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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www irs.gov/form990.

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		JSNO	тк		

<u>A</u>	For the	2013 calendar year, or tax year beginning SEP 1, 2013 and	ending	AUG 31,	2014						
В	Check if applicable	C Name of organization		D Employer	identifica	ation number					
		ROCHESTER PHILHARMONIC ORCHESTRA FUND	,								
	Addre chang	INC.									
	Name chang	Doing Business As			22-2142389						
L	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	ite E Telephone	number							
	Termir ated	100 EAST AVENUE			(585)454-7311						
	Amen return	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipt	:s \$	1,735,	020.				
	Application	L ROCHESIER, NI 14004		H(a) Is this a	group reti	um					
	pend	F Name and address of principal officer: THOMAS HILDEBRANDT		for subc	ordinates?	Yes	X No				
		SAME AS C ABOVE		H(b) Are all sub	ordinates incl	luded? 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)										
<u>J</u> 1	Websi	e: ▶ N/A		H(c) Group e	xemption	number 🕨	•				
<u>K </u>	Form of	organization: X Corporation	L Ye	ear of formation: 1	976 M	State of legal don	ncile: NY				
Pi	art I	Summary									
ø.	1	Briefly describe the organization's mission or most significant activities THE	RPO I	FUND, INC	IS O	PERATED					
Activities & Governance		FOR THE PURPOSE OF ASSURING THE CONTINUE	D AV	AILABILIT	Y OF	HIGH					
Ē	2	Check this box if the organization discontinued its operations or dispo	sed of m	ore than 25% of i	ts net ass	ets					
Š		Number of voting members of the governing body (Part VI, line 1a)			3		12				
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			4		11				
ş		Total number of individuals employed in calendar year 2013 (Part V, line 2a)			5		0				
įį	1	Total number of volunteers (estimate if necessary)			6		0				
Ę	7 a	Total unrelated business revenue from Part VIII column (C), line 12			7a		0.				
⋖		Net unrelated business taxable income from Eorm 990 Filine 34			7b		0.				
		1 1 "		Prior Year		Current Ye					
Revenue	8	Contributions and grants (Part VIII, line (A) MAR 1 3 2015 (C) (C)	Ī		858.		200.				
		Program service revenue (Part VIII, line 2g)			0.		0.				
			Ī	720,		1,001,					
œ	11	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c; and 11e)		· 1	0.		0.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Ī	721,		1,215,	285.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		966,			802.				
		Benefits paid to or for members (Part IX, column (A), line 4)	ŀ	300,1	0.		0.				
w	l	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)	t		0.		0.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.		0.				
per	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	·+ : 2 - 3 - 3 - 3	7.45		<u> </u>				
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		18	971.	8.	422.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	F	985,			224.				
		Revenue less expenses. Subtract line 18 from line 12		<263,			061.				
PSS				Beginning of Curre	1	End of Yes					
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	r	12,747,		13,810,					
Age Base	21	Total liabilities (Part X, line 26)	r		635.		470.				
ξĒ	22	Net assets or fund balances. Subtract line 21 from line 20	r	12,743,		13,763,					
	Wine.				20 / 1						
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	s and stat	ements, and to the l	best of my l	knowledge and be	lief. it is				
		t, and complete. Declaration of preparer (other than officer) is based on all information of wi		=	•		, 11.10				
		Inmo Hilaupy	р. ора		3/4/1	الم					
Sig	n	Signature of officer		Date	1711						
Her		THOMAS HILDEBRANDT, BOARD CHAIR									
	•	Type or print name and title									
		Print/Type preparer's name Preparer's signature	-	Date / /	Check	PTIN					
Paid	d	CRAIG M. STEVENS Cay Storm	4	3/3/15	rf self-employed	P007485	83				
	parer	Firm's name BONADIO & CO., LLP		Firm's		16-11311					
	Only	Firm's address 171 SULLY'S TRAIL, SUITE 201		1 1110 3			. = 0				
	,	PITTSFORD, NY 14534		Phone	e no. (58	5) 381-1	000				
Ma	v the If	RS discuss this return with the preparer shown above? (see instructions)		j i none	<u>, no. (5 0</u>	X Yes	No				
	, 11					ا 25 المما	110				

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Parely 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	ļ
2	is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l
_	public office? If "Yes," complete Schedule C, Part I	3	<u> </u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	 7		
Ü	Schedule D, Part III			X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	_8		
Ů	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	<u>. </u>		
	as applicable			ĺ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
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
đ	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
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	<u> </u>
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		72	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	40-	x	:
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	_^	
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII 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 have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		Ì	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			7.5
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		<u> X</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<u> </u>
<u></u>	1 100 to mile 200, did the organization attach a copy of its addited findficial statements to this return?	20b Form	990 (2012
		FULL	220 (<u>(CUIS)</u>

Pent IV	Checklist	of Rec	uired So	chedules	(continued)
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	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
22	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
	Did the organization report more than \$5,000 of grants or 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			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	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
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			!
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	'		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			7.5
	If "Yes," complete Schedule R, Part V, line 2	36		X
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X_
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		7.7	
	Note. All Form 990 filers are required to complete Schedule O	38	X	(2013)

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Form **990** (2013)

	1990 (2013) INC. 22-21	12305	, P.	age o
ાન્દા	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			$\overline{}$
	Chock is defined to define a respense of flote to any line in this fact v		T v	\ <u>-</u>
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0	Yes	No
1a		0		
b	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	0		}
С	(gambling) winnings to prize winners?	10	Х	
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1c		
Za		0		-
.	filed for the calendar year ending with or within the year covered by this return 2a If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
J	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	2b		
22	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		- 22
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30		
70	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	Ta		
	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		х
		5b		X
	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	- 30		
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- 50		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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	ıγ? 7 a		х
	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			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C			
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		<u>.</u>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter.			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
	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.			<u>-</u> -
а	·	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b				
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			77
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	X

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Form 990 (2013)

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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 C). See i	nstructions.			
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		12		
	If there are material differences in voting rights among members of the governing body, or if the governing					ļ
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			ļ		
b	Enter the number of voting members included in line 1a, above, who are independent	_1b		11		ļ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ıp with	any other			
	officer, director, trustee, or key employee?			2	ļ	X
3	Did the organization delegate control over management duties customanly performed by or under the	ne direc	ct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	s filed?	4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
6	Did the organization have members or stockholders?			6		X
7a		ppoint	one or			
	more members of the governing body?			7a	<u> </u>	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or			
	persons other than the governing body?			7b	_	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:	1	l	
а	The governing body?			8a		ļ
b	Each committee with authority to act on behalf of the governing body?			8b	<u> </u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached a	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	e Code.)		Т.,	T
٠	Did the experience have local characters by another as affiliates?			40	Yes	No
	Did the organization have local chapters, branches, or affiliates?			10:	1	X
D	If "Yes," did the organization have written policies and procedures governing the activities of such c	napter	s, amilates,	401		
112	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly hefo	re filing the form	10t 11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	ay Delo	re ming the form	570		
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12:		1.000 v.
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give risi	e to con	flicts?	121		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")			'		
-	ın Schedule O how this was done			120	. X	
13	Did the organization have a written whistleblower policy?			13		Х
14	Did the organization have a written document retention and destruction policy?			14	1	Х
15	Did the process for determining compensation of the following persons include a review and approv	al by ır	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15:	1	X
b	Other officers or key employees of the organization			15t		X
	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 arrange	ment v	vith a			
	taxable entity during the year?			16:		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	ınızatıo	n's			
<u> </u>	exempt status with respect to such arrangements?			16t	<u> </u>	<u> </u>
	tion C. Disclosure					
17 10	List the states with which a copy of this Form 990 is required to be filed NY Section 5104 requires an exponentian to make the Forms 1003 (or 1004 fearbles) 200 and 2001	T /C: ·	F04(-)(2)		le I e	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	ı (Sect	100 2(5)(3)1 UC 1101	ııy) avaıla	DI6	
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain	C-1	andula Ci			
10			•	ond fin	anoic!	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, constatements available to the public during the tax year.	ornact (or interest policy	, and in	aricial	
20	State the name, physical address, and telephone number of the person who possesses the books a	nd rec	ords of the orga	nization		
LU	RON STEINMILLER - 585-454-7311	110 180	ords or the orga	nikaliOII.	_	
	TOT DIMENTENDEN JOU TOT 1JII					

108 EAST AVENUE, ROCHESTER, NY <u> 14604</u> 332006 10-29-13

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, 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)	l Danitian						(D)	(E)	(F)
Name and Title	Average	(do not check more than one				than		Reportable	Reportable	Estimated
	hours per week		box, unless person is both an officer and a director/trustee)					compensation from	compensation from related	amount of other
	(list any	çço						the	organizations	compensation
	hours for	l gi				EG.		organization	(W-2/1099-MISC)	from the
	related	stee	truste			beusa		(W·2/1099-MISC)		organization
	organizations below	la T	ional		ploye	t com				and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer			organizations
(1) JOAN FEINBLOOM	1.00				-		_			
MEMBER		х						0.	0.	0
(2) CRAIG A. MAPSTONE	1.00									
MEMBER		X						0.	0.	0
(3) CHARLES H. OWENS	1.00									
MEMBER	40.00	X						0.	156,466.	9,103
(4) A. THOMAS HILDEBRANDT	1.00									
BOARD CHAIR		X		X			<u> </u>	0.	0.	0
(5) DAVID HEILIGMAN	1.00									_
VICE-CHAIR	1 00	X		X	_			0.	0.	0
(6) DOUGLAS W. PHILLIPS	1.00									•
MEMBER	1.00	X			_			0.	0.	0
(7) MICHAEL B. MILLARD	$\begin{array}{r} 1.00 \\ 1.00 \end{array}$	x								•
MEMBER	1.00	^	_					0.	0.	0
(8) NATHAN ROBFOGEL MEMBER	1.00	x						0.	0.	0
(9) JON SCHUMACHER	1.00	^						- 0.	0.	0
SECRETARY/TREASURER	1.00	x		X				0.	0.	0
(10) KEITH WILSON	1.00									
MEMBER		X				i		0.	0.	0
(11) JULES SMITH	1.00									
MEMBER	1.00	X						0.	0.	0
(12) DAWN F. LIPSON	1.00									
MEMBER	1.00	X						0.	0.	0
(13) ELIZABETH RICE	1.00									
MEMBER	1.00	X						0.	0.	0
		<u> </u>								
		1								
	<u> </u>	<u> </u>			_					
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Form **990** (2013)

ROCHESTER PHILHARMONIC ORCHESTRA FUND, Form 990 (2013) INC. 22-2142389 Page 8 Pant VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (A) (C) (D) (E) (F) Position Name and title Average Reportable Reportable Estimated (do not check more than one hours per compensation compensation box, unless person is both an officer and a director/trustee) amount of week from from related other (list any the organizations ndividual trustee or director compensation hours for organization (W-2/1099-MISC) from the Highest compensated related Institutional trustee (W-2/1099-MISC) organization organizations and related below organizations line) 1b Sub-total 0. 156,466. 9.103. 0 c Total from continuation sheets to Part VII, Section A 0. 0. d Total (add lines 1b and 1c) 0. 156,466. 9,103. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0 No Yes 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual X 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation NONE

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

Form **990** (2013)

Form **990** (2013)

1,001,085

215 285

d All other revenue
 e Total. Add lines 11a-11d
 Total revenue. See instructions.

Form 990 (2013)

INC.

Part IX | Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	mplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in	this 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	643,802.	643,802.		
2	Grants and other assistance to individuals in	-			
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,		. 1		
	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				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting	6,800.		6,800.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				=
12	Advertising and promotion				
13	Office expenses	<u></u>	1-1		
14	Information technology			70	
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				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)	:			
_	amount, list line 24e expenses on Schedule O.)	847.		0.47	
	NYS FILING FEE	775.		847.	
	MIS LITTING LEE	//5•		775.	
c					
d	All other expenses				
е 25	Total functional expenses. Add lines 1 through 24e	652,224.	643,802.	8,422.	
25 26	Joint costs. Complete this line only if the organization	0,34,444.	043,002.	0,444.	0.
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				
		_			

22-2142389 Page 11

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments		2	
	3	Piedges and grants receivable, net .	6,480.	3	0.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	<u> ·- · · · · · · · · · · · · · · · · ·</u>
	6	Loans and other receivables from other disqualified persons (as defined under		!	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
şţ		employees' beneficiary organizations (see instr) Complete Part II of Sch L	:	6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	- ···
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D	-		
	b	Less accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11	12,740,592.	12	13,810,672.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	40 545 050	15	40.040.470
	16	Total assets. Add lines 1 through 15 (must equal line 34)	12,747,072.	16	13,810,672.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable	-	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
Ĭ		key employees, highest compensated employees, and disqualified persons.		-	
Lia		Complete Part II of Schedule L.		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D	3,635.	25	47,470.
	26	Total liabilities. Add lines 17 through 25	3,635.	26	47,470.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗶 and	3,000,		1771700
ģ		complete lines 27 through 29, and lines 33 and 34.			
ဥ	27	Unrestricted net assets	4,790,680.	27	5,307,720.
<u> </u>	28	Temporanly restricted net assets	627,378.	28	1,130,103.
g B	29	Permanently restricted net assets	7,325,379.	29	7,325,379.
Ë		Organizations that do not follow SFAS 117 (ASC 958), check here			
Net Assets or Fund Balances	1	and complete lines 30 through 34.			
)ts	30	Capital stock or trust principal, or current funds		30	
1556	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et A	32	Retained earnings, endowment, accumulated income, or other funds	·-	32	
ž	33	Total net assets or fund balances	12,743,437.	33	13,763,202.
	34	Total liabilities and net assets/fund balances	12,747,072.	34	13,810,672.
					Form 990 (2013)

Form **990** (2013)

. ROCHESTER PHILHARMONIC ORCHESTRA FUND,

Form	n 990 (2013) INC.	<u> 22-2</u>	<u> 142389</u>	Pa	ge 12
Pa	Reconciliation of Net Assets			_	
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,21	<u>5,2</u>	<u>85.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			24.
3	Revenue less expenses. Subtract line 2 from line 1	3	563	3,0	61.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,74	3, <u>4</u>	<u>37.</u>
5	Net unrealized gains (losses) on investments	5	45	5,7	04.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	_column (B))	10	13,763	3,2	02.
Pa	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both				,
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audıt			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		1

332012

Form **990** (2013)

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

INC.

ROCHESTER PHILHARMONIC ORCHESTRA FUND,

Employer identification number 22-2142389

Partl	Reason	for Public Char	ity Status (All organız	ations mu	st comple	te this par	t) See inst	ructions.			
he organ	zation is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox)				
1 🔲	A church, cor	nvention of churche	s, or association of chur	ches desc	nbed in se	ection 170	(b)(1)(A)(i)).			
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E)							
з 🔲			tal service organization			170(b)(1)	(A)(iii).				
4			operated in conjunction					(b)(1)(A)(ii	ii). Enter	the hospital's na	me.
,	city, and stat		- ,					(-)(·)(· ·)(·	,.		,,
5	•		benefit of a college or ur	niversity ov	wned or or	perated by	a governi	nental un	t describ	ed in	
		(b)(1)(A)(iv). (Comple		,		,	- g				
6 🔲			ent or governmental unit	t described	d in sectio	n 170/h)/-	1VAV44				
7 🗔		-	eives a substantial part					r from the	general	nublic describer	d in
• —	•	b)(1)(A)(vi). (Comple	•	or its supp	ort nom a	governine	intal anni c	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	general	public described	,
в 🔲			ection 170(b)(1)(A)(vi). ((Complete	Dart II \						
9 🗔						rom contri	hutione m	ambarahi	n foon o	nd aross rossint	o from
3	_	-	eives (1) more than 33 1		• •					•	
		•	nctions - subject to certa	•	•	•				•	
			axable income (less sect	uon sii ta	x) from bu	sinesses a	acquired b	y trie orga	ınızatıon	aπer June 30, 18	3/5
40		509(a)(2). (Complete	· ·	را مار رما می کا کم			- F00/-V/				
10 L			perated exclusively to te					-			
لمااا			perated exclusively for the						-		
			ations described in section				2) See sec	etion 509(a)(3). On	eck the box that	
		· · · · · · · · · · · · · · · · · · ·	organization and comple		_			. .	- 111 - 61-	. 6 4 0	
еХ	a Type I	•	•	ype III - Fui	_	_		• •		n-functionally into	_
e 🔼			it the organization is not				-				
			han one or more publicly						9(a)(1) or	section 509(a)(2))
f			ten determination from t	ine IHS tha	atitisa iy	ре і, туре	II, or Type	9 111			
		rganization, check th		٠.					_		
g			organization accepted an								
	• • •	•	rectly controls, either al	one or tog	ether with	persons o	lescribed i	in (ii) and (III) below		
	_		upported organization?							11g(i)	<u> </u>
		•	n described in (i) above?							11g(ii)	<u> </u>
	• •	-	person described in (i) o	• •						11g(iii)	<u> </u>
h	Provide the fo	ollowing information	about the supported or	ganization((s).						
		1	,			1					
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o				(vi) Is organizati	s the on in col.	(vii) Amount of m	onetary
orga	anization			in col. (i) his governing o			ion in col. r support?	(i) organiz U.S	ed in the	support	
			(see instructions))		T	ļ ' ' '			1		
			, ,	Yes	No	Yes	No	Yes	No		
ROCHE	STER	46 0565640					<u> </u>				
HTTH	ARMONIC	16-0765613	9	Х		X		X		643,	<u>802.</u>
				 							
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					<u> </u>		ļ		ļ		
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otal	. 1									643,	802.

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

ROCHESTER PHILHARMONIC ORCHESTRA FUND,

22-2142389 Page 2 Schedule A (Form 990 or 990-EZ) 2013 INC . 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and		,				
	membership fees received. (Do not						
	ınclude any "unusual grants ")						
2	Tax revenues levied for the organ-						7,7
	zation's benefit and either paid to						
	or expended on its behalf	,					
3	The value of services or facilities		, , , , , , , , , , , , , , , , , , ,				
	fumished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions		STATE OF THE STATE	1 31 55 4 6 5 70			H
	by each person (other than a	ı		_		· .	
	governmental unit or publicly	ı				· ·	
	supported organization) included	ı					
	on line 1 that exceeds 2% of the	ı					
	amount shown on line 11,	!					
	column (f)	ı					
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support		<u> </u>		•		
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carned on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	ı					
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruct	ions)			12	
13	First five years. If the Form 990 is for	the organization'	's first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop			<u>.</u>			lacksquare
Sec	ction C. Computation of Publi	ic Support Pe	ercentage				
14	Public support percentage for 2013 (li	ine 6, column (f) c	divided by line 11, o	olumn (f))		14	%
	Public support percentage from 2012		•			15	%
16a	33 1/3% support test - 2013. If the o	rganization did n	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies		. •				▶□
b	33 1/3% support test - 2012. If the o				l line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization quali	• •	• • •				▶□
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac			•	•	rt IV how the organ	nization
	meets the "facts-and-circumstances"	-			_		▶∟
b	10% -facts-and-circumstances test		-			•	
	more, and if the organization meets th				•		
	organization meets the "facts-and-circ		-				▶Щ
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s ▶ □
					Sche	edule A (Form 990	or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 INC.

Partill 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
gualfic under the tests listed helour places complete Dert II.)

Section A. Public Support	listed below, please com	piece i ari ii.j				·-··
Calendar year (or fiscal year beginning	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
Gifts, grants, contributions, an membership fees received (Do include any "unusual grants")	d o not					
2 Gross receipts from admission merchandise sold or services p formed, or facilities furnished in any activity that is related to the organization's tax-exempt purp	per- n ne					
3 Gross receipts from activities t are not an unrelated trade or b iness under section 513						
4 Tax revenues levied for the orgization's benefit and either paid or expended on its behalf	f					
5 The value of services or facilities furnished by a governmental u the organization without charg	nıt to					
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2 3 received from disqualified pe						
b Amounts included on lines 2 and 3 receives from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					-	
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from lin Section B. Total Support	186)					
Calendar year (or fiscal year beginning	in) (a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6 10a Gross income from interest, dividends, payments received securities loans, rents, royalties and income from similar source.	s					
b Unrelated business taxable income (less section 511 taxes) from busin acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated bus activities not included in line 10 whether or not the business is regularly carried on	0b,					
12 Other income. Do not include or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, a14 First five years. If the Form 99	· -	l s first, second, thii	l d, fourth, or fifth ta	Lax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here	Dublic Occasion 1. D					▶ ∟
Section C. Computation of	• • • • • • • • • • • • • • • • • • • •				 	
15 Public support percentage for			column (f))		15	<u>%</u>
16 Public support percentage from					16	%
Section D. Computation of			10 (6)		T _a -T	
17 Investment income percentage			ne 13, column (f))		17	%
18 Investment income percentage			an line 4.4	- 4E	18	%
19a 33 1/3% support tests - 2013	-				-	r is not ⊾ □
more than 33 1/3%, check this		=				▶ ∟⊥
b 33 1/3% support tests - 2012	<u>-</u>				•	±110
line 18 is not more than 33 1/3 20 Private foundation. If the organical series is a series of the s		•	,		-	
20 Private foundation, If the orga	anzadon did Hot Check a	DOX OIT III 14, 19	a, or rab, crieck ti	IIIS DUX AIIU SEE III	อแนบแบทธ	

332023 09-25-13

ROCHESTER PHILHARMONIC ORCHESTRA FUND, 22-2142389 Page 4 Schedule A (Form 990 or 990-EZ) 2013 INC. Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12 Also complete this part for any additional information (See instructions).

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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.

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

OMB No 1545-0047

Name of the organization

ROCHESTER PHILHARMONIC ORCHESTRA FUND, INC.

Employer identification number 22-2142389

Pa	Organizations Maintaining Donor Adv	rised Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV	/, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (dunng year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors	s in writing that the assets held in donor advi-	sed funds
	are the organization's property, subject to the organization		Yes No
6	Did the organization inform all grantees, donors, and don	or advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the don		
	impermissible private benefit?		Yes No
Pai	rt II Conservation Easements. Complete if the	e organization answered "Yes" to Form 990, I	
1	Purpose(s) of conservation easements held by the organ	ization (check all that apply)	
	Preservation of land for public use (e.g., recreation	or education) Preservation of an hi	storically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a q	ualified 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
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic	structure included in (a)	2c
d	Number of conservation easements included in (c) acquir	red after 8/17/06, and not on a historic struct	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred	I, released, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation	n easement is located >	
5	Does the organization have a written policy regarding the	periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easemer	nts it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspect	ing, and enforcing conservation easements o	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, a	and enforcing conservation easements during	g the year ▶ \$
8	Does each conservation easement reported on line 2(d) a	above satisfy the requirements of section 170	D(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conser	vation easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organ	nization's financial statements that describes	the organization's accounting for
	conservation easements		
िश्व	Organizations Maintaining Collections	s of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Fo	orm 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116	(ASC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public	exhibition, education, or research in furthera	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that de	escribes these items	
b	If the organization elected, as permitted under SFAS 116	(ASC 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition	n, education, or research in furtherance of pu	iblic 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, historica	I treasures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under SFA	S 116 (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. 332051 09-25-13

Schedule D (Form 990) 2013

ROCHESTER PHILHARMONIC ORCHESTRA FUND,

	edule D (Form 990) 2013 INC .					22-21	4238	9 P	age 2
Pa	Organizations Maintaining C	collections of A	rt, Historical Tr	easures, or Oth	er Simil	ar Asse	ts(conti	nued)	
3	Using the organization's acquisition, access	on, and other record	s, check any of the	following that are a	significant	use of its	collectio	n item	is
	(check all that apply).								
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	е	Other			_			
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further tl	he organization's ex	empt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, historical trea	sures, or other simila	ar assets				
	to be sold to raise funds rather than to be m						Yes		No_
Po	企図 Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Yes" to	Form 990	O, Part IV, I	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21							
1a	Is the organization an agent, trustee, custod	an or other intermed	liary for contribution	s or other assets no	t included		_		_
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:						
							Amoun	t	
C	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance				1f				
	Did the organization include an amount on Fe						」Yes	<u> </u>	No
	If "Yes," explain the arrangement in Part XIII								
, Ka	Endowment Funds. Complete	f the organization an	swered "Yes" to For	rm 990, Part IV, line	10		r'''		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Fou	r years	back
1a	Beginning of year balance	12,740,592.	12,559,057.	12,505,882,	11,6	<u>620,568.</u>	11	,507,	807.
b	Contributions	214,200.		44,052.		66,748.		<u>36</u> ,	<u>723.</u>
С	Net investment earnings, gains, and losses	1,457,789.	1,198,501.	738,827.	1,4	484,223.		783,	<u>343.</u>
d	Grants or scholarships	601,909.	1,016,966.	729,704.		<u>665,657.</u>		707,	<u>305.</u>
е	Other expenditures for facilities								
	and programs				_				<u>-</u>
f	Administrative expenses						<u>-</u>		
g	End of year balance	13,810,672.	12,740,592.	12,559,057,	12,5	505,882.	11	<u>,620,</u>	568.
2	Provide the estimated percentage of the cur)) held as					
	Board designated or quasi-endowment	38.77	_%						
	Permanent endowment ► 53.05	%							
С		8.18 %							
_	The percentages in lines 2a, 2b, and 2c should be a sh	· ·							
за	Are there endowment funds not in the posse	ssion of the organiza	ition that are held al	nd administered for	the organi	zation	ı		
	by.						- m	Yes	No
	(i) unrelated organizations						3a(i)		<u>X</u>
_	(ii) related organizations		- Cabadula DO				3a(ii)		<u>X</u>
_	If "Yes" to 3a(II), are the related organizations Describe in Part XIII the intended uses of the	•					_3b_		
4 (2a)	Land, Buildings, and Equipm		willent lunus.						
	Complete if the organization answered		Part IV line 11a Se	oo Form 990 Part Y	line 10				
	Description of property	(a) Cost or of	-		ccumulate	ed	(d) Boo	k volu	
	becomplien of property	basis (investm	1 , ,	1 * 1.	preciation		(u) 600	n value	3
12	Land								
	Buildings							_	
	Leasehold improvements								
	Equipment	 -			.				
	Other								
	. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X. column (B), line 1	O(c).)					0.

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 INC.			22-2	2142389	Page 3
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes"					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuatio	n: Cost or end-or	f-year market v	alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other	405 410				
(A) MONEY MARKET FUNDS	487,412.	END-OF-YEAR			
(B) EQUITY MUTUAL FUNDS (C) TIFF MULTI-ASSET FUND	5,823,943. 7,499,317.	END-OF-YEAR END-OF-YEAR			
(C) TIFF MULTI-ASSET FUND (D)	1,433,311.	END-OF-IEAR	MARKET	VALUE	
(D) (E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	13,810,672.			_	
Part VIII Investments - Program Related.		· · · ·			
Complete if the organization answered "Yes"	to Form 990, Part IV, line 1	1c. See Form 990, Part X,	line 13		
(a) Description of investment	(b) Book value	(c) Method of valuatio		f-year market v	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)				<u>-</u>	
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.	,				
	to Form 000. Bort IV Imp 1:	1d Con Form 000 Dort V	line 15		
Complete if the organization answered "Yes"	Description	Id See Form 990, Part A,	ille 15	(b) Book val	ue
(1)				(B) BOOK Val	<u> </u>
(2)					
(3)					
(4)					
(5)					
(6)					
				_	
(8)					
(9)					•
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15)		▶		
Part X Other Liabilities.					
Complete if the organization answered "Yes"			art X, line 25		
1. (a) Description of liability	(t	o) Book value			
(1) Federal income taxes					
(2) DUE TO ROCHESTER PHILHARM	ONIC	45 450			
(3) ORCHESTRA, INC.		47,470.			
					
(5)					
(6)					
					
(9)					

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

Schedule D (Form 990) 2013

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

47,470.

ROCHESTER PHILHARMONIC ORCHESTRA FUND,

INC Schedule D (Form 990) 2013 22-2142389 Page 4 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 1,671,989. 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 456,704. a Net unrealized gains on investments 2a Donated services and use of facilities **2**b c Recoveries of prior year grants **2**c Other (Describe in Part XIII) 2d Add lines 2a through 2d 456,704. 2e Subtract line 2e from line 1 1,215,285. Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) 4h Add lines 4a and 4b 0. 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 215 285. Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements 652,224. 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a **b** Prior year adjustments **2**b Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2e Subtract line 2e from line 1 3 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 4a b Other (Describe in Part XIII) 4b Add lines 4a and 4b 0. 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 652 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. 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 OBJECTIVES OF THE ORCHESTRA'S ENDOWMENT IS THE ACHIEVEMENT OF LONG-TERM GROWTH. PRESERVATION OF THE INVESTMENT AND THE GENERATION OF RETURNS THAT EXCEED THE LONG-TERM RATE OF INFLATION. THE ORCHESTRA FUND HAS AN ENDOWMENT SPENDING POLICY WHEREBY A PERCENTAGE OF THE AVERAGE MARKET VALUE OF THE ORCHESTRA FUNDS INVESTMENT PORTFOLIO AT THE END OF THE PREVIOUS FIVE FISCAL YEARS, INCLUDING ACCRUALS, ADJUSTED FOR CONTRIBUTIONS DURING THE

DISCRETIONARY CONTRIBUTIONS TO THE ORCHESTRA ON AN AS-NEEDED BASIS.

YEAR, IS CONTRIBUTED TO THE ORCHESTRA. THE BOARD MAY ALSO MAKE

Schedule D (Form 990) 2013

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

Governments, and Individuals in the United States

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

► Attach to Form 990.

OMB No 1545-0047	2013	Open to Public

Employer identification number

22-2142389

► Artacil to 1 on 1990.

► Information about Schedule I (Form 990) and its instructions is at www irs gov/form990.

ROCHESTER PHILHARMONIC ORCHESTRA FUND,

Schedule I (Form 990) (2013) ž (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 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) o (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (d) Amount of 643,802 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 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 ROCHESTER, NY 14604 108 EAST AVE. Per 10

332101 10-29-13

ROCHESTER PHILHARMONIC ORCHESTRA FUND, INC.

Schedule I	Schedule I (Form 990) (2013)	INC.	22-2142389
Peral	Grants and Other Assistance to Individ	luals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22	
	Part III can be duplicated if additional space	rf additional space is needed	

Page 2

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non-	(e) Method of valuation	(f) Description of non-cash assistance
	recipients	cash grant	cash assistance	(book, FMV, appraisal, other)	
	uired in Part I, line	2, Part III, column	(b), and any other a	dditional information.	
PART I, LINE 2:					
THE ORCHESTRA FUND MAKES GRANTS ONLY	LY TO ITS	TO ITS SINGLE SUPPORTED	UPPORTED		
ORGANIZATION, THE ROCHESTER PHILHARMONIC ORCHESTRA,	RMONIC OF		INC. (RPO)	(RPO). ITS PRIMARY	
DISTRIBUTIONS ARE GIVEN WITH FULL KNOWLEDGE	KNOWLEDGE	OF THE RPO'S		APPLICATION (ITS	
PRIMARY OFFICERS SIT ON OUR BOARD AND	- 1	SEVERAL OF OUR MEMBERS	MEMBERS A	ATTEND ALL OF	
ITS BOARD MEETINGS, ETC.) BUT WE R	RECOGNIZE	THAT IT I	IS THE SUPP	SUPPORTED PUBLIC	
CHARITY THAT SHOULD AND WILL DETERMINE	MINE ITS	DISPOSITIONS	ONS OF REVENUE.	ENUE. SOME OF	
THIS ORGANIZATION'S ASSETS, HOWEVER,	ARE	SUBJECT TO USE		RESTRICTIONS; AND	
THAT GRANTS TO RPO WITH RESPECT TO THESE		FUNDS ARE M	ARE MADE ONLY AFTER	FTER OUR	

332102 10-29-13

ROCHESTER PHILHARMONIC ORCHESTRA FUND, 22-2142389 Page 2 Schedule I (Form 990) Part V Supplemental Information OFFICERS HAVE RECEIVED AND APPROVED PROPOSALS FROM RPO STATING ACCEPTABLE USES THAT WILL FULFILL THE DONOR'S INTENT.

Schedule I (Form 990)

SCHEDULE J (Form 990)

Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions. ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

ROCHESTER PHILHARMONIC ORCHESTRA FUND,

Inspection **Employer identification number** 22-2142389

OMB No 1545-0047

Open to Public

Internal Revenue Service Name of the organization

Department of the Treasury

INC. Partil Questions Regarding Compensation

Check the appropnate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel				Yes	No
Part VII. Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club duse or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b if any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or rembursement or provision of all of the expenses described above? If "No," complete Part III to explain To did the organization require substantiation prior to rembursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4a	1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
First-class or charter travel		· · · · · · · · · · · · · · · · · · ·	}		
Tax indemnification and gross up payments		First-class or charter travel Housing allowance or residence for personal use			
Discretionary spending account Personal services (e.g., maid, chauffeur, cheft) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the tems checked in line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation committee Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization 8 Receive a severance payment from, a supplemental inonqualified retirement plan? 9 Participate in, or receive payment from, a supplemental inonqualified retirement plan? 9 Participate in, or receive payment from, a equity-based compensation arrangement? 10 Participate in, or receive payment from, a equity-based compensation arrangement? 11 "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 12 Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 13 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the retearnings of a The organization? 13 The organization? 14 The organization? 15 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6?		Travel for companions Payments for business use of personal residence			
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization is CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee		Tax indemnification and gross-up payments Health or social club dues or initiation fees			
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization is CEO/Executive Director. Check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization Approval by the board or compensation committee Participate in, or receive payment from, an equity-based compensation arrangement? 4a		Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	i i		
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee					. 4 1 m
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee	b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment form, a supplemental nonqualified retirement plan? b Participate in, or receive payment from, an equity-based compensation arrangement? if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? if "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Any related organization? if "Yes" to line 5a or 6b, describe in Part III. For persons listed in Form 990, Part VII, and or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958.4(a)(3)? If "Yes," describe in Part III 8 Were any amounts reported in Form 990, Part VII, and or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations s		reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee	2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
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Regulations section 53 4958-6(c)? HA For Paperwork Reduction Act Notice, see the Instructions for Form 990 Schedule J (Form 990) 2013	LIA			000	00:5

ROCHESTER PHILHARMONIC ORCHESTRA FUND,

22-2142389

Schedule J (Form 990) 2013

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). | Particers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

Page 2

Do not list any individuals that are not listed on Form 990, Part VII

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

	(8)	Sreakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Companiention
(A) Name and Title	, 00	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	reported as deferred in prior Form 990
(1) CHARLES H. OWENS	6	0	0	0	0	0	0	
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Schedule J (Form 990) 2013

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Page 3

Schedule J (Form 990) 2013 हिब्नेस् 🕕 Supplemental Information

rovide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c	2, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
	ne information, explanation, or descriptions required for

Schedule J (Form 990) 2013	Schedule J	
		i
		:
	CEO OF THAT ORGANIZATION.	EO OF
	OWENS IS COMPENSATED BY THE ORCHESTRA IN HIS CAPACITY AS PRESIDENT AND	MENS
	PHILHARMONIC ORCHESTRA (THE ORCHESTRA), A RELATED ORGANIZATION. MR.	HILHA
	TUND. MR. OWENS IS ALSO THE PRESIDENT AND CEO OF THE ROCHESTER	UND.
	CHARLES OWENS IS A MEMBER OF THE BOARD OF TRUSTEES OF THE	HARLE
	E J, PART II, LINE 1	SCHEDULE J,

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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Name of the organization

ROCHESTER PHILHARMONIC ORCHESTRA FUND, INC.

Employer identification number 22-2142389

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
QUALITY, LIVE ORCHESTRAL PERFORMANCES IN ROCHESTER, NY.
FORM 990, PART VI, SECTION A, LINE 4:
THE ORGANIZATION MADE CHANGES TO ITS GOVERNING DOCUMENTS TO
COMPLY WITH PROVISIONS OF THE NYS NOT-FOR-PROFIT REVITALIZATION ACT.
FORM 990, PART VI, SECTION A, LINE 7A:
FIVE MEMBERS OF THE BOARD OF TRUSTEES ARE APPOINTED BY THE
ROCHESTER PHILHARMONIC ORCHESTRA.
FORM 990, PART VI, SECTION B, LINE 11:
BOARD MEMBERS ARE PROVIDED WITH A COPY OF THE FORM 990 FOR
REVIEW BEFORE IT IS FILED.
FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBERS SUBMIT ANNUAL DISCLOSURES. THE SECRETARY
REVIEWS THESE, PURSUES ANY RESULTING ISSUES, AND WILL REFER MATTERS FOR
BOARD ACTION IF APPROPRIATE. APART FROM THIS ANNUAL OBSERVANCE, THE
BY-LAWS ENJOIN MEMBERS TO DECLARE EMERGENT CONFLICTS TO SECURE BOARD ACTION
ON PROPOSED CONFLICT TRANSACTIONS. AN INTERESTED MEMBER WILL GENERALLY BE
ASKED TO LEAVE A MEETING WHEN HIS OR HER CONFLICT SITUATION IS TO BE
DISCUSSED.
FORM 990, PART VI, SECTION B, LINE 15:

FORM 990 PART VI, SECTION B, LINE 14: THE FUND'S RECORDS ARE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

►Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

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

2013

Employer identification number 22 - 2142389

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

ROCHESTER PHILHARMONIC ORCHESTRA FUND,

, , ,	ı	ı	1	ı
(f) Direct controlling entity				
(e) End-of-year assets				
(d) Total income				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN (if applicable) of disregarded entity				

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

	Section 512(b)(13) controlled entity?	N _o			L.					
3	Section 512(t controlled entity?	Yes			_					
	(r) Direct controlling entity				N/A					
(0)	Public chanty status (if section	501(c)(3))			LINE 9					
(2)	Exempt Code section				501(C)(3)					
3	Legal domicile (state or foreign country)				NEW YORK					
3	Primary activity				ORCHESTRA					
(5)	Name, address, and EIN of related organization		ROCHESTER PHILHARMONIC ORCHCESTRA, INC	16-0765613, 108 EAST AVENUE, ROCHESTER, NY	14604					

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

332161 09-12-13 LHA

Schedule R (Form 990) 2013

ROCHESTER PHILHARMONIC ORCHESTRA FUND,

Schedule R (Form 990) 2013

Page 2 Code V-UBI General or Percentage amount in box managing ownership 20 of Schedule R-1 (Form 1065) Yes No (i) Section 512(b)(13) controlled entity? Yes No Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year 3 Percentage ownership 22-2142389 Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year Ξ Share of end-of-year assets <u>6</u> Disproportionate Yes No allocations? ϵ Share of total income ε Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) <u>e</u> Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ਉ **e** Legal domicile (state or foreign country) (d)
| Direct controlling | entity Primary activity (c)
Legal
domicile
(state or
foreign Primary activity <u>e</u> Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> Per M Per W

Schedule R (Form 990) 2013

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22-2142389 Page 3

Schedule R (Form 990) 2013 IN

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

Schedule R (Form 990) 2015
9
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22-2142389

Page 4

ROCHESTER PHILHARMONIC ORCHESTRA FUND,

INC. Schedule R (Form 990) 2013 Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37

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

that was not a related organization. See instructions regarding exclusion for certain investment partnerships	tructions regarding exclusion	SION TOF CORTAIN INVE	estment partnersnips							
(a) Name address and FIN	(b) Primary activity	(c)	(d) Predominant income	(e) Are all	(f) Share of	(g) Share of	(h) Dispropor-	(i) Code V-HBI	(j) Seneral or	(k) Percentage
of entity			(related, unrelated, excluded from tax under section 512-514)	501(c)(3) 010s 7 4) Yes No	total	end-of-year assets	tionate allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	ownership
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Schedule R (Form 990) 2013