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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 black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

A	For th	e 2008 calendar year, or tax year beginning SEP 1 , 200	<u>ප</u>	ınd ending	<u>AUG 31, 20</u>	<u> </u>
В	Check if				D Employer ide	ntification number
	applicat		tra E	Fund,		
	Addr	ess label or Inc.			į	
	Name	type				-2142389
	Initial return	n See Number and Street (or P.U. Dox it mail is not delivered to Stre	eet address	s) Room/su	ite E Telephone nur	nber
Ē	Term ation	Casalia		·		85)454-7311
	Amer	ided tions			G Gross receipts \$	13,327,601.
F	Appli				H(a) Is this a grou	
	pend	F Name and address of principal officer: Thomas Hilde	brand	it.	for affiliates?	. — —
			14604		H(b) Are all affiliate	
$\overline{}$	Tav.ev	empt status: X 501(c) (3) ◀ (insert no.)		27	 ` `	ch a list. (see instructions)
_		te: WWW.RPO.ORG		-	H(c) Group exem	
			her ►	li v		6 M State of legal domicile: NY
È	Type of	Summary			cai or iorniacion. 197	O W State of legal dofficie; 141
723	1	Briefly describe the organization's mission or most significant activitie	os: A 1 1	acti	vities are	for the
Activities & Governance	'	purpose of soliciting, collecting,				
nar	2	Check this box If the organization discontinued its operation				
Š	3	Number of voting members of the governing body (Part VI, line 1a)	oris or dis	sposed of fi	lore triair 25% or its as	3 14
ဗိ	4	Number of independent voting members of the governing body (Part	· \/L line 1	ь\	•	4 13
త	5		. VI, III E I	U)	}	5 0
Ë	-	Total number of employees (Part V, line 2a)				-
ξį	6	Total number of volunteers (estimate if necessary)	- (O)	•	ł	
¥	1	Total gross unrelated business revenue from Part VIII, line 12, column	ر (۱)			
	D	Net unrelated business taxable income from Form 990-T, line 34	<u> </u>	(ECE	V i=1 / 	
	١,	One had a street of a second of the street o			Prior, Year 670 , 07	Current Year 356, 796.
<u>ne</u>	8	Contributions and grants (Part VIII, line 1h)	8 A	DD 11 d		336,796.
Revenue	9	Program service revenue (Part VIII, line 2g)	(g) H	VPR 19	2010	2 222 444
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>		6(21, 28)	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e		GDEN	331,76	
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column &	A) line 12		3, U 1993,120	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			760,41	775,859.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		F		
Expenses	15	Salanes, other compensation, employee benefits (Part IX, column (A),	, lines 5-1	0)		
ë		Professional fundraising fees (Part IX, column (A), line 11e)				
쏬	1	Total fundraising expenses (Part IX, column (D), line 25)				以及
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		-	93,33	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line	25)	. [853,75	
. 0	19	Revenue less expenses. Subtract line 18 from line 12			139,37	<2,695,999.
500				_	Beginning of Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		Ļ	13,721,249	
et P	21	Total liabilities (Part X, line 26)			72,650	
ᅽ	22	Net assets or fund balances. Subtract line 21 from line 20			13,648,59	3. 11,563,265.
Lynn	غ غ ۾ ڪسوب	Signature Block			 	
		Under penalties of perjury, I declare that I have examined this return, including accompanyi and complete. Declaration of preparer (other than officer) is based on all information of which				wledge and bellef, it is true, correct,
		D. Newson			, 4-	8-10
Sig	n	Ihmis Micheller				
Her	е	Signature of officer Thomas Hildebrandt CHAIR			Date	
		Type or print name and title	I Data		Chook if	
Paid	1	Preparer's	Date	T I		eparer's identifying number e instructions)
_	parer's	signature Consideration Consid			employed 🕨 🛄	
	Only	vours if Bonadio & CoV, LLP	004		EIN ►	
	•	self-employed), address, and 171 Sully's Trail, Suite	201		Ī	/FOF) 654 1551
		Pittsford, New York 14534	 -		Phone no.	(585) 381-1000
Ma	the I	RS discuss this return with the preparer shown above? (see instruction				X Yes No
8320	01 12-1	8-08 LHA For Privacy Act and Paperwork Reduction Act Notice	e, see the	separate i	nstructions.	Form 990 (2008)

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Other program services. (Describe in Schedule O.)

Total program service expenses ▶ \$

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

775,859. (Must equal Part IX, Line 25, column (B))

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Form 990 (2008) Inc. 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; 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		<u> </u>
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	_X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Х	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			v
	and program service activities outside the U.S ? If "Yes," complete Schedule F, Part I	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			v
40	located outside the United States? If "Yes," complete Schedule F, Part II	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	4.0		X
17	located outside the United States? If "Yes," complete Schedule F, Part III Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	16 17		$\frac{\mathbf{x}}{\mathbf{x}}$
17 18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		$\frac{x}{x}$
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	_	$\frac{x}{x}$
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		<u> </u>
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	-	<u> </u>
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	- 	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		$\overline{\mathbf{x}}$
	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 questions 24b-24d and complete Schedule K.			
	If "No", go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Í	
С	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) 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		<u> </u>
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
	pnor year? If "Yes," complete Schedule L, Part I	25b		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial		ı	7.
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X
		Form 9	9 90 (2	2008)

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990 (2008) Inc. Checklist of Required Schedules (continued)

			Yes	No
28 a	During the tax year, did any person who is a current or former officer, director, trustee, or key employee: Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		х
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
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		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
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		X
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		X
		Form	990 (2008)

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	Statements Regarding Other IRS Filings and Tax Compliance	-			
			_	Yes	No
,1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1 1	- T	17.74	100
	U.S. Information Returns. Enter -0- if not applicable	1a	0	10	14 🧸
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	1-65	<u>ئىر ، يىڭ</u> ئىڭ % ك
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming		-	1.5
	(gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			沙	
	filed for the calendar year ending with or within the year covered by this return	2a	0 ***	* **	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ms?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	instructions)	. A.C.	100	No.
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		_3b		L
4a	,	•			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a	2000 Vest	X
Ь	If "Yes," enter the name of the foreign country		_		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank and	強	詳語	劃
_	Financial Accounts.				
5a			5a	-	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Tax Shelter Transaction?	Regarding Pronibited	-		
6a	Did the organization solicit any contributions that were not tax deductible?		5c 6a		x
	If "Yes," did the organization include with every solicitation an express statement that such contribute	tions or diffs	- Ga		
U	were not tax deductible?	ilons or girts	6b	1 1	
7	Organizations that may receive deductible contributions under section 170(c).		33		
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more	e than \$75?	7a	E	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	• . •	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?	·	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			產年
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	personal			
	benefit contract?		7e		_X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	ract?	7 f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	·	7h	4 4 4 1 10 - 2 5	Tuberia.
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec				
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring or	ganization, have			
_	excess business holdings at any time during the year?		8	- 	2.72
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			7. C.	
a b	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?		9a		
10	Section 501(c)(7) organizations. Enter: N/A		9b	erene e	والمواج والمالية
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			میں میں ن
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: N/A	100			
	Gross income from members or shareholders	11a	第		
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
_	amounts due or received from them.)	11b		24	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a	16.	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	7		4
		•	Form	990 (2008)

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Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Sec	tion A. Governing Body and Management			
		17.00	Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			蓮
	processes, or changes in Schedule O See instructions.		4.7	- 1
1a	Enter the number of voting members of the governing body 1a	14	. 30	
b		1 3 W		1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2	12	
	officer, director, trustee, or key employee?	2	-	<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			l
	of officers, directors or trustees, or key employees to a management company or other person?	3	ļ	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Ь	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	↓	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the		l	
	governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	30 776	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		1	45
	by the following:	- 2 3=		
a	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	9b		<u> </u>
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must		l	
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or 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	11	<u> </u>	<u> </u>
Sec	tion B. Policies		_	
			Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<u> </u>
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	1	١.,	
	to conflicts?	12b	X	├──
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
40	in Schedule O how this is done	12c	X	 ₩
13	Does the organization have a written whistleblower policy?	13	-	X
14	Does the organization have a written document retention and destruction policy?	14		∧
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:	45	real C	v
	The organization's CEO, Executive Director, or top management official?	15a	-	X
D	Other officers or key employees of the organization?	15b	100 Page	A
16-	Describe the process in Schedule O. (see instructions)		2.0	170
iva	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	160		X
	taxable entity during the year?	16a	T AND THE	V
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			1
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	461		Section and
Sac	exempt status with respect to such arrangements? tion C. Disclosure	16b	Щ.	L
17 10	List the states with which a copy of this Form 990 is required to be filed NY Section 6104 requires an expansion to make the Forms 1023 (or 1024 if analysis), 900, and 900 T (501(a)/2) analysis and 900 T (501(a)/2) and	able for		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available proportion indicate however make these available. Check all that apply	aDIE (Or		
	public inspection. Indicate how you make these available. Check all that apply. Own website Apathor's website Value of			
40	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest police	y, and fin	ancial	
~~	statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organ			
20	-plate the name, physical address, and relephone number of the person who possesses the books and records of the ordal	nization:	_	
	Ron Steinmiller - 585-454-7311 108 EAST AVENUE, Rochester, NY 14604			

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

X Check this box if the organization did not compensate any officer, director, trustee, or key employee.

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

(A)	(B)	<u>, </u>		_	C)	J., c.		(D)	(E)	(F)
Name and Title	Average hours per	<u> </u>		Pos	ition	app	oly)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Joan Feinbloom	1 00								0	•
Member	1.00	X	<u> </u>	ļ	ļ	⊢	<u> </u>	0.	0.	0.
Craig A Mapstone Member	1.00	x						0.	0.	0.
Charles H Owens										
Member	1.00	X						0.	140,698.	4,530.
A. Thomas Hildebrandt										
Chair	1.00	X		X				0.	0.	0.
David Heiligman										
Member	1.00	X						0.	0.	0.
Douglas W. Phillips	1							_	_	
Member	1.00	X	L_		<u> </u>	L.		0.	0.	0.
Elliott Landsman		l								
Member	1.00	X						0.	0.	0.
Elizabeth F Rice Member	1.00	x						0.	0.	0.
Michael B Millard Member	1.00	Ţ						0.	0.	0.
James M Boucher	1.00	-	⊢	┝		⊢		U •	<u></u>	
Member	1.00	x						0.	0.	0.
Nathan Robfogel									-	
Member	1.00	X						0.	0.	0.
Jon Schumacher										
Secretary/Treasurer	1.00	X		X				0.	0.	0.
Keith Wilson							П	-		
Member	1.00	X						0.	0.	0.
Betty Strasenburgh										
Vice-Chair	1.00	X		X			_	0.	0.	0.
·-····································		-	\vdash	-	-	-	-			
						-	-			<u> </u>
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hours per week per we	Fom	1 990 (2008) Inc.								<u> </u>	22-2	2142	389 Pag	e 8
Name and tale Average Position Compensation Compensation	-	Section A. Officers, Directors, Tru	ustees, Key Er	mpl	oyee	es, a	and	High	est	Compensated Employ	ees (continued)		
week week week week week week was a state of the state of		` '	Average hours	(c		Pos	ition		ıly)	Reportable compensation	Reportable compensate	ion	Estimated amount of	
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization Yes 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 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 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. NONE (A) Name and business address Description of services Compensation Compensation				Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizatio	ns	compensation from the organization and related organization	n I
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization Yes 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 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 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. NONE (A) Name and business address Description of services Compensation Compensation				<u> </u>					_					
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compensation from the organization Yes	1b	Total						▶		0.	140,6	98.	4,530	J .
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 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 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person 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. (A) (B) (C) Compensation (A) (B) (C) Compensation (C) Compensation	2		in 1a) who red	ceiv	ed m	nore	tha	n \$1	00,	000 in reportable		<u> </u>	Yes N	0
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person 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. (A) (B) (C) Compensation Compensation Compensation Compensation Compensation Compensation Compensation	3			stee	, key	y en	nplo	yee,	or t	nighest compensated er	nployee on	- - - - -		X
the organization? If "Yes," complete Schedule J for such person 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. (A) (B) (C) Compensation Name and business address Description of services	•	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	dule) J 1	for such individual	-		4	X
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. NONE (A) (B) (C) Name and business address Description of services Compensation (B) (C) Compensation (C)	5		-			rom	any	unr	elat	ted organization for serv	ices rendered to) [X
the organization. (A) (B) (C) Description of services Compensation	Sec		<u> </u>	30.0	<u> </u>								<u> </u>	_
Name and business address Description of services Compensation	1	the organization. NONE	mpensated inc	depe	ende	nt c	ontr	acto	rs t		\$100,000 of co	mpensa		
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation			address								ervices	Co		
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation									-					
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation									1					
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation							•							
from the organization	2			ın 1	1) wh	no re	ecen	ved i	nor	re than \$100,000 in com	pensation			क ्ष्य अंद्राप्त क्ष्राप्त

22-2142389 Page 9 Form 990 (2008) Inc. Statement of Revenue (D) Revenue (A) (B) (C) Unrelated Total revenue Related or excluded from exempt function business tax under sections 512. revenue revenue 513, or 514 Federated campaigns b Membership dues 1b Fundraising events 1c 1d Related organizations Government grants (contributions) f All other contributions, gifts, grants, and 356,796. similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 356,796. h Total. Add lines 1a-1f Business Code Program Service Revenue All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 265,228 265,228 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities 12,705,577 assets other than inventory b Less: cost or other basis and sales expenses 15,203,249 c Gain or (loss) <2,497,672 <2,497,672. d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Other Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue Total. Add lines 11a-11d Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e <1,875,648. 832009 02-02-09

Form **990** (2008)

Inc.

22-2142389 Page 10

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and		<u> </u>		
	organizations in the U.S. See Part IV, line 21	775,859.	775,859.		
2	Grants and other assistance to individuals in				The state of the s
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,		<u> </u>		والمناف والمناف والمناف المناف
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16		[A CONTRACTOR CONTRACTOR	
4	Benefits paid to or for members			de market	
5	Compensation of current officers, directors,			A 2 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	to Day had a series
	trustees, and key employees				
6	Compensation not included above, to disqualified		<u> </u>	Î	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)			l	
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	44,492.		44,492.	
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses		_		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	Section of the state of the sta		North Comment Comment Service (1985) 1 A TOTAL No. 50, 1985.	CONTRACTOR STATES AND
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
_	expenses shown on line 25 below.)				
a b				· <u>-</u>	
_					
c d					
e f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	820,351.	775,859.	44,492.	0.
26	Joint Costs. Check here J If following	020,001.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	23,300	
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
		·			

832010 12-18-08

Form 990 (2008)

Inc.

22-2142389 Page 11

	cre.n.	Balance Sheet				_					
	•				(A) Beginning of year		End	(B) of year			
<u> </u>	1	Cash - non-interest-bearing			†** · · · · · · · · · · · · · · · · · ·	1					
	2	Savings and temporary cash investments				2	· -				
	3	Pledges and grants receivable, net			211,684.		1	12,	768.		
	4	Accounts receivable, net				4	 				
	5	Receivables from current and former officers, d	irectors	trustees kev		Ť	 				
		employees, or other related parties. Complete F		•		5					
	6	Receivables from other disqualified persons (as			了。在10年2年,1950年19	47 33	0.00				
		4958(f)(1)) and persons described in section 49									
		Part II of Schedule L	30(0)(0)	(D). Complete	THE REPORT OF THE CALL STREET	6	A STATE OF THE PARTY OF	7,44534			
"	7	Notes and loans receivable, net				7	 	-			
Assets	8	Inventories for sale or use				8					
Ass				•	2,770.	9	<u> </u>				
	9	Prepaid expenses and deferred charges	1 40- 1		2,110	9	A Charles Williams		C Marie		
		Land, buildings, and equipment: cost basis	10a		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	V	17 2 24	7			
	D	Less: accumulated depreciation. Complete	1		- Agree of the state of the sta	24 17 5			17. 20.		
		Part VI of Schedule D	10b		0.005.649	10c	<u> </u>	_			
	11	Investments - publicly traded securities			9,095,648.		111 6	07 (207		
	12	Investments - other securities. See Part IV, line			4,368,616.	+	11,3	07,	30 / •		
	13	Investments · program-related. See Part IV, line	11			13	<u> </u>				
	14	Intangible assets			40 501	14					
	15	Other assets. See Part IV, line 11			42,531.	15	44.		0.		
	16	Total assets. Add lines 1 through 15 (must equ	ial line 3	4)	13,721,249.	16	11,6	20,	<u> </u>		
	17	Accounts payable and accrued expenses			9,042.	17	ļ		_		
	18	Grants payable	_	18	ļ						
	19	Deferred revenue		19							
	20 Tax-exempt bond liabilities 20										
es	21	Escrow account liability. Complete Part IV of Sc	hedule	D		21					
Liabilities	22	Payables to current and former officers, director	rs, trust	ees, key employees,			. 777				
jab		highest compensated employees, and disqualif					196				
		of Schedule L				22					
	23	Secured mortgages and notes payable to unrela	ated thu	rd parties		23					
	24	Unsecured notes and loans payable				24					
	25	Other liabilities. Complete Part X of Schedule D			63,614.	25		<u>57,3</u>	<u> 310.</u>		
	26	Total liabilities. Add lines 17 through 25			72,656.	26		57,3	<u> 310.</u>		
		Organizations that follow SFAS 117, check he	ere 🕨	X and complete	2.14)						
es S		lines 27 through 29, and lines 33 and 34.									
	27	Unrestricted net assets			8,374,319.	27	4,2	67,2			
Fund Balanc	28	Temporanly restricted net assets			82,134.	28		30,0			
Pd.	29	Permanently restricted net assets			5,192,140.	29	7,2	65,9)55.		
2		Organizations that do not follow SFAS 117, c	heck he	ere 🕨 🔲 and		A STATE	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	4 (47)			
ō		complete lines 30 through 34.			CONTRACTOR OF THE SECOND						
Net Assets or	30	Capital stock or trust principal, or current funds				30					
\ss	31	Paid-in or capital surplus, or land, building, or ed	quipmer	nt fund		31					
t l	32	Retained earnings, endowment, accumulated in	come, c	or other funds		32		-			
Ž	33	Total net assets or fund balances			13,648,593.	33	11,5	63,2	265.		
	34	Total liabilities and net assets/fund balances			13,721,249.	34	11,6	20,5	75.		
		Financial Statements and Reporting									
								Yes	No		
1	Acco	unting method used to prepare the Form 990:	Ca	sh X Accrual	Other						
2a		the organization's financial statements compiled					2a		X		
		the organization's financial statements audited t					2b	 	†		
	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,										
-		w, or compilation of its financial statements and s		·			`` 2c	1	x		
3a		result of a federal award, was the organization re		•		ıle Aı ıc		+	 		
Ju		nd OMB Circular A-133?	ganou t	unadigo an addit of a	and an operioral in the Office	, , w	3a		x		
h		es," did the organization undergo the required au	dit or ai	ıdıts?	••		. 3b		 		
	12-19		on or ac	-GILOT				m 990	(2008)		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)

Department of the Treasury Internal Revenue Service

Name of the organization

nonexempt charitable trusts.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

2008

Rochester Philharmonic Orchestra Fund, Inc.

Employer identification number

		1110.							20 20		, 505	,
Park L	Reason	for Public Char	ity Status (All organi	zations mu	st comple	te this pai	t.) (see ins	tructions)				
The organ	ızatıon ıs not a	a private foundation	because it is: (Please cl	neck only o	ne organ	zation.)				<u>-</u>		
1 🔲	A church, co	nvention of churche	s, or association of chui	rches desc	ribed in s	ection 170	Xb)(1)(A)(i).				
2 🔲	A school des	scribed in section 17	70(b)(1)(A)(ii). (Attach So	chedule E.)								
з 🗀	A hospital or	a cooperative hosp	ital service organization	described	ın section	170(b)(1)	(A) (iii). (At	tach Sche	edule H.)			
4 🗔	•	•	operated in conjunction						-	e hospital	's nar	ne.
	city, and stat		,		•				-	•		•
5	•		benefit of a college or u	niversity o	wned or o	perated by	v a govern	mental un	rt describe	d in		
	_	(b)(1)(A)(iv). (Compl	_	,		,	, 3			-		
6			ent or governmental un	ıt describe	d in sectio	n 170/hV	1γαγω					
7 🗔	•		eives a substantial part					or from the	o nonoral n	ublic desc	nhed	ın
<i>,</i> —	-	(b)(1)(A)(vi). (Comple	•	or its supp	7011 110111 6	governin	Sintai aint (<i>y</i> 110111 tile	generalp	abile desc	IIDGG	
. \Box			•	(Complete	Dort II \							
8	•		section 170(b)(1)(A)(vi).		•					d ===== ==		
9	-	•	eives: (1) more than 33		• •				•	•	•	
		•	nctions - subject to cert	•						•		
			axable income (less sec	tion 511 ta	ix) trom bi	Isinesses	acquired c	y the orga	anization a	rter June 3	IU, 19	/5.
		509(a)(2). (Complete	•									
10	•	•	perated exclusively to te	•	•			- •	•		_	
11 X	-	*	perated exclusively for the		· ·				-	· ·		or
			ations described in secti		•	, ,,	2). See se e	ction 509(a)(3). Ched	ck the box	that	
		· · · · · · -	organization and compl		_				اتحاً .			
	a L Type			с 📖 Тур		=	_			Type III - (
e 📖	,	•	at the organization is not		•		•		•			an
		-	han one or more publicl		-				9(a)(1) or s	ection 509	(a)(2)	
f	If the organiz	ation received a writ	ten determination from	the IRS tha	at it is a Ty	/pe I, Type	ll, or Type	e III				_
	supporting o	rganızatıon, check th	nis box									L
g	Since August	t 17, 2006, has the c	organization accepted a	ny gift or c	ontributio	n from any	of the foll	owing per	sons?			
	(i) A perso	n who directly or ind	irectly controls, either a	lone or tog	ether with	persons o	described	ın (ıi) and ((III) below,		Yes	No
	the gove	erning body of the si	upported organization?							11g(i)		X
	(ii) A family	member of a persor	n described in (i) above?	?						11g(ii)		X
	(iii) A 35% d	controlled entity of a	person described in (i)	or (ii) abov	e?					11g(iii)		X
h	Provide the f	ollowing information	about the organizations	the organ	ızatıon su	pports.						
(i) Name	of supported	(ii) EfN	(iii) Type of	(iv) Is the c	rganization	(v) Did yo	u notify the	(vi) Is	the	(vii) Am	nount c)f
• •	nization	(,	organization (described on lines 1-9		sted in your		ion in col.	organizáti (i) organiz	on in col. ed in the		port	
-			above or IRC section	governing	document?	(i) of you	r support?	U.S	.?	•		
			(see instructions))	Yes	No	Yes	No	Yes	No			
ROCHE												
PHILH	ARMONIC	16-0765613	9	X		x		x		77	5,8	59.
					1							
-							_					
				<u> </u>	 			1				
		 		 	 	 	 	 	 			
		The state of the s	A	all Asket Till		E-172.14.9	Can Mitters 1	entire of the	- 39			
Total				. F.	414		**************************************		1	77	5 β	59.
ıvıaı		11、12、15、15、15、15、15、15、15、15、15、15、15、15、15、	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	2 1 1 1 T. FE.	(Carrer 1972)	F-1-	27.0	1.74		, ,	<i>J</i> , U	· •

 $LHA \ For \ Privacy \ Act \ and \ Paperwork \ Reduction \ Act \ Notice, see the Instructions \ for \ Form \ 990.$

Schedule A (Form 990 or 990-EZ) 2008

-	Support Schedule for (Complete only if you checked	-			0(b)(1)(A)(iv) an	nd 170(b)(1)(A)(v 	ri)
<u> </u>	ction A. Public Support				-		
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	}					
	include any "unusual grants.")		ļ				
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf			-	-		
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	ļ <u>.</u>	 	ļ		 	
4	Total. Add lines 1 - 3				Land this afficult the	The sales of a service of the	
5	The portion of total contributions			The same of the same			
	by each person (other than a governmental unit or publicly						
	supported organization) included			4.4	The state of the s		
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public Support. Subtract line 5 from line 4						
Sec	ction B. Total Support						
_	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 4		<u> </u>	, ,	1	† ' <i>'</i> †	
8	Gross income from interest,	· -	1				
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain					1	
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10			學是學生的			
12	Gross receipts from related activities,	•	•			12	
13	First five years. If the Form 990 is for	=	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	on 501(c)(3)	
<u> </u>	organization, check this box and storection C. Computation of Publisher		roontago				
	· · · · · · · · · · · · · · · · · · ·			(0)		Taa I	
	Public support percentage for 2008 (• • • • • • • • • • • • • • • • • • • •	•	column (t))		14	%
15	Public support percentage from 2007	•	•	n line 12 and line	14 10 22 1/29/ 05 5	15	
108	33 1/3% support test - 2008. If the c	-			14 15 33 1/376 01 1	nore, check this box	K and ►
	stop here. The organization qualifies 33 1/3% support test - 2007. If the organization are stopped as the stopped are stopped as		-		l lino 15 io 22 1/20/	6 or more check the	e boy
	and stop here. The organization qual				Time (5 is 33 1/3%	o of more, check thi	▶ □
179	10% -facts-and-circumstances tes	• •	• • •		a 13 16a or 16h	and line 14 is 10% (or more
., a	and if the organization meets the "fac	_					
	meets the "facts-and-circumstances"				•	atterion ale organi	•
h	10% -facts-and-circumstances tes	-	•		_	17a, and line 15 is 1	0% or
-	more, and if the organization meets the	_					
	organization meets the "facts-and-circ				•		ightharpoons

Schedule A (Form 990 or 990-EZ) 2008

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

£	Support Schedule for	Organizations	Described in	Section 509(a	a)(2) (Complete on	y if you checked the b	ox on line 9 of Part I.)
Se	ction A. Public Support						
Çal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 per- formed, or facilities furnished in any activity that is related to the						
2	organization's tax-exempt purpose				+	 	
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513				4	-	
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to	İ					
	the organization without charge						
6	Total. Add lines 1 - 5						
7:	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	O Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
•	Add lines 7a and 7b						
_8	Public support (Subtract line 7c from line 6)					主 蒙古 诗	
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6						
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ŧ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975		_				
	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 IV.)	-					
13	Total support (Add lines 9, 10c, 11, and 12)		NIVE WAY	的数据			
	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi	zation,
	check this box and stop here					_	▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2008 (line 8, column (f) d	ivided by line 13, o	column (f))		15	%
16	Public support percentage from 2007	Schedule A, Part	IV-A, line 27g			16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage		_		
17	Investment income percentage for 20	108 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	<u>%</u>
18	Investment income percentage from	2007 Schedule A,	Part IV-A, line 27h			18	%
198	33 1/3% support tests - 2008. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than	33 1/3% , and line 1	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly	supported organi	zation	▶□
t	33 1/3% support tests - 2007. If the	-					. —
_	line 18 is not more than 33 1/3%, che			•		•	. ▶⊨
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t			D == 000 FT 0000
					Sc	hedule A (Form 99	U or 990-EZ) 2008

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number

Name of the organization RO

Rochester Philharmonic Orchestra Fund, Inc.

Employer identification number 22-2142389

Schedule D (Form 990) 2008

	Organizations Maintaining Donor	Advised Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, P		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor ad	visors in writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organ	nization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and	d donor advisors in writing that grant funds may be	e used only
	for charitable purposes and not for the benefit of th		
	Conservation Easements. Complete	of the organization answered "Yes" to Form 990, I	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., recre	ation or pleasure) Preservation of an his	storically important land area
	Protection of natural habitat	Preservation of certification	ied historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a quali	fied conservation contribution in the form of a con	servation easement on the last day
	of the tax year.		F
			Held at the End of the Year
а	Total number of conservation easements		2a
þ	Total acreage restricted by conservation easements	S	2b
C	Number of conservation easements on a certified hi	stonc structure included in (a)	2c
đ	(2,	•	2d
3	Number of conservation easements modified, transf	ferred, released, extinguished, or terminated by the	e organization during the taxable
	year ►		
4	Number of states where property subject to consen	· · · · · · · · · · · · · · · · · · ·	
5	Does the organization have a written policy regarding	- · ·	
_	enforcement of the conservation easements it holds		└ Yes
6	Staff or volunteer hours devoted to monitoring, insp		
7	Amount of expenses incurred in monitoring, inspect		
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of section 170	
_	and section 170(h)(4)(B)(ii)?		└ Yes
9	In Part XIV, describe how the organization reports or	•	· · · · · · · · · · · · · · · · · · ·
	include, if applicable, the text of the footnote to the	organization's financial statements that describes	the organization's accounting for
E	conservation easements Organizations Maintaining Collect	tions of Art, Historical Treasures, or O	ther Similar Assets
##	Complete if the organization answered "Yes"		and difficility 700000.
1a	If the organization elected, as permitted under SFAS	S 116, not to report in its revenue statement and b	alance sheet works of art, historical
	treasures, or other similar assets held for public exh		
	the footnote to its financial statements that describe	•	2.10 00.1100, p. 01.100, m. 1 d. 1 7 m. 1, m. 0 10.11
b			ice sheet works of art, bistorical treasures.
_	or other similar assets held for public exhibition, edu	•	·
	these items:	, , , , , , , , , , , , , , , , , , , ,	, provide the following amount relating to
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, hist	orical treasures, or other similar assets for financia	
-	the following amounts required to be reported under		
a			▶ \$
	Assets included in Form 990, Part X		► \$ ► \$
-			

832051 12-23-08

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2008

Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)

57,310.

In Part XIV, 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.

832053 12-23-08

The Orchestra Fund is exempt from income taxes as an organization qualified under Section 501(c)(3) of the Internal Revenue Code. The Orchestra Fund has also been classified by the Internal Revenue Service as an organization that is not a private foundation.

Schedule D (Form 990) 2008

SCHEDULE								OMB No. 1645-0047	546.0047
(Form 990)			Grants and	Grants and Other Assistance to Organizations,	٤ to Organizations				100000
			Governn	Governments, and Individuals in the U.S.	luals in the U.S.			5008	8
Department of the Treasury		► Compl	► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.	in answered "Yes,	" on Form 990, Pa	urt IV, lines 21 or 22.		A VALUE OF THE PARTY OF THE PAR	
Internal Revenue Service				► Attach to Form 990.	n 990.				i i
Name of the organization		Philharmonic	onic Orchestra	tra Fund,				Employer identification number	on number
	Inc.							22-2142389	42389
答表表稿 General Information on Grants and Assistance	formation on Grants an	nd Assistance							
1 Does the organiza	Does the organization maintain records to substantiate the amount of	to substantiate the		or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion	
criteria used to av	criteria used to award the grants or assistance?	stance?						X Yes	ş [
2 Describe in Part IV	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for monit	oring the use of grant	funds in the United	d States.]]
Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Other Assistance to (Governments and	1 Organizations in the	• United States. C.	omplete if the orga	inization answered "Y	'es" on Form 990, Part	IV, line 21, for any	
recipient the	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	\$5,000. Check this	box if no one recipien	nt received more th	ian \$5,000. Use Pa	irt IV and Schedule I-1	(Form 990) if addition	al space is needed	
1 (a) Name and add	1 (a) Name and address of organization or government	(a)	(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	grant :0
ROCHESTER PHILHARMONIC ORCHESTRA	MONIC ORCHESTRA								
ROCHESTER, NY 14604	24	16-0765613	501(c)(3)	0.	0.			Mission Support	
·									
	Enter total number of section 501(c)(3) and government organizations	nd government or	ganizations					A	1.
۳,	Enter total number of other organizations	S	:					•	1.
LHA For Privacy Act	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ction Act Notice,	see the Instructions	for Form 990.				Schedule I (Form 990) 2008	1 990) 2008

Rochester Philharmonic Orchestra Fund,

Schedule I (Form 990) 2008 Inc.

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed

Page 2

22-2142389

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. The Board of Trustees receives a report at each Board meeting from the (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance CEO of RPO.

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SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047 2008

Name of the organization Rochester Philharmonic Orchestra Fund, Inc.

Employer identification number 22-2142389

Form 990, Part	I, Line 1, Description of Organization Mission:	
for the benefit	of the Rochester Philharmonic Orchestra, Inc., a	
separate 501(c)	(3).	_

Form 990, Part VI, Section A, line 7a: Five members of the Board of Trustees are appointed by the RPO.

Form 990, Part VI, Section A, line 10: Beginning in August of 2009, a policy was put in place where RPOF's Board members would be provided with a copy of the 990 to review before it is filed.

Form 990, Part VI, Section B, Line 12c: Board members submit annual disclosures. The Secretary reviews these, pursues any resulting issues, and will refer matters for Board action if appropriate. Apart from this annual observance, the By-laws enjoin members to declare emergent conflicts and to secure Board action on proposed conflict transactions. An interested member will generally be asked to leave a meeting when his or her conflict situation is to be discussed.

Form 990, Part VI, Section C, Line 19: All documents required to be made available to the public are available upon request at 108 East Avenue, Rochester, NY 14604.

Form 990, Part VI, Section B, Line 13

The organization does not have a whistleblower policy because it does

not have any employees.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 832211 12-18-08

Schedule O (Form 990) 2008

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Inc.

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Rochester Philharmonic Orchestra Fund,



Employer identification number 22-2142389

Form 990, Part VI, Section B, Line 14
The organization does not have a document retention policy because the
Rochester Philharmonic Orchestra is the custodian of the organization's
documents.
Form 990, Part XI, Line 2c
The Board does not have any committees. Instead, the full Board of
Trustees reviews the audit.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047 2008

Employer identification number 22-2142389 Direct controlling Ē End-of-year assets ► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. (E) Total income 9 Legal domicile (state or foreign country) <u>ල</u> See separate instructions. Rochester Philharmonic Orchestra Fund, Primary activity <u>e</u> Identification of Disregarded Entities Name, address, and EIN of disregarded entity Inc. Name of the organization Department of the Treasury Internal Revenue Service Ĭ

Direct controlling K Z status (if section Public chanty 501(c)(3)) Û Exempt Code section 501 (C)(3) ê Legal domicile (state or foreign country) <u>©</u> New York Primary activity <u>e</u> ORCHESTRA 16-0765613, 108 EAST AVENUE, ROCHESTER, NY ROCHESTER PHILHARMONIC ORCHESTRA, INC. Name, address, and EIN of related organization 14604

Ē

Identification of Related Tax-Exempt Organizations

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule R (Form 990) 2008

Rochester Philharmonic Orchestra Fund, Inc.

22-2142389

Schedule R (Form 990) 2008 Inc.

Identification of Related Organizations Taxable as a Partnership

					ŀ					
(V)	(a)	<u>©</u>		Œ)			<u></u>	Î	9	2
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, investment, unrelated)		Share of total Sincome end	Share of end-of-year assets	Disproportion- ate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?
								1		
Identification of Related Organizations Taxable as a Corporation or Trust	ganizations Taxable as a Co	rporation or	Trust			 				}
(A) Name, address, and EIN of related organization	<u>Z</u> c		(B) Primary activity	(C) Legal domicile (state or toreign country)	(D) Direct controlling entity	(E) Type of entity (C corp., S corp., or trust)	Share of total income		(G) Share of Per end-of-year ow assets	(H) Percentage ownership
332162 12-23-08			27					Sch	Schedule R (Form 990) 2008	0) 2008

Rochester Philharmonic Orchestra Fund,

Page 3

22-2142389

Schedule R (Form 990) 2008 $\,{
m Inc.}$

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Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV			Yes	٥ ۷
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				18
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entrly		1a		×
b Gift, grant, or capital contribution to other organization(s)		1b	X	
c Gift, grant, or capital contribution from other organization(s)		10		×
d Loans or loan guarantees to or for other organization(s)		₽		×
e Loans or loan guarantees by other organization(s)		19		×
			と	14
f Sale of assets to other organization(s)		#		×
g Purchase of assets from other organization(s)	•	19		×
h Exchange of assets		ŧ		×
i Lease of facilities, equipment, or other assets to other organization(s)		=		×
		10000000000000000000000000000000000000		
		į		×
k Performance of services or membership or fundraising solicitations for other organization(s)		¥	×	
l Performance of services or membership or fundraising solicitations by other organization(s)		11	X	
m Sharing of facilities, equipment, mailing lists, or other assets		£	X	
n Sharing of paid employees		ŧ	X	
		表		2.74.2
o heimbursement paid to other organization for expenses		o L		4
p Reimbursement paid by other organization for expenses		dt .	44	×
q Other transfer of cash or property to other organization(s)		10	#LDefa	×
		=		×
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	nsaction thresholds.			
(A)	<u>@</u>	<u> </u>	_	
Name of other organization(s)	Transaction	Amount involved	nvolve	Ď
	type (a-r)			
(1)				
(2)				
(3)				
(4)				
(5)				
(9)	-			
832163 12-23-08	Sche	Schedule R (Form 990) 2008	1 990)	2008

Rochester Philharmonic Orchestra Fund,

Page 4

22-2142389

Inc. Schedule R (Form 990) 2008

Unrelated Organizations Taxable as a Partnership

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

(state or foreign solicity) Ves No Country) Ves No Ves No Country) Ves No Country Ves No	(state or foreign preparations) (A) Name address and FIN	(B) Primary activity	(C)	(D)	(E)	(F)	(G)	1	
Ves No (Form 1065) Ves	Aes Aes No Aes	of entity	rinialy activity		section 501(c)(3) organizations?	year assets	tionate allocations?	amount in box 20	
	Schedule R Form 950, 2009				Yes No		Yes No	(Form 1065)	Yes
	Schedule R Frem 9500 2006								
	Schooling Hi Ferm 980) 2008								
	Schedule Rifferm 980) 2008								
	Schedule R (Form 989) 2008								
	Schedule R (Form 999) 2008							_	
	Schedule R (Forn 1990) 2008								
	Schedule R (Form 590) 2008								
	Schedule R (Form 990 2008				_				
	Schodule R (Form 990) 2008								
	Schedule R IForm 980) 2008								
	Schedule R (Form 960) 2008								
	Schedule R (Form 990) 2008								
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