

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



SCANNED MAY 0 9

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)

Open to Public Inspection

OMB No 1545-0047

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

| <u>A</u> | or the | 2011 calendar year, or tax year beginning SEP 1, 2011 and e | ending / | <u>AUG 31, 2012</u> | | | | | | |
|--------------------------------|---|---|--------------|--------------------------|-------------------------------|--|--|--|--|--|
| В | Check if | C Name of organization | | D Employer identific | cation number | | | | | |
| • | applicable | ROCHESTER PHILHARMONIC ORCHESTRA FUND, | , | | | | | | | |
| | Addres | INC. | | | | | | | | |
| | Name change | Doing Business As | | 22-2142389 | | | | | | |
| | Initial return | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone number | | | | | | |
| | Terminated | 108 EAST AVENUE | | (585 |)454-7311 | | | | | |
| | Ameno | City or town, state or country, and ZIP + 4 | | G Gross receipts \$ | 1,469,623. | | | | | |
| | Applic | ROCHESTER, NI 14004 | | H(a) Is this a group re | | | | | | |
| | F Name and address of principal officer THOMAS HILDEBRANDT for affiliates? | | | | | | | | | |
| | 1183 MONROE AVE, ROCHESTER, NY 14620 H(b) Are all affiliates included? Yes No | | | | | | | | | |
| 1 | I Tax-exempt status. X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) | | | | | | | | | |
| J | Websit | e: ▶ N/A | | H(c) Group exemptio | | | | | | |
| <u>K</u> | orm of | organization: X Corporation | L Year | | State of legal domicile: NY | | | | | |
| | art I | Summary | | - | | | | | | |
| - | 1 | Briefly describe the organization's mission or most significant activities: THE F | RPO FU | JND, INC IS | OPERATED | | | | | |
| ĕ | 1 | FOR THE PURPOSE OF ASSURING THE CONTINUE | | | | | | | | |
| r a | | Check this box if the organization discontinued its operations or dispos | | | | | | | | |
| OVe | | Number of voting members of the governing body (Part VI, line 1a) | | 3 | 14 | | | | | |
| Ğ | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | 4 | 13 | | | | | |
| Š | 1 | Total number of individuals employed in calendar year 2011 (Part V, line 2a) | | 5 | 0 | | | | | |
| Ę | 6 | Total number of volunteers (estimate if necessary) | | 6 | 0 | | | | | |
| Activities & Governance | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | | 7a | 0. | | | | | |
| ٩ | b | Net unrelated business taxable income from Form 990-T, line 34 | | 7b | 0. | | | | | |
| | | | | Prior Year | Current Year | | | | | |
| • | 8 | Contributions and grants (Part VIII, line 1h) | | 58,795. | 8,596. | | | | | |
| Š | 9 | Program service revenue (Part VIII, line 2g) | | 0. | 0. | | | | | |
| Revenue | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 409,920. | 560,612. | | | | | |
| Œ | 144 | Other revenue (Part VIII column (A) lines 5, 6d, 8c, 9d610c, and 11e) | 70/ | 0. | 0. | | | | | |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 730-5 | 468,715. | 569,208. | | | | | |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 668,482. | 726,939. | | | | | |
| | 14 | Benefits paid to or for members (Part IX, column (A) line 4) | 1렸 _ | 0. | 0. | | | | | |
| ģ | | Salaries, other compensation, employee benefits (Part IX, column (A), lines 6/10) | | 0. | 0. | | | | | |
| Expenses | | Professional fundraising fees (Part IX, column (A), line 11e) | ! ┌ | 0. | 0. | | | | | |
| ĝ | b | Total fundraising expenses (Part IX, column (D), line 25) | 0. | | | | | | | |
| ű | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 0. | 7,283. | | | | | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 668,482. | 734,222. | | | | | |
| | 19 | Revenue less expenses Subtract line 18 from line 12 | | <199,767. | <165,014.> | | | | | |
| Net Assets or Fund Balances | | | Ве | eginning of Current Year | End of Year | | | | | |
| Sets | 20 | Total assets (Part X, line 16) | | 12,567,226. | 12,581,247. | | | | | |
| ∰. | 21 | Total liabilities (Part X, line 26) | | 54,355. | 53,239. | | | | | |
| <u> </u> | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 12,512,871. | 12,528,008. | | | | | |
| P | art II | Signature Block | | | | | | | | |
| | | lties of perjury, I declare that I have examined this return, including accompanying schedules | | | y knowledge and belief, it is | | | | | |
| true | , correc | t, and complete. Declaration of preparer (other than officer) is based on all information of wh | iich prepare | r has any knowledge. | | | | | | |
| | | Thomas Hilauly | | | | | | | | |
| Sig | n | Signature of officer | | Date | 1 10 | | | | | |
| He | e | THOMAS HILDEBRANDT, BOARD CHAIR | _ | 4/11 | [13] | | | | | |
| | Type or print name and title | | | | | | | | | |
| _ | Print/Type preparer's name Preparer's signature Date Date PTIN | | | | | | | | | |
| Pai | | CRAIG M. STEVENS Ley XWW | <u>~ </u> | 4 1013 sett-employe | | | | | | |
| | parer | Firm's name BONADIO & CO., LLP | | Firm's EIN | 16-1131146 | | | | | |
| Use | Only | Firm's address 171 SULLY'S TRAIL, SUITE 201 | | | | | | | | |
| _ | | PITTSFORD, NY 14534 | _ | Phone no. (| <u>585) 381-1000</u> | | | | | |
| Ma | May the IRS discuss this return with the preparer shown above? (see instructions) | | | | | | | | | |

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form **990** (2011)

734,222.

4e Total program service expenses ▶

| Pa | rt 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 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | Х |
| 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, or have a section 501(h) election in effection in | | | |
| • | duning the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| 5 | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | x |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | - 3 | | |
| 6 | | | | X |
| _ | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Par | t/ <u>6</u> | - | ^ |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | v |
| _ | 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 | ļ | 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 | | | l |
| | credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | _ | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permaner | nt | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | X | ļ |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | 1 | | |
| | Part VI | 11a | | X |
| 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 | X | |
| С | 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 | | X |
| 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 | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| 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 | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 1 | † | |
| | Schedule D, Parts XI, XII, and XIII | 12a | x | |
| h | 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, XII, and XIII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | Did the organization maintain arrollice, employees, or agents obtained of the orman grantmaking, fundraising, business, | 140 | | |
| D | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | ļ | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | i | | х |
| 45 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization | 14b | | Λ |
| 15 | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 45 | | v |
| 40 | · | 15 | - | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals | | | v |
| | located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | + | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | ٦, |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | + | X |
| 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 | - | X |
| 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 | <u> </u> | <u>X</u> |
| 202 | Did the organization operate one or more bospital facilities? If "Ves." complete Schedule H | 00- | 1 | Y |

Form **990** (2011)

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

| Form | 990 (2011) INC. 22-21 | <u>42389</u> | P | age 4 |
|------------|--|---------------|--------------|-----------------|
| Par | t IV Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the | | | |
| - ' ` | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | X | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, | | | |
| | column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | x |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| 23 | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | 1 |
| | | 23 | | x |
| 04- | Schedule J | | | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | l |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | 045 | | x |
| | Schedule K. If "No", go to line 25 | 24a | | |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | 1 | \vdash |
| 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 | | - |
| | 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 | | | l |
| | disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| 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 | | X_ |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified | ∍d | İ | |
| | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | X |
| 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 | | X |
| 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): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| | 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 | | 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? | | ļ | |
| ٠. | If "Yes," complete Schedule N, Part I | 31 | | х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | - | | |
| <u></u> | Schedule N, Part II | 32 | | x |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | <u> </u> |
| • | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | x |
| 34 | Was the organization related to any tax-exempt or taxable entity? | | | |
| 5 4 | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | х | |
| 25~ | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | х |
| | Did the organization have a controlled entity within the meaning of section 312(b)(13): Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of | 338 | | † |
| b | section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | x |
| 26 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization | | 1 | ** |
| 36 | | | | x |
| ^- | If "Yes," complete Schedule R, Part V, line 2 | 36 | | ┼^ |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 27 | | x |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | - | ^ |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? | | | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | X | |

Page 5

| Form | 990 (2011) INC 22-2142 | 389 | Pa | age 5 |
|--------|---|----------|-----|--------------|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response to any question in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | | | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable |] | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming |] | | |
| _ | (gambling) winnings to prize winners? | 1c | | ĺ |
| 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 | | | ĺ |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | ĺ |
| _ | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | x |
| | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | <u> </u> | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | x |
| h | If "Yes," enter the name of the foreign country: | | | |
| - | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | x |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| Vu. | any contributions that were not tax deductible? | 6a | | x |
| h | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | <u> </u> | | |
| - | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| | 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 | | x |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| · | to file Form 8282? | 7c | | х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| g g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| _ | 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 and section 509(a)(3) supporting organizations. Did the supporting | | | |
| • | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | ' | 1 |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the organization make any taxable distributions under section 4966? | 9a | , | 1 |
| | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 1 | | |
| 11 | Section 501(c)(12) organizations. Enter: | 1 | | |
| а | Gross income from members or shareholders | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against | 1 | | |
| | amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 1 | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| ь | 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 | | | |
| С | Enter the amount of reserves on hand |] , | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |
| | | | 990 | (2011) |

ROCHESTER PHILHARMONIC ORCHESTRA FUND, 22-2142389 Form 990 (2011) Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI \mathbf{x} 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 <u>1a</u> 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. Enter the number of voting members included in line 1a, above, who are independent 13 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? X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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 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 X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b 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 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 X 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? X 11a 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b 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? X 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request 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 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: RON STEINMILLER - 585-454-7311

108 EAST AVENUE, ROCHESTER, NY 14604

Form 990 (2011)

| | | | / | | |
|-----------------|------|------|---|------------|------|
| Form 990 (2011) | INC. | | | 22-2142389 | Page |

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

Check if Schedule O contains a response to any question 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

Check this boy if neither the organization por any related organization compensated any current officer, director, or thistee

- 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) | (C) Position | | | | | | (D) | (E) | (F) Estimated amount of | |
|-----------------------------|------------------------------|---|-----------------------|---------|---------------|------------------------------|----------|-------------------------|-------------------------|-----------------------------|--|
| Name and Title | Average hours per | (do not check ma | | | more than one | | | Reportable compensation | Reportable compensation | | |
| | week | box, unless person is both an officer and a director/trustee) | | | | | | from | from related | amount of other | |
| | (describe | ctor | | | | | | the | organizations | compensation | |
| | hours for | trustee or director | gg | | | ated | | organization | (W-2/1099-MISC) | from the | |
| | related | nstee | truste | | 2 | pens | | (W-2/1099-MISC) | | organization and related | |
| | organizations in Schedule | t lan | tional | | nploy | yee y | _ | | | organizations | |
| | 0) | Individual t | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | 0.947.124.101.10 | |
| (1) JOAN FEINBLOOM | | | | | | 1 | | _ | | _ | |
| MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. | |
| (2) CRAIG A. MAPSTONE | | | | | | | | | | | |
| MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. | |
| (3) CHARLES H. OWENS | 1 00 | | | | | | | | 104 200 | 0 006 | |
| MEMBER | 1.00 | Х | | | | | | 0. | 124,399. | 9,996. | |
| (4) A. THOMAS HILDEBRANDT | 1 00 | . , | | 77 | | | | | 0 | _ | |
| CHAIR | 1.00 | X | | X | _ | | - | 0. | 0. | 0. | |
| (5) DAVID HEILIGMAN | 1.00 | x | | | | | | 0. | 0. | 0. | |
| MEMBER | 1.00 | Δ | | | | | - | 0. | <u></u> | 0. | |
| (6) DOUGLAS W. PHILLIPS | 1.00 | x | | | | | | 0. | 0. | 0. | |
| MEMBER (7) ELLIOTT LANDSMAN | 1.00 | Λ | | | | 1 | ┢ | | | | |
| MEMBER | 1.00 | x | | | | | | 0. | O. | 0. | |
| (8) ELIZABETH F. RICE | | - | | | | | | | | | |
| MEMBER | 1.00 | x | | | | | | 0. | 0. | 0. | |
| (9) MICHAEL B. MILLARD | | | | | | | | | | | |
| MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. | |
| (10) NATHAN ROBFOGEL | | | | | | | | | | | |
| MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. | |
| (11) JON SCHUMACHER | | | | | | | | | | | |
| SECRETARY/TREASURER | 1.00 | X | | X | | | | 0. | 0. | 0. | |
| (12) KEITH WILSON | | | | | | | | | _ | | |
| MEMBER | 1.00 | X | | | | _ | | 0. | 0. | _0. | |
| (13) BETTY STRASENBURGH | | l | | | | | ļ | | | | |
| VICE-CHAIR | 1.00 | X | | X | | _ | _ | 0. | 0. | 0. | |
| (14) STEVEN HESS | 1 00 | | | | | | | | | | |
| MEMBER | 1.00 | X | _ | | | - | <u> </u> | 0. | 0. | 0. | |
| | | | | | | | | | | | |
| | | | | | | | \vdash | | | | |
| | | | | | | | _ | | | | |
| | | | | | | | | | | | |
| | | | | | Ь | _ | Щ. | <u> </u> | L | J | |

Form **990** (2011)

| | 990 (2011) INC. VII Section A. Officers, Directors, Tru | | | | | | 1:_L | | 0 | 22-21 | L 423 | 89 | Pa | ige (|
|------------|--|---|--------------------------------|-----------------------|----------------------------|--------------|------------------------------|--------------|--|--|--------------|---------------------|-----------------------------------|---------------|
| , <u>u</u> | t VII Section A. Officers, Directors, Tru (A) Name and title | (B) Average hours per week | (do box | | (C Pos heck ss pe | tion more | than | one th an | (D) Reportable compensation from | (E) Reportable compensation from related | l l | Esti amo | (F) mate ount o | |
| | | (describe hours for related organizations in Schedule O) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MIS | s SC) | comp fro orga | ensa m the nızatı relate | e on ed |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| c d | Sub-total Total from continuation sheets to Part VI Total (add lines 1b and 1c) Total number of individuals (including but n | | | lista | | | ▶ ♦ | | 0. | 124,39 | 0. | | ,99 | 0. |
| 2 | compensation from the organization | ot illilited to th | iose | uste | eu ar | JOVE | e) Wi | 10 r | eceived more than \$100 | э,000 от геропарі | | | | |
| 3 | Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> . | | | e, ke | у еп | npło | yee | , or | highest compensated e | employee on | | 3 | res | No X |
| 4 | For any individual listed on line 1a, is the su and related organizations greater than \$150 | im of reportab 0,000? If "Yes, | le co | mple | ete S | Sche | edul | e J i | for such individual | - | | 4 | | x |
| 5 | Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com | | | | | - | | elat | ed organization or indiv | idual for services | | 5 | | х |
| | tion B. Independent Contractors | | | | | | | | | | | | | |
| 1 | Complete this table for your five highest continuous the organization. Report compensation for | | | | | | | | | | pensat | ion fro | om | |
| | (A) Name and business | address | N | ONE | 3 | | | | (B) Description of s | services | Coı | (C) | | 1 |
| | | | | | | | _ | | | | | | | |
| | | | | | | | | | - | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | Total number of independent contractors (in | | | muta | | th a | | | | | | | | |

Form **990** (2011)

\$100,000 of compensation from the organization

| | | | 2011) INC. | | | - | | | <u>22-2142</u> | 389 Page 9 |
|--|----------|----------|--|--------------------------|--------------|---------------|----------------------|---|---|---|
| Pa | rt V | III | Statement of Rever | nue | | | | | | |
| `` | | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| nts Ts | 1 | а | Federated campaigns . | . 1a | | | | | | |
| E i | | b | Membership dues | 1b | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | С | Fundraising events | 1c | | | | | | |
| 뜵ᆈ | | d | Related organizations | 1d | | | | | | |
| ž, i | | е | Government grants (contribut | tions) 1e | | | | | | |
| r S | | f | All other contributions, gifts, gran | its, and | | 1 | | | | |
| ğ | | | similar amounts not included abo | ve 1f | | 8,596. | | | | |
| 털 | | g | Noncash contributions included in lines | 1a-1f \$ | | | | | | |
| <u>2 g</u> | | h | Total. Add lines 1a-1f | | | • | 8,596. | | | |
| i | | | | | Βι | ısıness Code | | | | |
| 9 | 2 | а | | | _ | | | | | |
| e g | | b | | | _ | | | | | |
| S E | | С | = | | _ | | | | | |
| Program Service Revenue | | d | | | _ | | | | | |
| 5 | | e | | | _ | | | | | |
| ۵ | | | All other program service reve | enue | | | | | | |
| \rightarrow | | g | Total. Add lines 2a-2f | | | • | | | | |
| | 3 | | Investment income (including | dividends, inf | terest, | and | 417 001 | | | 417 001 |
| | | | other similar amounts) | | | . 🏲 | 417,991. | | | 417,991. |
| | 4 | | Income from investment of ta | x-exempt bon | nd proc | ceeds - | | | | |
| | 5 | | Royalties | | Τ, | | | - | | |
| | _ | | Cura a manda | (i) Real | | (ii) Personal | | | | |
| | 6 | _ | Gross rents | | | | | | | |
| | | | Less: rental expenses | | | | | | | |
| | | | Rental income or (loss) | | | — | | | | |
| | | | Net rental income or (loss) Gross amount from sales of | (i) Securitie | | | | | | |
| | 7 | а | | | | (ii) Other | | | | |
| | | . | assets other than inventory Less: cost or other basis | 1,043,03 | 36, | | | | | |
| | | D | and sales expenses | 90041 | 5 | | | | | |
| | | _ | Gain or (loss) | 14262 | | | | , | | |
| | | | Net gain or (loss) | | <u> • </u> | | 142,621. | | | 142,621. |
| 9 | | | Gross income from fundraisin | g events (not | | | 22270221 | | | 142,021. |
| Other Revenue | | | including \$ | of | | | | | | |
| æ | | | contributions reported on line | 1c). See | | l | | | | |
| ē | | | Part IV, line 18 | | a | | | | | |
| ᅗ | | | Less direct expenses | - | . b <u></u> | | | | | |
| | | | Net income or (loss) from fund | - | is _ | | | | | |
| l | 9 | d | Gross income from gaming at Part IV, line 19 | Juviu e s See | ا | | | | | |
| | | _ | Less: direct expenses | | а Ь | | | | | |
| 1 | | | Net income or (loss) from gan | nina activitice | | | ! | | | |
| | | | Gross sales of inventory, less | _ | | | | | | |
| | 10 | а | and allowances | Teturis | а | | | | | |
| | | h | Less: cost of goods sold | | ь | | | | | |
| | | | Net income or (loss) from sale | s of inventory | | | | | | |
| t | | | Miscellaneous Revenu | | | ısıness Code | | | | - |
| ľ | 11 | а | - Wildowia Tovoria | | | | | | | |
| | | b | | | | | | | | |
| | | С | | | _ | | | | | |
| | | d | All other revenue | | | | | | | |
| | | e | Total. Add lines 11a-11d | | | | | | | |
| | 12 | | Total revenue. See instructions. | | | | 569,208. | 0. | 0. | 560,612. |
| 13200 01-23 | 9 -12 | | | | | | | | | Form 990 (2011) |

Form 990 (2011) IN

| т | BT/ | 7 |
|---|-----|---|
| | INI | |

22-2142389 Page 10

| 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) but are not required to complete columns (B). (C), and (D).

| COM | piete Columns (b), (C), and (b). | | | | |
|-----|--|---------------------------|------------------------------|---|---------------------------------------|
| | Check if Schedule O contains a respon | se to any question in thi | s Part IX | | |
| | 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 | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and | | | | |
| | organizations in the United States. See Part IV, line 21 | 726,939. | 726,939. | | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the United States. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the | | | | |
| | United States See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | - | | |
| 5 | Compensation of current officers, directors, | | - | | |
| | trustees, and key employees | | | | |
| 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 | | - | | |
| 8 | Pension plan accruals and contributions (include | | | - | |
| Ŭ | section 401(k) and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | . | | ··- |
| 10 | Payroll taxes | | | - | , |
| 11 | Fees for services (non-employees). | | , | | *** |
| ''a | Management | | Ì | , | |
| _ | Legal | | | | ~ |
| b | Accounting | 6,200. | 6,200. | ., | |
| ن د | Lobbying | 0,200. | 0,200. | | |
| d | 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 | | <u>.</u> | | |
| 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 0.) | | | ; | |
| а | AREA TITETIA TODO | 775. | 775. | | |
| b | BANK FEES | 308. | 308. | | |
| c | | | | | |
| ď | | | | | |
| - | All other expenses | | | | ~ |
| 25 | Total functional expenses. Add lines 1 through 24e | 734,222. | 734,222. | 0. | 0. |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| - | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |
| | | | | | |

Form 990 (2011)

TNC.

22-2142389 Page 11

| Part X | Balance Sheet | | | | 2142369 Page II |
|----------------|--|--------------------------|--------------------------|------------|---------------------------------------|
| • | | | (A) Beginning of year | | (B) End of year |
| 1 (| Cash - non-interest-bearing | •• | | 1 | |
| 2 9 | Savings and temporary cash investments | | 2 | | |
| 3 F | Pledges and grants receivable, net | | 61,344. | 3 | 22,190. |
| 4 / | Accounts receivable, net | | | 4 | <u> </u> |
| 5 F | Receivables from current and former officers, director | | | | |
| € | employees, and highest compensated employees C | Complete Part II | 1 | | |
| 0 | of Schedule L . | | | 5 | |
| 6 F | Receivables from other disqualified persons (as defii | ned under section | | | |
| 4 | 1958(f)(1)), persons described in section 4958(c)(3)(E | 3), and contributing | | . | |
| 6 | employers and sponsoring organizations of section | 501(c)(9) voluntary | | . | |
| <u>,</u> 6 | employees' beneficiary organizations (see instruction | ns) . | | 6 | |
| Assets 7 N | Notes and loans receivable, net | | | 7 | <u></u> |
| 8 § | nventones for sale or use | | | 8 | |
| 9 F | Prepaid expenses and deferred charges | | | 9 | |
| 10a L | and, buildings, and equipment: cost or other | | | | |
| t | pasis Complete Part VI of Schedule D 10 | a | | | |
| b L | Less accumulated depreciation 10 | b | | 10c | |
| 11 1 | nvestments - publicly traded securities | | 11 | | |
| 12 | nvestments - other securities See Part IV, line 11 | 12,505,882. | 12 | 12,559,057 | |
| 13 li | nvestments - program-related. See Part IV, line 11 | | | 13 | |
| 14 li | ntangıble assets | | 14 | <u> </u> | |
| 15 (| Other assets. See Part IV, line 11 | | | 15 | · |
| 16 7 | Total assets. Add lines 1 through 15 (must equal lin | e 34) | 12,567,226. | 16 | 12,581,247 |
| 17 / | Accounts payable and accrued expenses | | | 17 | |
| 18 (| Grants payable . | ··· | 18 | | |
| 19 | Deferred revenue . | | | 19 | · · · · · · · · · · · · · · · · · · · |
| 20 7 | Tax-exempt bond liabilities | | | 20 | |
| ខ្ល 21 E | Escrow or custodial account liability. Complete Part | IV of Schedule D | | 21 | |
| 22 F | Payables to current and former officers, directors, tr | ustees, key employees, | | | |
| - 1 | nighest compensated employees, and disqualified p | ersons. Complete Part II | | | |
| - - | of Schedule L | | | 22 | |
| 1 | Secured mortgages and notes payable to unrelated | • | | 23 | |
| 1 | Unsecured notes and loans payable to unrelated the | rd parties | | 24 | - |
| | Other liabilities (including federal income tax, payabl | | | | |
| 1 | parties, and other liabilities not included on lines 17- | 24). Complete Part X of | _, | | |
| | Schedule D | | 54,355. | 25 | 53,239 |
| | Total liabilities. Add lines 17 through 25 | <u> </u> | 54,355. | 26 | 53,239 |
| 1 | Organizations that follow SFAS 117, check here | ▶ X and complete | | | |
| | ines 27 through 29, and lines 33 and 34. | | 4 660 000 | | 4 650 200 |
| 27 L | Unrestricted net assets | | 4,669,822. | 27 | 4,678,399. |
| m 28] | Femporarily restricted net assets | | 516,123. | 28 | 514,087 |
| 29 F | Permanently restricted net assets | 7,326,926. | 29 | 7,335,522 | |
| [| Organizations that do not follow SFAS 117, check | k here under the land | | | |
| 5 0 | complete lines 30 through 34. | | | | |
| 30 | Capital stock or trust principal, or current funds | | <u> </u> | 30 | |
| 31 F | Paid-in or capital surplus, or land, building, or equipr | | | 31 | |
| 2 1 | Retained earnings, endowment, accumulated incom | e, or other funds | 10 510 071 | 32 | 10 500 000 |
| 33 | Fotal net assets or fund balances | | 12,512,871. | 33 | 12,528,008. |
| 34 | Total liabilities and net assets/fund balances | | 12,567,226. | 34 | 12,581,247. Form 990 (2011) |

ROCHESTER PHILHARMONIC ORCHESTRA FUND,

| Form | 990 (2011) INC. | 22-2 | <u> 1423</u> | 89 | Pag | _{le} 12 |
|------|---|------------|--------------|------|-------------|------------------|
| Pa | rt XI Reconciliation of Net Assets | | | | | |
| | Check if Schedule O contains a response to any question in this Part XI | | | | | X |
| | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 569 | <u>9,2</u> | <u>08.</u> |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 734 | 4 ,2 | <u> 22.</u> |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | < | :16! | 5,0 | <u>14.</u> > |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 12, | 51: | 2,8 | <u>71.</u> |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | | 180 | 0,1 | <u>51.</u> |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 12, | 528 | 3,0 | 08. |
| Pa | rt XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | | | |
| | | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | _ [| | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | 0 | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | L | 2a | | X |
| b | Were the organization's financial statements audited by an independent accountant? | | L | 2b | X | |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th | e audıt, | | 1 | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | L | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | edule O. | - 1 | | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue | d on a | | | | |
| | separate basis, consolidated basis, or both: | | | - | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii | ngle Audıt | | | | |
| | Act and OMB Circular A-133? | | L | 3a | | <u>X</u> |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | red audit | | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | | | 3b | | |

Form **990** (2011)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

Name of the organization

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. ROCHESTER PHILHARMONIC ORCHESTRA FUND,

Employer identification number 22-2142389

| | | INC. | | | | | | | 22 | -214238 | 9 |
|----------|---|-------------------------------|--|---------------|------------------------------|-------------|---------------------|--|--------------------|-----------------|---------|
| Part I | Reason | for Public Char | ity Status (All organiz | ations mu | st complet | e this part | .) See inst | ructions. | | | |
| he orgar | nization is not a | a private foundation | because it is: (For lines 1 | 1 through 1 | 11, check | only one b | ox) | | | - | |
| 1 🔲 | A church, co | nvention of churches | s, or association of chur | ches desci | nbed in se | ction 170 | (b)(1)(A)(i) | | | | |
| 2 | A school des | cribed in section 17 | 0(b)(1)(A)(ii). (Attach Sc | hedule E) | | | | | | | |
| з 🗀 | A hospital or | a cooperative hospi | tal service organization (| described | n section | 170(b)(1) | (A)(iii). | | | | |
| 4 🔲 | A medical res | search organization (| operated in conjunction | with a hos | pıtal descr | nbed in se | ction 170 | (b)(1)(A)(ii | i). Enter th | ie hospital's n | ame, |
| | city, and stat | e | | | | | | | | | |
| 5 🔲 | An organizati | on operated for the | benefit of a college or ur | niversity ov | wned or op | erated by | a governr | nental uni | t describe | d in | |
| | section 170 | (b)(1)(A)(iv). (Comple | ete Part II.) | | | | | | | | |
| 6 🔲 | | | ent or governmental unr | t described | ın sectio | n 170(b)(1 | I)(A)(v). | | | | |
| 7 🔲 | An organizati | on that normally rec | eives a substantial part | of its supp | ort from a | governme | ntal unit o | r from the | general p | ublic describe | d in |
| | section 170(| (b)(1)(A)(vi). (Comple | te Part II) | | | | | | | | |
| 8 🗀 | A community | trust described in s | ection 170(b)(1)(A)(vi). | (Complete | Part II) | | | | | | |
| 9 🔲 | An organizati | on that normally rec | eives: (1) more than 33 ⁻ | 1/3% of its | support fi | rom contri | butions, m | embershi | p fees, and | d gross receip | ts from |
| | activities rela | ted to its exempt fui | nctions - subject to certa | ain excepti | ons, and (2 | 2) no more | than 33 1 | /3% of its | support f | rom gross inv | estment |
| | income and ι | unrelated business t | axable income (less sect | tion 511 ta | x) from bu | sinesses a | cquired b | y the orga | ınızatıon at | iter June 30, 1 | 975. |
| | See section | 509(a)(2). (Complete | Part III.) | | | | | | | | |
| 10 🖳 | | | perated exclusively to te | | | | | | | | |
| 11 LX | An organizati | ion organized and op | perated exclusively for the | ne benefit (| of, to perfo | orm the fu | nctions of, | or to carry | y out the p | ourposes of or | ne or |
| | | • • • • | ations described in secti | | • | | ?). See se c | tion 509(| a)(3). Chec | ck the box tha | it |
| | | | organization and compl | | | | | | | | |
| | a Ll Type l | | | | e III - Func | • | • | | | Type III - Othe | |
| e X | - | · | t the organization is not | | | | | | | | |
| | | - | han one or more publicly | | | | | | 9(a)(1) or s | ection 509(a)(| 2). |
| f | _ | | ten determination from t | the IRS tha | at it is a Ty | pe I, Type | II, or Type | e III | | | |
| | | rganization, check th | | <u>.</u> | | _ | | | _ | | ــــا |
| g | _ | | organization accepted ar | | | _ | | | | | T |
| | | | lirectly controls, either al | lone or tog | ether with | persons o | lescribed | in (ii) and (| III) below, | Ye | |
| | _ | - • | upported organization? | | | | | | | 11g(i) | X |
| | • | | n described in (i) above? | | • | | | | | 11g(ii) | X |
| | • • | • | person described in (i) | | | | | | | 11g(iii) | |
| h | Provide the f | ollowing information | about the supported or | ganization | (S) | | | | | | |
| | | | (iii) Type of | tin) la tha a | raanization | (v) Did voi | ı natıfı tha | (vi) Is | the | | |
| | e of supported | (ii) ElN | organization | | organization sted in your | | ion in col. | organizatio | on in col. | (vii) Amour | |
| Org | janization | | (described on lines 1-9 | | document? | | support? | (i) organız U.S | | support | • |
| | | 1 | above or IRC section (see instructions)) | Yes | No | Yes | No | Yes | No | | |
| ROCHE | ESTER | | , , , | 1 | | | | | | | |
| PHILE | IARMONIC | 16-0765613 | 9 | x | | x | | X | | 726. | 939. |
| | | | | 1 | | | | | <u> </u> | | |
| | |] | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Γotal | 1 | | | <u></u> | | | | | | 726 | 939. |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Se | ction A. Public Support | | | | | | |
|------|--|-------------------------|----------------------|------------------------|---------------------|----------------------|----------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ızatıon's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| | Public support. Subtract line 5 from line 4 | | | <u></u> | | | |
| Sec | ction B. Total Support | T | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | ļ | | | |
| | business is regularly carned on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part IV.) | | | | <u> </u> | | |
| | Total support. Add lines 7 through 10 | | | | | | <u> </u> |
| | Gross receipts from related activities, | | · | | | 12 | <u> </u> |
| 13 | First five years. If the Form 990 is for | | s first, second, thu | d, fourth, or fifth ta | ax year as a sectio | n 501(c)(3) | . \square |
| 200 | organization, check this box and storetion C. Computation of Publication |) here ic Support Pe | rcentage | | <u> </u> | | |
| | | | | (0) | <u> </u> | | |
| | Public support percentage for 2011 (I Public support percentage from 2010 | | | column (1)) | • | 14 | <u>%</u> |
| | 33 1/3% support test - 2011. If the c | | | n line 12, and line | 14 io 22 1/20/ or n | 15 | <u>%</u> |
| 104 | stop here. The organization qualifies | | | | 14 15 33 1/3% 01 11 | iore, check this bo | x and |
| b | 33 1/3% support test - 2010. If the c | | • | | line 15 ie 33 1/3% | or more, check th | us boy |
| | and stop here. The organization qual | | | | ine 13 is 33 1/3/6 | or more, check th | IIS DUX |
| 17a | 10% -facts-and-circumstances test | | | | 13 16a or 16b s | and line 14 is 10% | or more |
| | and if the organization meets the "fac | | | | | | |
| | meets the "facts-and-circumstances" | | | | | tiv non the organ | ► □ |
| b | 10% -facts-and-circumstances test | | | | | 17a, and line 15 is: | 1 0% or |
| _ | more, and if the organization meets th | | | | | | |
| | organization meets the "facts-and-circ | | | | | | ightharpoonup |
| 18 | Private foundation. If the organizatio | | | | | | , 5 |
| | | | | | | dule A (Form 990 | |

Schedule A (Form 990 or 990 EZ) 2011 Part III Support Schedule for Organizations Described in Section 509(a)(2)

| (Complete only if you checked the box on line 9 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.) | |

| Sec | ction A. Public Support | | | | | | |
|-----------|--|--------------------|---------------------------|------------------------|--|--|--------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (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 bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | - |
| | zation'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 | | - | | 1 | - | |
| - | Amounts included on lines 1, 2, and | | | | 1 | - | |
| | 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 | | | | | | |
| _ | Add lines 7a and 7b | | - | † | | | |
| | | | | | | | |
| | Public support (Subtract line 7c from line 6) ction B. Total Support | | <u>.</u> | <u> </u> | <u> </u> | | |
| | ndar year (or fiscal year beginning in) | (a) 2007 | (F) 2009 | (=) 2000 | (-0.0010 | (-) 0011 | (O Total |
| | Amounts from line 6 | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| - | 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 IV.) | | | | | | |
| | Total support (Add lines 9, 10c, 11, and 12) | <u> </u> | <u> </u> | <u> </u> | <u> </u> | 1 | Ļ |
| 14 | First five years. If the Form 990 is for | the organization's | s first, second, thi | rd, fourth, or fifth t | ax year as a section | on 501(c)(3) organiz | ration, |
| <u> </u> | check this box and stop here | - 0 | | | | | ▶□ |
| | ction C. Computation of Publ | | <u> </u> | | | | |
| | Public support percentage for 2011 (I | | • | column (f)) | | 15 | % |
| | Public support percentage from 2010 | | | · | | 16 | % |
| | ction D. Computation of Inves | | - <u> </u> | | | | |
| | Investment income percentage for 20 | • | • | ne 13, column (f)) | | 17 | % |
| | Investment income percentage from 2 | - | • | | | 18 | % |
| 19a | 33 1/3% support tests - 2011. If the | organization did r | not check the box | on line 14, and line | e 15 is more than : | 33 1/3%, and line 1 | 7 is not |
| | more than 33 1/3%, check this box as | | • | | | • • | |
| b | 33 1/3% support tests - 2010. If the | | | | | | and |
| | line 18 is not more than 33 1/3%, che | ck this box and s | top here. The orga | anızatıon qualifies | as a publicly supp | orted organization | ightharpoons |
| <u>20</u> | Private foundation. If the organizatio | n did not check a | box on line 14, 19 | a, or 19b, check t | his box and see in | structions | |
| | | | | | | | |

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization F

ROCHESTER PHILHARMONIC ORCHESTRA FUND,

Employer identification number 22-2142389

| Par | t I Organizations Maintaining Donor Advise | d Funds or Other Similar Funds | s or Accounts. Complete if the |
|-----|---|--|---|
| | organization answered "Yes" to Form 990, Part IV, line | | · |
| | | (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 advisors in | writing that the assets held in donor advis | sed funds |
| • | are the organization's property, subject to the organization's | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | - | |
| • | for charitable purposes and not for the benefit of the donor of | • • | • |
| | impermissible private benefit? | or definer devices, or for any earlier purpose | Yes No |
| Par | | ganization answered "Yes" to Form 990. F | |
| 1 | Purpose(s) of conservation easements held by the organization | | |
| • | Preservation of land for public use (e.g., recreation or e | | storically important land area |
| | Protection of natural habitat | · — | rfied historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a quality | fied conservation contribution in the form | of a conservation easement on the last |
| _ | day of the tax year. | | |
| | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| ь | Total acreage restricted by conservation easements | | 2b |
| c | Number of conservation easements on a certified historic str | ructure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired | • • | |
| - | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, re | leased, extinguished, or terminated by the | |
| | year > | 3 • • • • • • • • • • • • • • • • • • • | 3 |
| 4 | Number of states where property subject to conservation ea | sement is located | |
| 5 | Does the organization have a written policy regarding the pe | | |
| | violations, and enforcement of the conservation easements | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | | luring the year 🕨 |
| 7 | Amount of expenses incurred in monitoring, inspecting, and | enforcing conservation easements during | the year > \$ |
| 8 | Does each conservation easement reported on line 2(d) above | ve satisfy the requirements of section 170 |)(h)(4)(B)(i) |
| | and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | in Part XIV, describe how the organization reports conservat | ion easements in its revenue and expense | e statement, and balance sheet, and |
| | include, if applicable, the text of the footnote to the organiza | tion's financial statements that describes | the organization's accounting for |
| | conservation easements. | | |
| Pai | t III Organizations Maintaining Collections o | f Art, Historical Treasures, or O | ther Similar Assets. |
| | Complete if the organization answered "Yes" to Form | 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under SFAS 116 (AS | SC 958), not to report in its revenue stater | ment and balance sheet works of art, |
| | historical treasures, or other similar assets held for public ex | hibition, education, or research in furthera | ince of public service, provide, in Part XIV, |
| | the text of the footnote to its financial statements that descri | ibes these items. | |
| b | If the organization elected, as permitted under SFAS 116 (AS | SC 958), to report in its revenue statemen | t and balance sheet works of art, historical |
| | treasures, or other similar assets held for public exhibition, e | ducation, or research in furtherance of pu | blic service, provide the following amounts |
| | relating to these items: | | |
| | (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, historical tre | easures, or other similar assets for financia | |
| | the following amounts required to be reported under SFAS 1 | 16 (ASC 958) relating to these items: | |
| а | Revenues included in Form 990, Part VIII, line 1 | | > \$ |
| b | Assets included in Form 990, Part X | | ► \$ ► \$ |

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

Schedule D (Form 990) 2011

ROCHESTER PHILHARMONIC ORCHESTRA FUND,

| | dule D (Form 990) 2011 INC. | Callections of A | t Uistoriaal Tr | and the | | | | Page 2 |
|----------|--|-------------------------|-------------------------|-----------------------|--------------|-------------|-----------------|---------------|
| | | | | | | | | |
| 3 | Using the organization's acquisition, accessi | on, and other record | s, check any of the | following that are a | significant | use of its | collection | rtems |
| _, | (check all that apply). Public exhibition | | , | | | | | |
| a | | d | | hange programs | | | | |
| b | Scholarly research | е | Other | | | | | |
| C | Preservation for future generations | alla akana and audau | | | | | // | |
| 4 | Provide a description of the organization's co | | | | | ose in Par | t XIV. | |
| 5 | During the year, did the organization solicit of | | | | ar assets | <u></u> | 7 v | |
| Par | to be sold to raise funds rather than to be mart IV Escrow and Custodial Arran | | | | | Dort IV | <u> Yes</u> | No_ |
| | reported an amount on Form 990, Par | | ite ii tile Organizatio | ii alisweled 165 il | 7 -01111 990 | , railiv, i | ilile 5, Oi | |
| 12 | Is the organization an agent, trustee, custodi | | lary for contribution | e or other seeste no | t included | | | |
| ,,, | on Form 990, Part X? | an or other intermed | iary for contribution | o of other assets no | i included | | Yes | □ No |
| b | If "Yes," explain the arrangement in Part XIV | and complete the fol | llowing table. | | | | _ 163 | 110 |
| _ | | and complete the let | Journal Labio. | | | | Amount | |
| С | Beginning balance | | | | 1c | | 7 2 11 0 2 11 1 | |
| d | Additions during the year | | | | 1d | | | |
| е | Distributions during the year | | | | 1e | | | |
| f | Ending balance | | | | 1f | | | |
| 2a | Did the organization include an amount on Fo | orm 990, Part X, line | 21? | • | | | Yes | No No |
| b | If "Yes," explain the arrangement in Part XIV. | | | | | | | |
| Par | rt V Endowment Funds. Complete r | f the organization an | swered "Yes" to Fo | rm 990, Part IV, line | 10. | | | |
| | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three y | ears back | (e) Four | years back |
| 1a | Beginning of year balance | 12,505,882, | 11,620,568. | 11,507,807. | 13,4 | 64,264. | | |
| b | Contributions | 44,052. | 66,748. | 36,723. | 3 | 50,000. | | |
| C | Net investment earnings, gains, and losses | 738,827. | 1,484,223. | 783,343. | <1,4 | 79,802, | > | |
| d | Grants or scholarships | 729,704. | 665,657. | 707,305. | 7 | 82,163. | ļ | |
| е | Other expenditures for facilities | | | | | | | |
| | and programs | | | | | | | |
| f | Administrative expenses | | | | | 44,492, | | |
| 9 | End of year balance | 12,559,057. | 12,505,882. | 11,620,568. | 11,5 | 07,807. | | |
| 2 | Provide the estimated percentage of the curr | - | e (line 1g, column (a | i)) held as | | | | |
| а | Board designated or quasi-endowment | 37.70 | _% | | | | | |
| þ | Permanent endowment ► 58.30 | % | | | | | | |
| C | | <u>4.00</u> % | | | | | | |
| _ | The percentages in lines 2a, 2b, and 2c shou | - | | | | | | |
| За | Are there endowment funds not in the posse | ssion of the organiza | ition that are held a | nd administered for | the organiz | ation | Г | |
| | by: | | | | | | | Yes No |
| | (i) unrelated organizations (ii) related organizations | | | | | • | 3a(i) | X |
| b | If "Yes" to 3a(ii), are the related organizations | s lietad ae roguirod oi | n Sahadula D2 | | | | 3a(ii) | X |
| 4 | Describe in Part XIV the intended uses of the | • | | • | | | 3b | |
| | rt VI Land, Buildings, and Equipm | | | | | | - | · |
| | Description of property | (a) Cost or ot | | or other (c) 4 | Accumulate | ed | (d) Book | value |
| | 2000. p. o. p. opoy | basis (investm | 1 , , | ' ' | preciation | . | (u) Door | · vaido |
| 1a | Land | · | | · · | - | | | |
| b | Buildings | | - | - | | 1 | | |
| С | Leasehold improvements | | | | | 1 | | _ |
| d | Equipment | | | | | | | |
| <u>е</u> | Other | | | | | | | |
| T-4-1 | Add lines to through to (Column (d) must or | augl Form 000 Port | V column (D) line 1 | 0(0)) | | | | |

Schedule D (Form 990) 2011

Part X Other Liabilities. See Form 990, Part X, line 25

(a) Description of liability

| 1. | (a) Description of liability | (b) Book value |
|-------|--|----------------|
| (1) | Federal income taxes | |
| (2) | DUE TO ROCHESTER PHILHARMONIC | |
| (3) | ORCHESTRA, INC. | 53,239. |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| (11) | | |
| Total | (Column (b) must equal Form 990, Part X, col (R) line 25.) | 53 239 |

otal. (Column (b) must equal Form 990, Part X, col (B) line 25.)

FIN 48 (ASC 740) Footnote 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 (ASC 740)

132053 01-23-12 ROCHESTER PHILHARMONIC ORCHESTRA FUND,

| Sche | dule D (Form 990) 2011 INC . | | | <u>2142389</u> | Page 4 | | |
|---|---|--------------|----------------|----------------|--------------|--|--|
| Pai | t XI Reconciliation of Change in Net Assets from Form 990 to Audited Fire | nancial S | Statement | ts | | | |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | | 569 | <u>,208.</u> | | |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | | 734 | <u>,222.</u> | | |
| 3 ` | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | | <165 | 014. | | |
| 4 | Net unrealized gains (losses) on investments | 4 | | 178 | ,214. | | |
| 5 | Donated services and use of facilities | 5 | | | | | |
| 6 | Investment expenses | 6 | | | | | |
| 7 | Pnor penod adjustments | 7 | | | | | |
| 8 | Other (Describe in Part XIV.) | 8 | | 1 | <u>,937.</u> | | |
| 9 | Total adjustments (net). Add lines 4 through 8 | 9 | | 180 | 151. | | |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | | | <u>,137.</u> | | |
| Par | t XII Reconciliation of Revenue per Audited Financial Statements With Re | venue p | er Returr | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 749 | <u>,359.</u> | | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12. | | | | | | |
| а | Net unrealized gains on investments 2a | <u>178,2</u> | 14. | | | | |
| b | Donated services and use of facilities 2b | | | | | | |
| С | Recoveries of prior year grants 2c | | | | | | |
| d | Other (Describe in Part XIV.) | 1,9 | <u>37.</u> | | | | |
| е | Add lines 2a through 2d | | 2e | | <u>,151.</u> | | |
| 3 | Subtract line 2e from line 1 | | 3 | 569 | <u>,208.</u> | | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | | | |
| а | Investment expenses not included on Form 990, Part Vill, line 7b | | | | | | |
| b | Other (Describe in Part XIV.) | | | | | | |
| С | Add lines 4a and 4b | | 4c | | 0. | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 | | <u>,208.</u> | | |
| | t XIII Reconciliation of Expenses per Audited Financial Statements With E | xpenses | per Ketu | | | | |
| 1 | Total expenses and losses per audited financial statements | | 1 | 734 | ,222. | | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | 1 1 | | | | |
| a | Donated services and use of facilities 2a | | | | | | |
| b | Prior year adjustments | | | | | | |
| С | Other losses 2c | | | | | | |
| d | Other (Describe in Part XIV) | | | | ^ | | |
| | Add lines 2a through 2d | | 2e | 824 | -0. | | |
| 3 | Subtract line 2e from line 1 | | 3 | /34 | ,222. | | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 | | | | | | |
| | Investment expenses not included on Form 990, Part VIII, line 7b | | | | | | |
| | Other (Describe in Part XIV) | | ─ ┤ . │ | | • | | |
| | Add lines 4a and 4b | | . 4c | 724 | 0. | | |
| | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) T XIV Supplemental Information | | 5 | /34 | <u>,222.</u> | | |
| Complete this part to 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, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to provide any additional information. PART V, LINE 4: THE ENDOWMENT CONTAINS BOTH DONOR RESTRICTED FUNDS, AS | | | | | | | |
| WELL AS AMOUNTS THAT ARE UNRESTRICTED BY THE DONOR THAT THE BOARD HAS | | | | | | | |
| CHOSEN TO INVEST IN ITS ENDOWMENT FOR FUTURE NEEDS. THE INVESTMENT | | | | | | | |
| OBC | JECTIVES OF THE ORCHESTRA'S ENDOWMENT IS THE ACHIE | VEMEN | T OF L | ONG-TERI | 4 | | |
| GRO | OWTH, PRESERVATION OF THE INVESTMENT AND THE GENER | ATION | OF RE | TURNS TI | <u>IAT</u> | | |
| EXC | CEED THE LONG-TERM RATE OF INFLATION. THE ORCHESTR | A FUN | D HAS | AN | | | |
| ENI | DOWMENT SPENDING POLICY WHEREBY A PERCENTAGE OF TH | E AVE | RAGE M | ARKET V | ALUE | | |
| <u>OF</u> | THE ORCHESTRA FUNDOS INVESTMENT PORTFOLIO AT THE | END O | F THE | PREVIOUS | 3 | | |

132054 01-23-12

ROCHESTER PHILHARMONIC ORCHESTRA FUND, 22-2142389 Page 5 Schedule D (Form 990) 2011 Part XIV Supplemental Information (continued) FIVE FISCAL YEARS, INCLUDING ACCRUALS, ADJUSTED FOR CONTRIBUTIONS DURING THE YEAR, IS CONTRIBUTED TO THE ORCHESTRA. PART X, LINE 2: FOR TAX-EXEMPT ENTITIES, THEIR TAX-EXEMPT STATUS ITSELF IS DEEMED TO BE AN UNCERTAINTY, SINCE EVENTS COULD POTENTIALLY OCCUR TO JEOPARDIZE THEIR TAX-EXEMPT STATUS. AS OF AUGUST 31, 2012 AND 2011, THE ORCHESTRA FUND DID NOT HAVE A LIABILITY FOR UNRECOGNIZED TAX BENEFITS. THE ORCHESTRA FUND FILES INFORMATIONAL TAX RETURNS IN THE U.S. FEDERAL JURISDICTION AND NEW YORK STATE. THE ORCHESTRA FUND IS NO LONGER SUBJECT TO U.S. FEDERAL AND STATE INFORMATIONAL TAX EXAMINATIONS BY TAX AUTHORITIES FOR FISCAL YEARS THROUGH 2008. PART XI, LINE 8 - OTHER ADJUSTMENTS: CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 1,937. PART XII, LINE 2D - OTHER ADJUSTMENTS: CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 1,937.

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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

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

ROCHESTER PHILHARMONIC ORCHESTRA FUND,

Open to Public 2011

Inspection

OMB No 1545-0047

► Attach to Form 990.

2 Employer identification number 22-2142389 (h) Purpose of grant or assistance X Yes MISSION SUPPORT Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed 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 (g) Description of non-cash assistance valuation (book, FMV, appraisal, other) Š (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant 726,939 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable 501(C)(3) Enter total number of other organizations listed in the line 1 table 16-0765613 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization ROCHESTER PHILHARMONIC ORCHESTRA or government Name of the organization ROCHESTER, NY 14604 108 EAST AVE, 2 Des Part I

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

Schedule I (Form 990) (2011)

| Schedule I | Schedule I (Form 990) (2011) | INC. | 22-2142389 |
|------------|--|---|------------|
| Part III | Part III Grants and Other Assistance to Individual | istance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. | |
| | Part III can be duplica | 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 |
|---|--------------------------|--------------------------|---------------------------------------|---|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. | de the informatio | n required in Part I, | line 2, and any other | additional information. | |
| SCHEDULE I, PART I, LINE 2: THE OR | THE ORCHESTRA FUND | HAS | AN ENDOWMENT | T SPENDING | |
| POLICY WHEREBY A PERCENTAGE OF THE | | MARKET VA | AVERAGE MARKET VALUE OF THE ORCHESTRA | ORCHESTRA | |
| FUNDOS INVESTMENT PORTFOLIO AT THE | END | OF THE PREVIOUS | US FIVE FI | FIVE FISCAL YEARS, | |
| INCLUDING ACCRUALS, ADJUSTED FOR CONTRIBUTIONS DURING THE YEAR, | ONTRIBUT | IONS DURIN | G THE YEAR | SI, | |
| CONTRIBUTED TO THE ORCHESTRA. THE | | PPROVED CO | NTRIBUTION | BOARD-APPROVED CONTRIBUTION PERCENTAGE | |
| WAS 5% FOR THE YEARS ENDED AUGUST | 31, 2012 | AND 2011, | 2012 AND 2011, RESPECTIVELY | ELY. | |
| | | | | | |

Schedule I (Form 990) (2011)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011 Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

ROCHESTER PHILHARMONIC ORCHESTRA FUND,

Employer identification number 22-2142389

| INC. | 22-2142389 |
|--|---------------------|
| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION M | ISSION: |
| QUALITY, LIVE ORCHESTRAL PERFORMANCES IN ROCHESTER, NY. | |
| | |
| FORM 990, PART VI, SECTION A, LINE 7A: FIVE MEMBERS OF | THE BOARD OF |
| TRUSTEES ARE APPOINTED BY THE ROCHESTER PHILHARMONIC OR | CHESTRA. |
| | |
| FORM 990, PART VI, SECTION B, LINE 11: RPOF BOARD MEMBER | RS ARE PROVIDED |
| WITH A COPY OF THE FORM 990 FOR REVIEW BEFORE IT IS FILE | ED. |
| | |
| FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ST | UBMIT ANNUAL |
| DISCLOSURES. THE SECRETARY REVIEWS THESE, PURSUES ANY 1 | RESULTING ISSUES, |
| AND WILL REFER MATTERS FOR BOARD ACTION IF APPROPRIATE. | APART FROM THIS |
| ANNUAL OBSERVANCE, THE BY-LAWS ENJOIN MEMBERS TO DECLAR | |
| TO SECURE BOARD ACTION ON PROPOSED CONFLICT TRANSACTION: | |
| 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 REC | OUIRED TO BE MADE |
| AVAILABLE TO THE PUBLIC ARE AVAILABLE UPON REQUEST AT 1 | - |
| ROCHESTER, NEW YORK 14604. | |
| | |
| FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS: | |
| NET UNREALIZED GAINS ON INVESTMENTS: | 178,214. |
| CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS | 1,937. |
| TOTAL TO FORM 990, PART XI, LINE 5 | 180,151. |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2011)

| Schedule O (Form 990 or 990-EZ) (2011) | Page 2 |
|---|---|
| Name of the organization ROCHESTER PHILHARMONIC ORCHESTRA FUND, INC. | Employer identification number 22-2142389 |
| FORM 990 PART VI, SECTION B, LINE 14: THE FUND'S RECORDS | ARE MAINTAINED |
| BY ROCHESTER PHILHARMONIC ORCHESTRA PURSUANT TO ITS RETEN | TION POLICIES. |
| FORM 990 PART VI, SECTION B, LINE 13 AND 15: THE FUND DOE | S NOT HAVE |
| EMPLOYEES AND THEREFORE THIS POLICY DOES NOT APPLY. THE M | EMBERS OF THE |
| BOARD OF TRUSTEES HAVE FIDUCIARY RESPONSIBILITY FOR TAKING THEY SEE WRONGDOING. | G ACTION IF |
| FORM 990 PART IV, SECTION B, LINES 15A AND 15B: THE FUND | DOES NOT HAVE |
| EMPLOYEES OR ANY SAY ON ANY REPORTABLE COMPENSATION. | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | - |
| | |
| | |
| | |
| | |

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ▶ Attach to Form 990.
 ▶ See separate instructions.

2011 , Open to Public Inspection

OMB No 1545-0047

Employer identification number 22-2142389

ROCHESTER PHILHARMONIC ORCHESTRA FUND, Name of the organization

| | Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) |
|------|--|
| LINC | ies (C |
| | Parti |

| | (a) | (q) | (၁) | <u>5</u> | (e) | (£) | |
|------|---|--|--|-----------------------|--------------------------|--------------------|--|
| | Name, address, and EIN | Primary activity | Legal domicile (state or | Total income | End-of-year assets | Direct controlling | |
| | of disregarded entity | | foreign country) | | | entity | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Part | Identification of Related Tax-Exempt Organizations (Complete organizations during the toy year) | tions (Complete if the organization an | if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt | t IV, line 34 because | e it had one or more rel | ated tax-exempt | |

organizations during the tax year)

| (a) | (q) | (c) | (p) | (e) | 6 | (6) | |
|--|------------------|--------------------------|-----------|--------------------|--------------------|--------------------|----------------|
| Name, address, and EIN | Primary activity | Legal domicile (state or | Sode | Public chanty | Direct controlling | Section 512(b)(13) | b)(13) |
| of related organization | | foreign country) | section | status (if section | entity | entity? | |
| | | | | 501(c)(3)) | | Yes | N _o |
| ROCHESTER PHILHARMONIC ORCHCESTRA, INC | | | | | | | |
| 16-0765613, 108 EAST AVENUE, ROCHESTER, NY | 1 | | | | | | |
| 14604 | DRCHESTRA | NEW YORK | 501(C)(3) | N | N/A | | . |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | · | | | | | | |
| | | | | | | _ | |

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

132161 01-23-12 LHA

Schedule R (Form 990) 2011

ROCHESTER PHILHARMONIC ORCHESTRA FUND,

Schedule R (Form 990) 2011 INC.

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

Page 2

22-2142389

Percentage ownership General or Percentage managing ownership Schedule R (Form 990) 2011 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) ड Yes No Share of end-of-year assets Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Ξ Share of total income ate allocations? Yes No Disproportion-Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets **e** Œ Direct controlling entity Share of total income ਉ Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) O **e** 26 Primary activity (d)
| Direct controlling entity 9 (c)
Legal
domicile
(state or
foreign
country) Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization 132162 01-23-12 Part IV

ROCHESTER PHILHARMONIC ORCHESTRA FUND,

Page 3

22-2142389

Schedule R (Form 990) 2011 INC.

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) Part V

| | | | | | - |
|---|----------------------------------|-----------------------------|---|----------------------------|----------|
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | | | Yes | <u>گ</u> |
| 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? | ns with one or more re | slated organizations listed | ın Parts II-IV? | | |
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | | | | + | × |
| Gift, grant, or capital contribution to related organization(s) | | | | th X | |
| c Gift, grant, or capital contribution from related organization(s) | | | | 10 | × |
| d Loans or loan guarantees to or for related organization(s) | | | | Td X | |
| e Loans or loan guarantees by related organization(s) | | | | | × |
| | | | | | |
| f Sale of assets to related organization(s) | | | | 1f | × |
| g Purchase of assets from related organization(s) | | | | 1g | × |
| h Exchange of assets with related organization(s) | | | | ŧ | × |
| i Lease of facilities, equipment, or other assets to related organization(s) | | | | ;= | × |
| i Lease of facilities equipment or other assets from related organization(s) | | | | ÷ | × |
| k Performance of services or membership or fundraising solicitations for related organization(s) | janization(s) | | | × | : |
| l Performance of services or membership or fundraising solicitations by related organization(s) | anization(s) | | | = | × |
| $oldsymbol{m}$ Shanng of facilities, equipment, mailing lists, or other assets with related organization(s) | tion(s) | | | E X | |
| n Sharing of paid employees with related organization(s) | | | | t X | |
| o Reimbursement paid to related organization(s) for expenses | | | | - 0 | × |
| | | | | | × |
| | | | | | |
| q Other transfer of cash or property to related organization(s) | | | | 19 | × |
| . ! | | | | + | × |
| 2 If the answer to any of the above is "Yes," see the instructions for information on v | who must complete the | is line, including covered | nation on who must complete this line, including covered relationships and transaction thresholds | | |
| (a) Name of other organization | (b) Transaction type (a-r) | (c) Amount involved | (d) Method of determining amount involved | | |
| (1) RPO, INC. | В | 726,939.FMV | FMV | | |
| 5 | | | | | |
| | | | | | 1 |
| (3) | | | | | |
| (4) | | | | | - |
| (5) | | | | | |
| | | | | | |
| 132183 01-23-12 | 27 | | Schedul | Schedule R (Form 990) 2011 | 5 |

22-2142389

Page 4

ROCHESTER PHILHARMONIC ORCHESTRA FUND, INC.

Schedule R (Form 990) 2011

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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) | (9) | (P) | 9 | Ę | (a) | 3 | (9) | 5 | 8 |
|------------------------|------------------|----------------------------|--|--------------------------------------|-------|-----------------------|-----------------------|---------------------------|-----------------------|----------------------------|
| Name, address, and EIN | Primary activity | Legal domicile | Predominant income professional | Are all partners sec 501(c)(3) | () | Share of | Dispropor- tionate | Code V-UBI | General c managini | Percentage |
| of entity | | (state or toreign country) | excluded from tax under section 512-514) Yes No | Ves No | rotal | end-or-year assets | Yes No | ves No (Form 1065) Yes No | Yes No | diusieuwo |
| | | | | | | | | | | |
| | | | | | • | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | - | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | į | <u> </u> | | | - | | | |
| | | | | | | | | | - | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | _ | | | | | | |
| | | | | | | | | | | |
| | | | | | | | • | | | |
| | | | | | | | _ | | _ | |
| | | | | | | | | | | |
| | | | | | | | | | - | |
| | | | | | | | | | | |
| | - | | | | | | | | | |
| | | | | | | | | Schedule | R (For | Schedule R (Form 990) 2011 |