER STUDENT RELATED FINANCIAL AID MUST BE USED FOR EDUCATIONAL PURPOSES SCHOLARSHIPS AND GRANTS ARE CREDITED DIRECTLY TO STUDENT ACCOUNTS THROUGH AN AUTOMATED SYSTEM AUTHORIZED BY THE UNIVERSITY'S OFFICE OF FINANCIAL AID AND SCHOLARSHIPS

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 16-0743140
Name: Rochester Institute of Technology

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	**(h)** Purpose of grant or assistance
AACSB INTERNATIONAL 777 S Harbour Island Blvd Tampa, FL 336025730	43-6036286	501C3	15,000				Conference Sponsorship
AMERICAN HEART ASSOCIATION INC 7272 Greenville Ave Dallas, TX 75231	13-5613797	501C3	12,000				Event Sponsorship

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	**(h)** Purpose of grant or assistance
CENTER FOR YOUTH SERVICES 905 Monroe Ave Rochester, NY 14620	16-0992259	501C3	7,500				Event Sponsorship
DISTRIBUTIVE EDUCATION CLUBS OF AMER INC 1908 Association Dr Reston, VA 20191	53-0215806	501C3	6,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
GREATER ROCHESTER CHAMBER OF COMMERCE 150 State St Rochester, NY 14614	51-0439860	501C6	14,000				General Support, Conference Sponsorship, Event Sponsorship
HENRIETTA FIRE DISTRICT 850 Bailey Rd W Henrietta, NY 14586	16-0974231	State of NY	35,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
LEADERSHIP ROCHESTER INC 875 E Main St No 140 Rochester, NY 14605	16-1406599	501C3	7,500				General Support, Event Sponsorship
NATIONAL ASSOCIATION OF THE DEAF 8630 Fenton St Silver Spring, MD 20910	94-1358295	501C3	20,000				Conference Sponsorship

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	**(h)** Purpose of grant or assistance
NATIONAL BLACK DEAF ADVOCATES INC PO Box 564 Primos Secana, PA 19018	38-3119153	501C3	6,000				Conference Sponsorship
NEW YORK BATTERY AND ENERGY STORAGE TECHNOLOGY CONSORTIUM INC 1450 WESTERN AVE SUITE 101 Albany, NY 12203	27-2619304	501C6	25,000				General Support, Conference Sponsorship, Event Sponsorship

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	**(h)** Purpose of grant or assistance
NEW YORK WINE & CULINARY CENTER INC 800 S Main St Canandaigua, NY 14424	20-1682175	501C3	7,500				General Support
ON COURSE FOUNDATION USA 6649 WESTWOOD BLVD ORLANDO, FL 32821	45-3780269	501C3	10,000				Event Sponsorship

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
ROCHESTER FRINGE FESTIVAL INC PO Box 10508 Rochester, NY 14610	45-2840652	501C3	25,000				Event Sponsorship
ROCHESTER GENERAL HOSPITAL 1425 Portland Ave Rochester, NY 14621	16-0743134	501C3	7,000				Event Sponsorship

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF GREATER ROCHESTER INC 75 College Ave Rochester, NY 14607	16-1015782	501C3	10,000				Program Support
UNITED WAY SERVICES CORPORATION 75 College Ave Rochester, NY 14607	16-1075480	501C3	100,000				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
HENRIETTA VOLUNTEER AMBULANCE 280 Calkins Rd Rochester, NY 14623	16-0813592	501C3		260,000	FMV	Land Donation	Organization to Build Ambulance Facility
GREATER ROCHESTER ENTERPRISE INC ONE HSBC PLAZA 100 CHESTNUT ST SUITE 1910 ROCHESTER, NY 14604	10-0000080	501C3	37,500				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	**(h)** Purpose of grant or assistance
SUSTAINABLE MANUFACTURING INNOVATION ALLIANCE INC 150 LUCIUS GORDON DR SUITE 204 W HENRIETTA, NY 14586	81-3070192	501C3	220,894				General Support

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.
▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Rochester Institute of Technology

Employer identification number
16-0743140

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in 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	**1b**		No
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 in line 1a?	**2**	Yes	
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 ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ 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?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	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?	**5a**		No
b	Any related organization?	**5b**		No
	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?	**6a**		No
b	Any related organization?	**6b**		No
	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 non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**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
	Base **(i)** compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

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
See Additional Data	

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 16-0743140
Name: Rochester Institute of Technology

Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part I, Line 3 METHODS USED TO ESTABLISH COMPENSATION	THE UNIVERSITY UTILIZES EACH OF THE METHODS LISTED IN SCHEDULE J, PART I, LINE 3 ON AN ANNUAL BASIS WITH THE EXCEPTION OF REVIEWING FORM 990 OF OTHER ORGANIZATIONS EVERY OTHER YEAR IN THE YEAR THAT 990 OF OTHER ORGANIZATIONS ARE NOT REVIEWED BY THE UNIVERSITY, A BROADER COMPENSATION SURVEY OR STUDY IS CONDUCTED

Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part I, Line 1a Housing allowance or residence for personal use	DUE TO THE NUMBER OF UNIVERSITY-RELATED ACTIVITIES THAT THE PRESIDENT IS REQUIRED TO HOST, HE IS REQUIRED TO LIVE IN A HOME OWNED AND MAINTAINED BY THE UNIVERSITY THIS BENEFIT IS NOT DEEMED TO BE TAXABLE COMPENSATION

Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part I, Line 1a Health or social club dues or initiation fees	THE UNIVERSITY PAYS SOCIAL CLUB INITIATION FEES AND DUES FOR EIGHT OFFICERS AND/OR HIGHLY COMPENSATED EMPLOYEES THE PERSONAL USE PORTION OF THE BENEFIT IS TREATED AS TAXABLE COMPENSATION AND ADDED TO THE EMPLOYEES' FORM W-2

Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part I, Line 1b Written policy regarding payment or reimbursement of expenses	EACH OF THE BENEFITS INDICATED IS AVAILABLE TO THE PRESIDENT, CERTAIN OF THESE BENEFITS ARE AVAILABLE TO SELECT OFFICERS AMOUNTS CONSIDERED TAXABLE ARE REPORTED COMPENSATION INCLUDED ON THE EMPLOYEE'S FORM W-2 SINCE THESE BENEFITS ARE LIMITED TO VERY FEW INDIVIDUALS, A WRITTEN POLICY IS NOT CONSIDERED NECESSARY, HOWEVER, THE UNIVERSITY HAS SPECIFIC WRITTEN POLICIES PERTAINING TO TRAVEL EXPENDITURES AND PAYMENTS/REIMBURSEMENTS

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
1 WILLIAM W DESTLER PRESIDENT	(i)	857,017	54,013	13,971	23,850	68,885	1,017,736	0
	(ii)	0	0	0	0	0	0	0
1 GERARD BUCKLEY PRESIDENT NTID, VP AND DEAN RIT	(i)	321,332	0	3,564	26,500	17,561	368,957	0
	(ii)	0	0	0	0	0	0	0
2 LISA A CAUDA VP DEVELOPMENT AND ALUMNI RELATIONS	(i)	289,669	0	1,310	26,500	14,459	331,938	0
	(ii)	0	0	0	0	0	0	0
3 JEREMY A HAEFNER PROVOST AND SVP ACADEMIC AFFAIRS	(i)	461,587	18,410	2,322	23,850	19,565	525,734	0
	(ii)	0	0	0	0	0	0	0
4 KEITH JENKINS INTERIM VP & ASSOC PROVOST FOR DIVERSITY & INCLUSION	(i)	153,371	0	2,924	16,174	26,246	198,715	0
	(ii)	0	0	0	0	0	0	0
5 SANDRA S JOHNSON SVP STUDENT AFFAIRS	(i)	313,572	5,318	10,345	23,850	22,197	375,282	0
	(ii)	0	0	0	0	0	0	0
6 KATHERINE J MAYBERRY VP FOR STRATEGIC PLANNING AND SPECIAL INITIATIVES	(i)	235,791	0	15,307	24,005	9,861	284,964	0
	(ii)	0	0	0	0	0	0	0
7 JAMES G MILLER SVP ENROLLMENT MGMT AND CAREER SVCS	(i)	354,262	8,192	6,798	26,500	11,582	407,334	0
	(ii)	0	0	0	0	0	0	0
8 DANIEL ORNT VP AND DEAN OF INST OF HEALTH SCIENCES AND TECH	(i)	418,857	0	12,618	23,850	16,741	472,066	0
	(ii)	0	0	0	0	0	0	0
9 RYNE RAFFAELLE VP FOR RESEARCH AND ASSOC PROVOST	(i)	283,417	0	1,242	26,500	111,585	422,744	0
	(ii)	0	0	0	0	0	0	0
10 DEBORAH M STENDARDI VP GOVT AND COMMUNITY RELATIONS	(i)	265,167	0	16,372	26,500	18,938	326,977	0
	(ii)	0	0	0	0	0	0	0
11 JOHN K TRIERWEILER VP, CHIEF MARKETING OFFICER	(i)	136,071	0	3,816	10,500	9,346	159,733	0
	(ii)	0	0	0	0	0	0	0
12 JAMES H WATTERS SVP FINANCE AND ADMINISTRATION	(i)	467,090	18,437	10,184	26,500	18,636	540,847	0
	(ii)	0	0	0	0	0	0	0
13 DONALD F FIGER PROF AND DIR CENTER FOR DETECTORS	(i)	247,033	0	34,341	20,234	19,618	321,226	0
	(ii)	0	0	0	0	0	0	0
14 ANNE HAAKE DEAN, GOLISANO COLLEGE OF COMPUTING AND INFO SCIENCES	(i)	286,342	0	2,105	26,500	2,184	317,131	0
	(ii)	0	0	0	0	0	0	0
15 SOPHIA MAGGELAKIS DEAN, COLLEGE OF SCIENCE	(i)	275,239	0	3,564	26,500	7,836	313,139	0
	(ii)	0	0	0	0	0	0	0
16 JACQUELINE MOZRALL DEAN, SAUNDERS COLLEGE OF BUSINESS	(i)	310,358	0	11,723	26,500	37,192	385,773	0
	(ii)	0	0	0	0	0	0	0
17 NABIL Z NASR ASST PROVOST, DIR GOLISANO INST OF SUSTAINABILITY	(i)	425,643	0	3,564	26,500	17,941	473,648	0
	(ii)	0	0	0	0	0	0	0

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶Information about Schedule K (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Rochester Institute of Technology

Employer identification number
16-0743140

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	DASNY RIT SERIES 2006A	14-6000293	64983QF38	05-04-2006	61,706,239	SEE SUPPLEMENTAL INFORMATION		X		X		X
B	DASNY RIT SERIES 2008A	14-6000293	6499034Y4	11-13-2008	84,352,284	SEE SUPPLEMENTAL INFORMATION	X			X		X
C	DASNY RIT SERIES 2010	14-6000293	6499054S2	10-21-2010	83,324,343	SEE SUPPLEMENTAL INFORMATION		X		X		X
D	DASNY RIT SERIES 2012A	14-6000293	649907HM7	12-12-2012	168,217,368	SEE SUPPLEMENTAL INFORMATION		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	29,740,000	7,400,000	8,985,000	1,510,000
2	Amount of bonds legally defeased	0	76,100,000	0	0
3	Total proceeds of issue	61,710,620	85,041,578	83,421,727	168,328,534
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	2,881,587
6	Proceeds in refunding escrows	0	0	0	109,309,562
7	Issuance costs from proceeds	457,585	684,437	559,987	854,858
8	Credit enhancement from proceeds	470,127	0	0	0
9	Working capital expenditures from proceeds	15,809	0	0	0
10	Capital expenditures from proceeds	0	83,691,277	38,134,885	58,089,438
11	Other spent proceeds	60,767,099	665,864	44,726,855	75,000
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2000	2010	2013	2015

		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X		X		X
15	Were the bonds issued as part of 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
2	Are there any lease arrangements that may result in private business use of bond-financed property?			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	
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?				X		X		X
c	Are there any research agreements that may result in private business use of bond-financed property?			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?				X		X		X
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 ▶	0 %		0 25 %		1 32 %		2 27 %	
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 ▶	0 %		0 02 %		0 %		0 01 %	
6	Total of lines 4 and 5	0 %		0 27 %		1 32 %		2 28 %	
7	Does the bond issue meet the private security or payment test?				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
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	

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 II, Line 11 LINE 11D, SERIES 2012	OTHER SPENT PROCEEDS, INCLUDES $75,000 FOR ISSUER/DASNY FEES

Return Reference	Explanation
Schedule K, Part I, Column (f) ISSUER NAME - DASNY, RIT SERIES 2010	LINE C (F) THE 2010 PROJECT CONSISTS OF THE CONSTRUCTION OF A NEW ACADEMIC BUILDING, THE CONSTRUCTION OF A GREEN DATA CENTER, THE EXPANSION OF ATHLETIC FACILITIES, VARIOUS OTHER CAMPUS-WIDE IMPROVEMENTS, AND THE ADVANCE REFUNDING OF DASNY, RIT SERIES 2002A, DATED OCTOBER 31, 2002

Return Reference	Explanation
Schedule K, Part I, Column (f) ISSUER NAME - DASNY, RIT SERIES 2006A	LINE A (f) THE SERIES 2006A (ADVANCE REFUNDING OF DASNY, RIT SERIES 1997, ISSUED JULY 15, 1997) - PROJECT CONSISTS OF CONSTRUCTION, RENOVATION AND IMPROVEMENTS TO VARIOUS RESIDENTIAL BUILDINGS AND APARTMENT COMPLEXES AND A FINANCIAL INFORMATION SYSTEM PURSUANT TO CODE SECTION 150(C)(3)(II), THE ISSUE REPORTED IN THE INFORMATION RETURN FOR TAX-EXEMPT PRIVATE ACTIVITY BOND ISSUES (FORM 8038) AND THE REISSUANCE OF THE SAME DATE OF THE ISSUER'S ROCHESTER INSTITUTE OF TECHNOLOGY INSURED REVENUE BONDS, SERIES 2002B AS REPORTED IN A SEPARATE 8038 DATED MAY 4, 2006, ARE TREATED AS PARTS OF A SINGLE ISSUE FOR CERTAIN PURPOSES DESCRIBED IN A CODE SECTION 150(C)(3)(II)

Return Reference	Explanation
Schedule K, Part II, Line 7 LINE 7B, SERIES 2008A	ORIGINAL ISSUANCE COSTS FROM PROCEEDS OF $697,839 WERE ADJUSTED FOR $13,402 OF UNUSED PROCEEDS THESE PROCEEDS ($13,402), TOGETHER WITH INVESTMENT PROCEEDS OF $689,295, ARE INCLUDED IN PART II, LINE 10B, CAPITAL EXPENDITURES FROM PROCEEDS

Return Reference	Explanation
Schedule K, Part II, Line 11 LINE 11A, SERIES 2006A	OTHER SPENT PROCEEDS, INCLUDES $75,000 FOR ISSUER/DASNY FEES, $400,919 FOR STATE ISSUANCE FEES AND $60,291,180 OF PROCEEDS USED TO LEGALLY DEFEASE THE OUTSTANDING AGGREGATE PRINCIPAL AMOUNT OF SERIES 1997 THE REFUNDED BONDS WERE CALLED ON JULY 1, 2007

Return Reference	Explanation
Schedule K, Part II, Line 11 LINE 11C, SERIES 2010	OTHER SPENT PROCEEDS, INCLUDES $75,000 FOR ISSUER/DASNY FEES, $650,450 FOR STATE ISSUANCE FEES, AND $44,001,405 OF PROCEEDS USED IN REFUNDING ESCROW FOR SERIES 2002A THE REFUNDED BONDS WERE CALLED ON JULY 1, 2012

Return Reference	Explanation
Schedule K, Part II, Line 3 LINES 3A, 3B, 3C, 2006A, 2008A, 2010, RESPECTIVELY	TOTAL PROCEEDS OF ISSUE, INCLUDES INVESTMENT PROCEEDS OF $4,381, $689,295, AND $97,384, RESPECTIVELY

Return Reference	Explanation
Schedule K, Part II, Line 3 LINE 3D, SERIES 2012A	TOTAL PROCEEDS OF ISSUE, INCLUDE INVESTMENT PROCEEDS OF $111,166

Return Reference	Explanation
Schedule K, Part I, Column (f) ISSUER NAME - DASNY, RIT SERIES 2012A	LINE D (F) THE 2012 PROJECT CONSISTS OF THE CONSTRUCTION OF AN ICE ARENA, RENOVATIONS AND IMPROVEMENTS TO THE INSTITUTE OF HEALTH SCIENCE AND TECHNOLOGY, RENOVATIONS OF LABS, ACQUISITION OF UNIVERSITY COMMONS II, AND PARTIAL REFUNDING OF THE SERIES 2002B AND 2008A

Return Reference	Explanation
Schedule K, Part II, Line 7 LINE 7D, SERIES 2012	ORIGINAL ISSUANCE COSTS FROM PROCEEDS OF $832,806 WERE ADJUSTED FOR $22,052 OF ADDITIONAL PROCEEDS THESE PROCEEDS, ($22,052), TOGETHER WITH INVESTMENT PROCEEDS OF $111,166, ARE INCLUDED IN PART II, LINE 10D, CAPITAL EXPENDITURES FROM PROCEEDS

Return Reference	Explanation
Schedule K, Part II, Line 7 LINE 7A, SERIES 2006A	ORIGINAL ISSUANCE COSTS FROM PROCEEDS OF $469,013 WERE ADJUSTED FOR $11,428 OF UNUSED PROCEEDS THESE PROCEEDS ($11,428), TOGETHER WITH INVESTMENT PROCEEDS OF $4,381, ARE INCLUDED IN PART II, LINE 9A, WORKING CAPITAL EXPENDITURES FROM PROCEEDS

Return Reference	Explanation
Schedule K, Part I, Column (f) ISSUER NAME - DASNY, RIT SERIES 2008A	LINE B (f) THE 2008A (PARTIAL DEFEASANCE THROUGH THE DASNY, RIT SERIES 2012, DATED 12/12/12) - PROJECT CONSISTS OF CONSTRUCTION OF A MIXED-USE HOUSING COMPLEX, THE RENEWAL, REPLACEMENT AND EXPANSION OF EXISTING HEATING AND COOLING INFRASTRUCTURE AND ENERGY MANAGEMENT SYSTEMS, AND THE RENOVATION OF ACADEMIC AND ADMINISTRATIVE BUILDINGS ON THE MAIN CAMPUS

Return Reference	Explanation
Schedule K, Part II, Line 9 LINE 9A, SERIES 2006A	WORKING CAPITAL EXPENDITURES FROM PROCEEDS REPRESENT UNUSED ORIGINAL ISSUANCE PROCEEDS OF $11,428 AND INVESTMENT PROCEEDS OF $4,381 THE INVESTMENT PROCEEDS ARE INCLUDED IN PART II, LINE 3A TOTAL PROCEEDS OF ISSUE

Return Reference	Explanation
Schedule K, Part II, Line 7 LINE 7C, SERIES 2010	ORIGINAL ISSUANCE COSTS FROM PROCEEDS OF $597,487 WERE ADJUSTED FOR $37,500 OF UNUSED PROCEEDS THESE PROCEEDS ($37,500), TOGETHER WITH INVESTMENT PROCEEDS OF $97,384, ARE INCLUDED IN PART II, LINE 10C, CAPITAL EXPENDITURES FROM PROCEEDS

Return Reference	Explanation
Schedule K, Part II, Line 11 LINE 11B, SERIES 2008A	OTHER SPENT PROCEEDS, INCLUDES $75,000 FOR ISSUER/DASNY FEES AND $590,864 FOR STATE ISSUANCE FEES

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN A	Issuer name DASNY, RIT SERIES 2006A The calculation for computing no rebate due was performed on 12/30/2015

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN B	Issuer name DASNY, RIT SERIES 2008A The calculation for computing no rebate due was performed on 12/30/2012

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN C	Issuer name DASNY, RIT SERIES 2010 The calculation for computing no rebate due was performed on 12/30/2014

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Rochester Institute of Technology

Employer identification number
16-0743140

Part I **Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II **Loans to and/or From Interested Persons.**
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total					▶ $							

Part III **Grants or Assistance Benefiting Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)		47,034	TUITION WAIVER	GENERAL SUPPORT

Part IV **Business Transactions Involving Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V **Supplemental Information**
Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 16-0743140
Name: Rochester Institute of Technology

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) THE PIKE COMPANY	TRUSTEE, THOMAS JUDSON, CHAIRMAN OF PIKE CO, WITH HIS FAMILY OWN > 35% OF THE COMPANY	10,315,467	PIKE PROVIDED CONSTRUCTION SERVICES TO RIT, RIT PROVIDED TRAINING TO PIKE EMPLOYEES		No
(1) DATTO INC	TRUSTEE, AUSTIN MCCHORD, IS FOUNDER, CEO, AND OWNER OF >35% OF THE STOCK OF DATTO, INC	162,500	DATTO RENTED REAL ESTATE FROM RIT		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(3) DEVON WATTERS	FAMILY MEMBER OF OFFICER	47,872	PAYMENT OF COMPENSATION		No
(1) LANDSMAN DEVELOPMENT CORP	TRUSTEE, MARIANNE GOFF, HUSBAND, JAMES GOFF, IS PRESIDENT, CEO, AND OWNS > 35% OF THE COMPANY	841,454	LANDSMAN DEVELOPMENT CORP PROVIDED CONSTRUCTION SERVICES TO RIT		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(5) BRANDON BIEBER	FAMILY MEMBER OF TRUSTEE	23,721	PAYMENT OF COMPENSATION		No
(1) ODESSA DESPOT	FAMILY MEMBER OF OFFICER	69,716	PAYMENT OF COMPENSATION		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(7) MCLEAN BULMER	FAMILY MEMBER OF TRUSTEE	27,794	PAYMENT OF COMPENSATION		No
(1) NATALIE SURACE	FAMILY MEMBER OF TRUSTEE	48,516	PAYMENT OF COMPENSATION		No

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at *www.irs.gov/form990*

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Rochester Institute of Technology

Employer identification number
16-0743140

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	6	40,880	Market value
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	42	2,453,237	Market value
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	X	4	16,250	Market value
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Equipment)	X	39	787,488	Market value
26 Other ▶ (Consumables)	X	26	418,145	Market value
27 Other ▶ (Software)	X	3	787,719	Market value
28 Other ▶ (Other)	X	34	53,127	Market value

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement | **29** | 3

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	**30a**		No
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	**31**	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	**32a**	Yes	
b If "Yes," describe in Part II			
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Schedule M, Part I Lines 1-28, Column B	The University is reporting the number of contributions received
Schedule M, Part I, Line 32b Third parties used to solicit, process, or sell noncash contributions	The University will, on occasion, contract with a third party for the purpose of disposing of contributed assets that it does not have further use for and which are of a specialized nature

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Rochester Institute of Technology

Employer identification number
16-0743140

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	ANN L BURR, SUSAN R HOLLIDAY, RICHARD A KAPLAN, SANDRA A PARKER, HARRY P TRUEHEART III, CH RISTINE B WHITMAN AND RONALD L ZARRELLA ARE RIT TRUSTEES WILLIAM W DESTLER AND JAMES H WA TTERS ARE OFFICERS - Business relationship, COMPLEMAR PARTNERS INC SUSAN R HOLLIDAY (DIR ECTOR) AND CHRISTINE B WHITMAN (CHAIR AND CEO) - Business relationship, FRONTIER COMMUNIC ATIONS ANN L BURR (CHAIRMAN AND VICE PRESIDENT CUSTOMER ENGAGEMENT), SANDRA A PARKER (DIR ECTOR, FRONTIER COMMUNICATIONS), AND HARRY P TRUEHEART III (DIRECTOR OF FRONTIER TELEPHONE OF ROCHESTER, A SUBSIDIARY) - Business relationship, CURAEGIS TECHNOLOGIES INC WILLIAM W DESTLER (DIRECTOR) AND RICHARD A KAPLAN (CEO) - Business relationship, VNOMICS CORP RI CHARD A KAPLAN (DIRECTOR), JAMES H WATTERS (DIRECTOR), AND RONALD L ZARRELLA (CHAIR, OWNER OF > 10% OF COMPANY) - Business relationship

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	PRIOR TO FILING THE RETURN, THE PREPARED RIT FORM 990 WAS PROVIDED TO THE MEMBERS OF THE A UDIT COMMITTEE AND SUBSEQUENTLY PRESENTED FOR REVIEW AT A REGULARLY SCHEDULED AUDIT COMMIT TEE MEETING PRIOR TO FILING THE RETURN, IT WAS MADE AVAILABLE TO ALL MEMBERS OF THE BOARD OF TRUSTEES VIA A SECURED WEBSITE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	THE UNIVERSITY'S CONFLICT OF INTEREST POLICY APPLIES TO ALL MEMBERS OF THE BOARD OF TRUSTE ES ALL TRUSTEES AND OFFICERS ARE REQUIRED TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST AS SOON AS POSSIBLE ADDITIONALLY, ON AN ANNUAL BASIS, THE SECRETARY OF THE UNIVERSITY DISTRI BUTES A CONFLICT OF INTEREST DISCLOSURE FORM TO ALL TRUSTEES AND OFFICERS SOLICITING DISCL OSURE OF ANY ACTUAL OR POTENTIAL CONFLICTS FOLLOWING THE RECEIPT OF INFORMATION CONCERNIN G A CONTRACT OR TRANSACTION INVOLVING A POTENTIAL CONFLICT OF INTEREST, THE SECRETARY OF T HE UNIVERSITY WILL ARRANGE FOR THE CONFLICT OF INTEREST SUBCOMMITTEE TO CONSIDER THE MATER IAL FACTS CONCERNING THE FAIRNESS AND BUSINESS CASE OF THE PROPOSED CONTRACT OR TRANSACTIO N THE COMMITTEE SHALL APPROVE ONLY THOSE CONTRACTS OR TRANSACTIONS IN WHICH THE TERMS ARE FAIR AND REASONABLE TO THE UNIVERSITY AND THE ARRANGEMENTS ARE CONSISTENT WITH THE BEST I NTERESTS OF THE UNIVERSITY IN ANY EVENT, SUCH MEMBERS WILL NEITHER VOTE, NOR DISCHARGE HI S/HER DUTIES WITH RESPECT TO ANY MATTER CONCERNING A CONFLICT THE COMMITTEE SHALL SET FOR TH THE BASIS FOR ITS DECISION WITH RESPECT TO APPROVAL OF CONTRACTS OR TRANSACTIONS INVOLV ING CONFLICTS OF INTEREST IN THE MINUTES OF THE MEETING AT WHICH THE DECISION IS MADE, INC LUDING THE BASIS FOR DETERMINING THAT THE CONSIDERATION TO BE PAID IS FAIR TO THE UNIVERSI TY THE CONFLICT OF INTEREST CONFLICT OF COMMITMENT (ICIC) POLICY REQUIRES ALL REGULAR RIT FACULTY AND STAFF TO DISCLOSE POTENTIAL, REAL, OR PERCEIVED CONFLICTS OF INTEREST OR COMM ITMENT ANNUALLY TO THEIR IMMEDIATE SUPERVISOR ADDITIONALLY, THE ICIC POLICY REQUIRES THAT EMPLOYEES SUBMIT AN ANNUAL DISCLOSURE AND/OR A DISCLOSURE WHEN CIRCUMSTANCES CHANGE THAT MAY CREATE A POTENTIAL, REAL, OR PERCEIVED CONFLICT

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	THE EXECUTIVE COMPENSATION SUBCOMMITTEE SHALL DECIDE UPON MATTERS OF EXECUTIVE SALARY AND BENEFITS, AND ANNUALLY SHALL REVIEW THE COMPENSATION OF THE OFFICERS OF THE UNIVERSITY, MA KING A RECOMMENDATION CONCERNING THE SAME TO THE EXECUTIVE COMMITTEE FOR ITS FINAL APPROVA L THE PRESIDENT ANNUALLY WILL MEET WITH THE EXECUTIVE COMPENSATION SUBCOMMITTEE AND PROVI DE IT WITH AN EVALUATION OF THE OFFICERS OF THE UNIVERSITY OTHER THAN THE PRESIDENT, AND A PROPOSAL FOR THEIR COMPENSATION THE CHAIR OF THE BOARD OF TRUSTEES ANNUALLY WILL MEET WI TH THE EXECUTIVE COMPENSATION SUBCOMMITTEE AND PROVIDE IT WITH AN EVALUATION OF THE PRESID ENT AND A PROPOSAL FOR THE PRESIDENT'S COMPENSATION BIENNIALLY THE EXECUTIVE COMPENSATION SUBCOMMITTEE UTILIZES VARIOUS TOOLS TO REVIEW THE COMPENSATION FOR THE OFFICERS INDEPEND ENT CONSULTANT AND COMPENSATION SURVEY BASED ON A SALARY ANALYSIS OF COMPARABLE POSITIONS IN LIKE CIRCUMSTANCES

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	THE EXECUTIVE COMPENSATION SUBCOMMITTEE REVIEWS THE PROPOSED SALARIES OF THE FOLLOWING POS ITIONS PRESIDENT, PROVOST AND SVP ACADEMIC AFFAIRS, SVP FINANCE AND ADMINISTRATION, SVP E NROLLMENT MANAGEMENT AND CAREER SERVICES, VP FOR RESEARCH AND ASSOC PROVOST, VP DEVELOPMEN T AND ALUMNI RELATIONS, SVP STUDENT AFFAIRS, PRESIDENT NTID, VP AND DEAN RIT, VP FOR STRAT EGIC PLANNING AND SPECIAL INITIATIVES, VP GOVERNMENT AND COMMUNITY RELATIONS, VP DEAN INST ITUTE HEALTH SCIENCES AND TECHNOLOGY, AND VP AND ASSOC PROVOST FOR DIVERSITY AND INCLUSION THE EXECUTIVE COMPENSATION SUBCOMMITTEE SHALL SET FORTH THE BASIS FOR ITS DECISIONS WITH RESPECT TO COMPENSATION IN THE MINUTES OF THE MEETING AT WHICH THE DECISIONS ARE MADE, IN CLUDING THE PRIMARY CONCLUSIONS OF THE EVALUATION AND THE BASIS FOR DETERMINING THAT THE I NDIVIDUAL'S COMPENSATION WAS REASONABLE IN LIGHT OF THE EVALUATION AND COMPARABILITY DATA THE EXECUTIVE COMPENSATION SUBCOMMITTEE REPORTS ANNUALLY TO THE FINANCE COMMITTEE AND TO THE FULL BOARD CONCERNING THE EVALUATION OF OFFICERS AND THE ESTABLISHMENT OF THEIR COMPEN SATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	THE FOLLOWING DOCUMENTS ARE AVAILABLE AT THE UNIVERSITY'S WEBSITE AT WWW RIT EDU 1) LIST OF MEMBERS OF THE BOARD OF TRUSTEES, 2) CONSOLIDATED AUDITED FINANCIAL STATEMENTS, AND 3) UNIVERSITY POLICY AND PROCEDURES MANUAL ADDITIONALLY, THESE DOCUMENTS ARE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	All Other Program Services Revenue - Total Revenue 8197924, Related or Exempt Function Re venue 7937773, Unrelated Business Revenue 61197, Revenue Excluded from Tax Under Section s 512, 513, or 514 198954,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Other - Total Revenue 3417545, Related or Exempt Function Revenue 1464798, Unrelated Business Revenue 1049391, Revenue Excluded from Tax Under Sections 512, 513, or 514 903356,

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2016

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Name of the organization
Rochester Institute of Technology

Employer identification number
16-0743140

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) 5257 W HENRIETTA ROAD LLC 5257 W HENRIETTA RD HENRIETTA, NY 14586 16-1609483	OWN REAL PROPERTY	NY	5,042,210	24,280,543	ROCHESTER INSTITUTE OF TECHNOLOGY
(2) MAGIC SPELL STUDIOS LLC ONE LOMB MEMORIAL DRIVE ROCHESTER, NY 14623 46-4163650	DIGITAL RESEARCH CENTER	NY	29,921	36,449	ROCHESTER INSTITUTE OF TECHNOLOGY
(3) RIT VENTURE FUND I LLC 5 LOMB MEMORIAL DRIVE ROCHESTER, NY 14623 45-5183880	INVESTMENTS	DE	0	55,629	ROCHESTER INSTITUTE OF TECHNOLOGY

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)RIT GLOBAL DELIVERY CORPORATION 5 LOMB MEMORIAL DRIVE EASTMAN-4000 ROCHESTER, NY 14623 20-1151703	EDUCATIONAL PURPOSES	NY	501(c)(3)	11	ROCHESTER INSTITUTE OF TECHNOLOGY		No
(2)RIT CROATIA DON FRANA BULIKA 6 DUBROVNIK HR	EDUCATIONAL PURPOSES	HR	501(c)(3)		RIT GLOBAL DELIVERY CORPORATION		No
(3)RIT CAMPUS CLUB INC 39 LOMB MEMORIAL DRIVE ROCHESTER, NY 14623 16-1201526	SUPPORT RIT	NY	501(c)(3)	11	ROCHESTER INSTITUTE OF TECHNOLOGY		No

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) Disproprtionate 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	

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

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

		Yes	No
1 During the tax year, did the orgranization 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	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	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)RIT CAMPUS CLUB INC	A	620,562	
(2)RIT CAMPUS CLUB INC	L	3,086,244	
(3)RIT CAMPUS CLUB INC	R	81,926	
(4)RIT GLOBAL DELIVERY CORPORATION	R	153,057	

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII **Supplemental Information**

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