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Department of the Treasury Internal Revenue Service

TACIANNEED MAR 18

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0047

► Information about Form 990 and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

<u>A</u> _	For the	e 2015 calendar year, or tax year beginning $SEP 1$, 2015 and	ending <u>A</u>	UG 31, 2016	
В	Check if	C Name of organization		D Employer identifi	cation number
<u></u>		ROCHESTER PHILHARMONIC ORCHESTRA FUND	,		
<u> </u>	Addre: change Name			,, ,	140200
늗	lchang: lln:tial		De e es forreto		142389
┾	iretum	100 PACM ATPANTE	Room/suite	E Telephone numbe) <u>454</u> -7311
_	return/ termin ated			G Gross receipts \$	636,431.
Γ	Amend			H(a) Is this a group re	
ř	⊒return ⊒Applic ⊒tion			for subordinates	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	· — —
ī -	Гах-ехе	empt status: X 501(c)(3)	or 527	1 ' '	list. (see instructions)
		e: ▶ N/A		H(c) Group exemptio	
		organization: X Corporation	L Year		A State of legal domicile: NY
	art I	Summary			
9	1	Briefly describe the organization's mission or most significant activities: THE 1	RPO FU	ND, INC. IS	OPERATED
Activities & Governance	١.	FOR THE PURPOSE OF ASSURING THE CONTINUE	IAVA C	LABILITY OF	_HIGH
ž	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	ssets.
<u>§</u>	3	Number of voting members of the governing body (Part VI, line 1a)		<u>3</u>	13
<u>م</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		<u>4</u>	12
ies	1	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		5	0
ž		Total number of volunteers (estimate if necessary)	-	<u>6</u>	0
Ā	i .	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.
	<u> </u>	Net unrelated business taxable income from Form 990-T, line 34 🤝 🖛 🥷 🥂 🥂 💮 🗥 🗥	90		0.
		2. (3-4)	93		Current Year
E E	1	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		<u> </u>	10,000.
Revenue	1	(7)		649,436.	626,431.
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1/1e)	. 157		020,431.
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 12)		81	636,431.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		824,631.	792,473.
	i	Benefits paid to or for members (Part IX, column (A), line 4)	·	0.	0.
w	1	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)	.	0.	0.
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ğ	Ь	Total fundraising expenses (Part IX, column (D), line 25)	0.		
Ω	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	—. <u> </u>	7,909.	5,187.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		832,540.	797,660.
	19	Revenue less expenses. Subtract line 18 from line 12		<128,781.	<161,229.>
Ssets or Balances			Be	ginning of Current Year	End of Year
aaet	20	Total assets (Part X, line 16)		<u>12,311,271.</u>	11,978,888.
	21	Total liabilities (Part X, line 26)	· · · · ·	50,295.	49,496.
		Net assets or fund balances. Subtract line 21 from line 20	<u></u> _	<u>12,260,976.</u>	11,929,392.
	art II	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
uue,	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich preparer		17-17
e:	_	Signature of officer		Date	· · · · · · · · · · · · · · · · · · ·
Sigi		THOMAS HILDEBRANDT, BOARD CHAIR			
Her	e	Type or print name and title			
		Print/Type preparer's name Prepare//sisignature .	10	Date Check	PTIN
Paid	,	AIMEE JOZIC . I MULL TOXU	, /,	2-17-17 if self-employ	
	arer	Firm's name BONADIO & CO., LLP		Firm's EIN	16-1131146
	Only	Firm's address 171 SULLY'S TRAIL, SUITE 201			
		PITTSFORD, NY 14534		Phone no. (5	85) 381-1000
– Mav	the IF	IS discuss this return with the preparer shown above? (see instructions)			X Yes No

532002 12-16-15

4e Total program service expenses ▶

(Expenses \$

4d Other program services (Describe in Schedule O.)

including grants of \$

<u>792,473.</u>

) (Revenue \$

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, 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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	_9_		<u> X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		4,	
	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, VII, 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,			v
_	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		<u> </u>
D		11b	x	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	מוו		_
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
_	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	110		
•	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			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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,			
	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	000	(2015)

Form 990 (2015) INC.

Part IV Checklist of Required Schedules (continued)

INC.

22-2142389

Page 4

	•		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
þ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1		
	domestic government 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 or other assistance to or for domestic individuals on			l
	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			1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			ł
	Schedule J	23		X
24 <i>a</i>	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
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		├
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			Ì
	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			7.7
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
ь	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	056		x
ne	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			1
	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
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	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?			Ì
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	24	х	
0F-	Did the second of the second o	34		X
35a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
50	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
J.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form	990 (2015) INC. 22~2142	389	P	age 5
	rt V Statements Regarding Other IRS Filings and Tax Compliance	<u> </u>		age C
	Check if Schedule O contains a response or note to any line in this Part V			
	<u>,</u>	·	İvaa	No
4	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		ies	MO
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b		l		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	ا ا		
_	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	_2b_		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	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," to line 3b, provide an explanation in Schedule O	3b_	-	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
_	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	_4a_		X
b	If "Yes," enter the name of the foreign country:	}		l
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>	L	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	'		
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			İ
	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?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		İ
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X_
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>	_	<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	ŀ		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		`)
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	}		
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	ĺ		1
b	Gross income from other sources (Do not net amounts due or paid to other sources against	[
	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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	L		<u></u>
	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.	1		
b	Enter the amount of reserves the organization is required to maintain by the states in which the		ļ)
	organization is licensed to issue qualified health plans			
_	Enter the amount of receives on hand	1	l	

Form **990** (2015)

14a

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2Q15) 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 or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 13 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. 12 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X 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 X 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 X 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 X persons other than the governing body? **7**b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 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.) No Yes 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? 10h X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 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? 12b X Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X ın Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 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? X The organization's CEO, Executive Director, or top management official 15a X 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 X taxable entity during the year? 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. Another's website X Upon request Other (explain in Schedule O) 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.

Form **990** (2015)

State the name, address, and telephone number of the person who possesses the organization's books and records:

MARK PIGNAGRANDE, FINANCE MANAGER - 585-454-7311

108 EAST AVENUE, ROCHESTER, NY 14604

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

• 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) Name and Title	(B) Average hours per week	box	(C) Position to not check more the constant person is fifteer and a director/		ON ore than one on is both an		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) A. THOMAS HILDEBRANDT CHAIR	1.00	X	!	X				O.	0.	0.
(2) DAVID HEILIGMAN VICE-CHAIR	1.00	X		X				0.	0.	0.
(3) JON SCHUMACHER SECRETARY/TREASURER	1.00	x		x				0.	0.	0.
(4) KEITH WILSON MEMBER	1.00	x						0.	0.	0.
(5) JAMES D. RYAN, JR. MEMBER	1.00	x	-					0.	0.	0.
(6) PATRICK C. BURKE	1.00	X						0.	0.	0.
MEMBER (7) JOAN FEINBLOOM	1.00	X	-		-			0.	0.	0.
MEMBER (8) CRAIG A. MAPSTONE MEMBER	1.00	X			_	-		0.	0.	0.
(9) MICHAEL B. MILLARD MEMBER	1.00							0.	0.	0.
(10) NATHAN ROBFOGEL MEMBER	1.00	X						0.	0.	0.
(11) CHARLES H. OWENS MEMBER	1.00	х						0.	123,813.	9,121.
(12) ROBERT A. WOODHOUSE MEMBER	1.00	X						0.	0.	0.
(13) JULES L. SMITH MEMBER	1.00	X					l	0.	0.	0.
(14) RALPH P. CRAVISO MEMBER	2.00	x						0.	0.	0.
(15) DOUGLAS W. PHILLIPS MEMBER	1.00							0.	0.	0.
(16) ELIZABETH RICE MEMBER	1.00							0.	0.	0.
										5 000

Form 990 (2015)

	(A) Name and title	(B) Average hours per week	box	not c	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	ation amount o		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	ions compensa		e tion ted
											-		
						-					-	<u> </u>	
						-					 		
	-										-	_	<u> </u>
											-		
	Sub-total Total from continuation sheets to Part VI		· .	•				>	0.	123,813	•	9,1	0.
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization	ot limited to th		lıste	ed at	 DOVE	e) wt	no re	0 . eceived more than \$100	123,813. 0,000 of reportable	.1	9,1	<u>21.</u> 1
3	Did the organization list any former officer,		stee	, ke	y en	nplo	yee,	or I	highest compensated e	mployee on		Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl								 the organization	3		X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	ccrue comper	ısatı	on f	rom	any	unn			idual for services	5		х
Sec 1	tion B. Independent Contractors Complete this table for your five highest co the organization. Report compensation for	-	-							•	sation 1	from	
	(A) Name and business			NE			J1 W		(B) Description of s		(C Compe	C) nsatio	n
								4					
						_		\dashv	·				
								+				_	-
						_							
2	Total number of independent contractors (i \$100,000 of compensation from the organic	-	ot lir	nited	d to	tho:	se lis	sted	above) who received m	nore than		990	2015

532008 12-16-15

		(2Q15) INC.					<u> 22-2142</u>	389 Page 9
Pa	rt VII	II Statement of Reve	nue					
		Check if Schedule O con	tains a response	or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
9 9	•	Endomted compaigns	140			1070.100	1010	312-314
Contributions, Gifts, Grants and Other Similar Amounts	1 a							ļ
윤	Ь	•	1b					
ξĘ	С	•						
2 ≅	d	• " "						
Sir	е	• •						
utíc ler	f	All other contributions, gifts, gran		10 000				
ê Ş.		sımılar amounts not included abo	· -	10,000.				
Pol	g	Noncash contributions included in lines			10 000			
<u>ပ</u> စ	_ <u>h</u>	Total. Add lines 1a-1f	·· <u>·</u> ·····	1	10,000.			
				Business Code				
Program Service Revenue	2 a							
e Z	b							
n S	С			 	<u>-</u>			ļ
ev a	d			<u> </u>				ļ
5	е							ļ
۵	f	All other program service reve	enue	L		<u> </u>	<u></u>	<u> </u>
	<u> </u>	Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)		🕨	626,431.	<u> </u>	·	626,431.
	4	Income from investment of ta	x-exempt bond p	oroceeds 🕨				
	5	Royalties	<u> </u>	<u></u> , ▶	·			
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		, ▶				[
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
	_	and sales expenses	j]]
	c	Gain or (loss)						
1		Net gain or (loss)						
_		Gross income from fundraisin		<u> </u>				
- <u>2</u>	0 u	including \$						
§		contributions reported on line]]				
۳		Part IV, line 18						
Other Revenue	h	Less: direct expenses						
õ		Net income or (loss) from fund				[1
		Gross income from garning ad	-	<u> </u>				
	Ja	Part IV, line 19		1 1				1
	_	Less: direct expenses	a					}
Í		Net income or (loss) from gan		·				
	ıu a	Gross sales of inventory, less						1
		and allowances		1				}
		Less: cost of goods sold						
	<u>c</u>	Net income or (loss) from sale						
		Miscellaneous Revenu	ie	Business Code		1		
	11 a			<u></u>				
	b							
	С			<u> </u>				
	d	All other revenue				<u></u>		ļ
	е	Total. Add lines 11a-11d						L
	12	Total revenue. See instructions.		•	636,431.	0.	0.	626,431.

-orm	990	(2Q15))

Form 990 (2015) INC.
Part IX | Statement of Functional Expenses

Seci	tion 501(c)(3) and 501(c)(4) organizations must com			mpiete column (A).	
	Check if Schedule O contains a respon	Se or note to any line in		(C) Management and	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			3	
•	and domestic governments. See Part IV, line 21	792,473.	792,473.		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			j	
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	ľ			
	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	5,187.		5,187.	
ď	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,		ľ		
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses	i			
	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 0.)				
а				·	
þ					
C					
d					
	All other expenses		700 470		
<u>25</u>	Total functional expenses. Add lines 1 through 24e	797,660.	792,473.	<u>5,187.</u>	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 ff following SOP 98-2 (ASC 958-720)				L

Form 990 (2015)

Part X Balance Sheet

TNC

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 16,211. 20,019. 1 1 2 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 4 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Assets Notes and loans receivable, net 7 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges ... 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a **b** Less: accumulated depreciation 10b 10c Investments - publicly traded securities 5,579,344. 11 <u>5,594,655.</u> 11 6,711,908. 6,368,022. 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Other assets. See Part IV, line 11 15 15 12.311.271 11,978,888. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 49,496. 50,295. Schedule D 25 50,295. 26 49,496. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 4,761,767. 4,627,476. Unrestricted net assets 27 27 173,830. 28 Temporarily restricted net assets 28 0. Permanently restricted net assets 7,325,379. 7,301,916. 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 12,260,976. 11,929,392. Total net assets or fund balances 33 33 11,978,888. 34 Total liabilities and net assets/fund balances

ROCHESTER PHILHARMONIC ORCHESTRA FUND,

	990 (2015) INC.	<u> 22-2:</u>	<u> 142389</u>	Pa	<u>ge 12</u>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	- 	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	63	6,4	31.
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,6	
3	Revenue less expenses. Subtract line 2 from line 1	3	<16	1,2	29.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,26	0,9	76.
5	Net unrealized gains (losses) on investments	5	<17	0,3	55.
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	11,92	9,3	92.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				\mathbf{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.	-		ļ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	ĺ	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:			l	
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	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				[
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit.			İ
·	review, or compilation of its financial statements and selection of an independent accountant?	o doun,	2c	х	Ì
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	 edule Ω			
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
va	Act and OMB Circular A-133?	igio / wait	3a		х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	 ired audit	30		
	in 100, are and organization directly the required addit of addito; in the organization did not directly the requ	,, u uuull	1	i	l
_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	i	l

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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 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.

2015

Open to Public Inspection

Name of the organization ROCHESTER PHILHARMONIC ORCHESTRA FUND, Employer identification number 22-2142389 INC Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. X Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported (ii) EIN (iii) Type of organization listed in your organization (described on lines 1-9 other support (see support (see governing document? above (see instructions)) instructions) instructions) Yes No ROCHESTER 792,473 0. PHILHARMONIC ORCHES 16-0765613 9 X 792,473

Schedule A (Form 990 or 990-EZ) 2015 INC .

22-2142389 Page 2

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	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-		,				
	zation'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						į
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4	<u> </u>		l	<u> </u>		<u> </u>
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						<u></u>
8	Gross income from interest,						
	dividends, payments received on		1				
	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	l					
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10		<u> </u>	<u> </u>	<u> </u>		
	Gross receipts from related activities,	•				12	
13	First five years. If the Form 990 is for		s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	,
<u> </u>	organization, check this box and stop tion C. Computation of Publ		rcentage	· · · · · · · · · · · · · · · · · · ·			
	Public support percentage for 2015 (I			ock see (6)		44	
	Public support percentage from 2014		-			15	<u>%</u> %
	33 1/3% support test - 2015. If the c		•				
100	stop here. The organization qualifies	_					▶ □
b	33 1/3% support test - 2014. If the c	. ,					nis box
_	and stop here. The organization qual	-					▶ □
17a	10% -facts-and-circumstances tes						or more.
	and if the organization meets the "fac	_					•
	meets the "facts-and-circumstances"						▶
b	10% -facts-and-circumstances tes	-				17a, and line 15 is	10% or
_	more, and if the organization meets the	_				•	
	organization meets the "facts-and-circ						▶□
18	Private foundation. If the organizatio		-	•			is 🕨
							or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 INC.

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
--

Se	ction A. Public Support	, o.o.v., p.o.o.o.o.v.					
Cal	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not					;	
	ınclude any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that					i	1
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and				1		}
	3 received from disqualified persons					ļ	
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b			ļ			
	Public support. (Subtract line 7c from line 6)				l	<u> </u>	
Se	ction B. Total Support			,	, -		
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
-	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
Ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
_	Add lines 10a and 10b	 					
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
12	assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)		 		 	<u> </u>	
	First five years. If the Form 990 is for	r the organization'	s first, second, this	rd, fourth, or fifth t	ax vear as a section	on 501(c)(3) organia	zation.
•	check this box and stop here					55 . (5)(5) 5. gama	. ▶
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2015 (line 8, column (f) c	livided by line 13,	column (f))		15	%
16	Public support percentage from 2014	Schedule A, Part	t III, line 15		<u> </u>	16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)15 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
	Investment income percentage from	•	=			18	%
192	33 1/3% support tests - 2015. If the	organization did	not check the box	on line 14, and line	e 15 is more than :	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	•	-				▶↓.]
t	33 1/3% support tests - 2014. If the	=					. —
	line 18 is not more than 33 1/3%, che		-				
<u>20</u>	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t		structions	D

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A. D. and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

A		Supporting	A	
SOCTION	A A	SIIDDAMIDA	(Iraani	ITOTIONE
Jechni	A- AII	- Juduul iiliu	VIUGIII	ize uviis

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1	X	
2		X
3a	L	X
3b		
3c	-	
4a		X
4b		
_4c		
_5a		X
5b		
5c		
6		X
7		<u>x</u>
8		_x_
		v
9a	 	<u> </u>
_9b		X
		.
9c	 	X
1		
10a	-	X
10b		
990 or 9	90-EZ	2015

Schedule A (Form 990 or 990-EZ) 2015

За

trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

ROCHESTER PHILHARMONIC ORCHESTRA FUND, Schedule A (Form 990 or 990-EZ) 2015 INC. 22-2142389 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 0. 85,323 1 Net short-term capital gain 0. 2 0. 2 Recoveries of prior-year distributions 3 235,731. 0. Other gross income (see instructions) 3_ 321,054 0. 4 Add lines 1 through 3 4 0. 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 7,908 maintenance of property held for production of income (see instructions) 6 0. 7 Other expenses (see instructions) 313,146 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 12,786,545 0. a Average monthly value of securities 0. b Average monthly cash balances 1b 0 0. c Fair market value of other non-exempt-use assets 10 12,786,545. 0. d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI) 0 2 Acquisition indebtedness applicable to non-exempt-use assets 2 12,786,545. 0. 3 3 Subtract line 2 from line 1d 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, 0. 191,798 see instructions). 4 0. 12,594,747. 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 440,816. 0. 6 Multiply line 5 by .035 Recoveries of prior-year distributions 7 0. 7 440,816. 8 Minimum Asset Amount (add line 7 to line 6) Current Year Section C - Distributable Amount 313,146. 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 266,174. 2 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 440,816. Enter greater of line 2 or line 3 4 440,816.

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

Schedule A (Form 990 or 990-EZ) 2015

0.

440,816.

5

5 Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Schedule A.(Form 990 or 990-EZ) 2015 INC.	20(-)(0) 0		2-2142389 Page 7
Part V Type III Non-Functionally Integrated 5	09(a)(3) Supporting Orga	inizations (continued)	
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish e			792,473.
2 Amounts paid to perform activity that directly furthers exe	mpt purposes of supported		
organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purpo	oses of supported organization	<u> </u>	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6.			792,473.
 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which 	the organization is responsive	· · · · · · · · · · · · · · · · · · ·	172,413.
(provide details in Part VI). See instructions.	Title organization is responsive		792,473.
9 Distributable amount for 2015 from Section C, line 6			440,816.
10 Line 8 amount divided by Line 9 amount			100.00%
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
Distributable amount for 2015 from Section C, line 6	 		440,816.
2 Underdistributions, if any, for years prior to 2015			
(reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
C			
d From 2013			
e From 2014 372,888.			
f Total of lines 3a through e	372,888.		
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			372,888.
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D,			
line 7: \$ 792,473	•		<u> </u>
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			67,928.
c Remainder. Subtract lines 4a and 4b from 4.	724,545.		
5 Remaining underdistributions for years prior to 2015, if			
any. Subtract lines 3g and 4a from line 2 (if amount]		
greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h			
and 4b from line 1 (if amount greater than zero, see			
instructions).			
7 Excess distributions carryover to 2016. Add lines 3j			
and 4c.	724,545.		
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015 724,545.			<u></u>

Schedule A (Form 990 or 990-EZ) 2015

'Schedule A (Form 990 or 990-EZ) 2015 INC .

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

PART IV, SECTION D, LINE 3

THE SOLE SUPPORTED ORGANIZATION IS ROCHESTER PHILHARMONIC ORCHESTRA. INC., REFERRED TO HERE AS "THE ORCHESTRA". THE SUPPORTING ORGANIZATION IS THE ROCHESTER PHILHARMONIC ORCHESTRA FUND, INC., REFERRED TO HERE AS "THE FUND".

THE FUND'S \$792,473 CASH DISTRIBUTIONS DID NOT SUPPLY AT LEAST 10% OF THE TOTAL SUPPORT OF THE ORCHESTRA'S PRIOR FISCAL YEAR, ONLY 8.01%. HOWEVER, IN ADDITION TO THAT, FOR THE PAST SEVERAL YEARS, THE FUND, AT THE REQUEST OF THE ORCHESTRA, HAS GUARANTEED \$1,000,000 OF THE ORCHESTRA'S OUTSTANDING BANK INDEBTEDNESS. WITHOUT THIS GUARANTEE THE ORCHESTRA WOULD NOT HAVE BEEN ABLE TO SECURE THE NEEDED SOURCE OF OPERATING CASH. IF CREDITED WITH DISTRIBUTING THE MARKET VALUE OF SUCH A GUARANTEE, THE FUND WOULD BE DEEMED TO HAVE MET THE 10% REQUIREMENT. IN ANY EVENT, UNDERTAKING A LARGE GUARANTEE IS A POWERFUL DEMONSTRATION OF HOW THE ORCHESTRA COUNTS ON THE FUND FOR CRITICAL SUPPORT FOR ITS EXISTENCE - AND HOW THE FUND HAS RESPONDED TO THE NEEDS AND DEMANDS OF THE ORCHESTRA.

THE ORCHESTRA'S BOARD OF DIRECTORS IS ENTITLED TO ELECT FIVE MEMBERS OF THE FUND'S BOARD OF TRUSTEES (OUT OF 14 TOTAL AT FISCAL YEAR-END). IS THE ORCHESTRA BOARD'S HABIT, OF MANY YEARS STANDING, TO FILL THREE OF THESE SEATS WITH ITS OWN BOARD CHAIR, BOARD TREASURER AND PRESIDENT/CEO, EX OFFICIO, AND A FOURTH SEAT AT LARGE BY ONE OF ITS CURRENT OR FORMER BOARD MEMBERS. ALSO FOR MANY YEARS, IT HAS ELECTED TO THE FIFTH SEAT THE PERSON WHO IS THE INCUMBENT BOARD CHAIR OF THE FUND (WHO WAS A PRIOR ORCHESTRA BOARD CHAIR). THESE ORCHESTRA

532028 09-23-15

Schedule A (Form 990 or 990-EZ) 2015 INC. 22-2142389 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)
PARTICIPANTS ATTEND ALL FUND BOARD MEETINGS AND ARE APPROPRIATELY
ACTIVE IN FUND AFFAIRS. ABOUT A THIRD OF EACH FUND BOARD MEETING IS
DEVOTED TO RECEIVING A REPORT ON THE OPERATIONS AND FINANCIAL STATE OF
THE ORCHESTRA, PRESENTED BY THE ORCHESTRA CHAIR, PRESIDENT OR BOTH.
THE ORCHESTRA TREASURER IS A MEMBER OF THE FUND'S INVESTMENT COMMITTEE,
AND THE ORCHESTRA'S AT-LARGE MEMBER CHAIRS THE FUND'S AUDIT COMMITTEE.
THUS, WITH ITS OWN ELECTED FUND BOARD MEMBERS CONSTITUTING A MAJORITY
OF A QUORUM, CHAIRING THE BOARD AND EXECUTIVE COMMITTEE MEETINGS, AND
SERVING ON KEY COMMITTEES, IT IS CLEAR THAT THE ORCHESTRA HAS A
"SIGNIFICANT VOICE IN INVESTMENT POLICIES AND IN DIRECTING USE OF THE
ORGANIZATION'S INCOME OR ASSETS AT ALL TIMES DURING THE TAX YEAR."
SINCE THE FOUNDING OF THE FUND IN 1976, THE FUND AND ORCHESTRA BOARDS
AND MANAGERS HAVE HAD A CLOSE AND CONTINUOUS WORKING RELATIONSHIP. THE
ORCHESTRA PROVIDES BACK-OFFICE SERVICES TO THE FUND, MAINTAINS ITS
OFFICIAL RECORDS, AND IS ITS ADDRESS OF PRINCIPAL OFFICE. WHEN THE
ORCHESTRA RAISES CAPITAL FUNDS, ITS DEVELOPMENT DEPARTMENT ORGANIZES
THE SOLICITATION BUT DONORS ARE GIVEN A CHOICE BETWEEN PLACING THEIR
GIFTS WITH EITHER THE FUND OR WITH THE ORCHESTRA. SIX OF THE FUND
BOARD MEMBERS LISTED FORM 990, PART VII, SECTION A ARE HONORARY BOARD
MEMBERS OF THE ORCHESTRA WHICH ENTITLES THEM TO ATTEND AND PARTICIPATE,
WITHOUT VOTE, AT ANY BOARD MEETING OR EXECUTIVE SESSION OF THE
ORCHESTRA BOARD.

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

2015
Open to Public Inspection

Name of the organization

ROCHESTER PHILHARMONIC ORCHESTRA FUND,

Employer identification number 22-2142389

INC. 22-2142389 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the penodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII. the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: b Assets included in Form 990, Part X

	edule D·(Form 990) 2015 INC.					2142389 Page 2
Pa	rt III Organizations Maintaining C					
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that are a	significant use of	its collection items
	(check all that apply):					
а	Public exhibition	d	Loan or exc	hange programs		
b	Scholarly research	е	Other			
c	Preservation for future generations					
4	Provide a description of the organization's co	ollections and explain	how they further t	he organization's ex	empt purpose in	Part XIII.
5	During the year, did the organization solicit o	-	-			
3	to be sold to raise funds rather than to be ma					Yes No
Pai	rt IV Escrow and Custodial Arrange					
T C	reported an amount on Form 990, Par	- '	te ii tile organizatio	TI ALISWEICU 103 O	111 01111 000,1 2	. 17, 1110 0, 01
			ion, for contribution	or other assets no	t included	
18	Is the organization an agent, trustee, custodi			is or other assets no	t iliciaaea	Yes No
	on Form 990, Part X?					LI res LI NO
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:		[
						Amount
С					<u>1c</u>	
d					1d	
е	Distributions during the year				. <u>1e</u>	
f	Ending balance				. <u>If</u>	
2a	Did the organization include an amount on Fo	orm 990, Part X, line :	21, for escrow or co	ustodial account liab	ility?	. L Yes No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part XI	ll <u></u>	<u> L</u>
Par	rt V Endowment Funds. Complete it	the organization ans	swered "Yes" on Fo	orm 990, Part IV, line	10.	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years b	ack (e) Four years back
1a	Beginning of year balance	12,291,252,	13,798,561.	12,740,592.	12,559,0	57. 12,505,882.
b	Contributions	10,000.	54,323.	214,200.		0. 44,052.
G	Net investment earnings, gains, and losses	456,076.	<724,009.		1,198,5	
d	Grants or scholarships	794,651.	837,623.	7 7	1.016.9	
e	Other expenditures for facilities	7,7,002.				
-	and programs					
			-			
T	Administrative expenses	14 050 555	10 001 050	12 700 561	10 740 5	12 550 057
g	End of year balance	11,962,677.	12,291,252.	·	12,740,5	92. 12,559,057.
2	Provide the estimated percentage of the curr			a)) neid as:		
а	Board designated or quasi-endowment	38.96	_%			
b	Permanent endowment ► 61.04	%				
С	Temporarily restricted endowment	.00%				
	The percentages on lines 2a, 2b, and 2c sho					
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	ind administered for	the organization	
	by:					Yes No
	(i) unrelated organizations					3a(i) X
	(ii) related organizations					3a(ii) X
b	If "Yes" on line 3a(ıi), are the related organiza	tions listed as require	ed on Schedule R?			3b
4_	Describe in Part XIII the intended uses of the	organization's endo	wment funds.			
Pai	rt VI Land, Buildings, and Equipm	ent.				
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Part >	K, line 10.	
	Description of property	(a) Cost or ot	her (b) Cost	or other (c)	Accumulated	(d) Book value
		basis (investm	1,	' '	epreciation	
	Land					
	Buildings	-				
-	Leasehold improvements					
ن	•					
a	Equipment	•				

Schedule D (Form 990) 2015

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

49,496. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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) 2015

(8)(9)

BE MADE IN THE JUDGEMENT OF THE TRUSTEES.
532054
09-21-15

Schedule D (Form 990) 2015

INCLUDING ACCRUALS, ADJUSTED FOR CONTRIBUTIONS DURING THE YEAR, IS

CONTRIBUTED TO THE ORCHESTRA. ADDITIONAL DISCRETIONARY CONTRIBUTIONS MAY

Schedule D (Form 990) 2015	ROCHESTER	PHILHARMONIC	ORCHESTRA	FUND,	22-2142389	Page 5
Schedule D (Form 990) 2015 Part XIII Supplemental Info	mation (continued					1 490 0
	100,100,	<u> </u>				
						
		· · · · · · · · · · · · · · · · · · ·				
						
						
				_ 		
					 	
						
						
			·			
						
						
						
					<u></u>	
					_ 	

Schedule D (Form 990) 2015

2 Employer identification number 22-2142389 Open to Public OMB No 1545-0047 2015 Inspection (h) Purpose of grant or assistance X Yes IISSION SUPPORT Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 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 Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990. (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (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. ► Attach to Form 990 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. ROCHESTER PHILHARMONIC ORCHESTRA FUND, (d) Amount of 792,473 cash grant (c) IRC section if applicable 501(C)(3) 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 Department of the Treasury Internal Revenue Service 108 EAST AVE. SCHEDULE (Form 990) Part (Part

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	A .
3 Enter total number of other organizations listed in the line 1 table	• • • • • • • • • • • • • • • • • • • •
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule I (Form 990) (201

532101 10-28-15

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ROCHESTER PHILHARMONIC ORCHESTRA FUND,

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

Schedule I (Form 990) (2015)

Part III

Page 2

22-2142389

Schedule I (Form 990) (2015) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) ITS PRIMARY DISTRIBUTIONS CHARITY THAT SHOULD AND WILL DETERMINE ITS DISPOSITIONS OF REVENUE. SOME OF THE ORCHESTRA FUND MAKES GRANTS ONLY TO ITS SINGLE SUPPORTED ORGANIZATION THIS ORGANIZATION'S ASSETS, HOWEVER, ARE SUBJECT TO USE RESTRICTIONS; AND Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. OFFICERS SIT ON OUR BOARD AND SEVERAL OF OUR MEMBERS ATTEND ALL OF ITS ETC.) BUT WE RECOGNIZE THAT IT IS THE SUPPORTED PUBLIC THAT GRANTS TO RPO WITH RESPECT TO THESE FUNDS ARE MADE ONLY AFTER OUR ARE GIVEN WITH FULL KNOWLEDGE OF THE RPO'S APPLICATION (ITS PRIMARY (d) Amount of non-cash assistance (c) Amount of cash grant (RPO). INC. (b) Number of recipients THE ROCHESTER PHILHARMONIC ORCHESTRA, Part III can be duplicated if additional space is needed. (a) Type of grant or assistance BOARD MEETINGS, PART I, LINE 532102 10-28-15

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 Open to Public

Inspection

Name of the organization

ROCHESTER PHILHARMONIC ORCHESTRA FUND,

Employer identification number 2142389

INC.	44-4144309
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:
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 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 RE	VIEWS THESE
REPORTS FINDINGS TO THE BOARD, PURSUES ANY RESULTING ISSUE	
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, AND IN ANY EVENT MUST LEAVE	BEFORE BOARD
DELIBERATIONS BEGIN.	
FORM 990, PART VI, SECTION B, LINE 15:	
FORM 990 PART IV, SECTION B, LINES 15A AND 15B: THE FUND D	OES NOT HAVE
EMPLOYEES OR ANY SAY ON ANY REPORTABLE COMPENSATION.	

FORM 990, PART VI, SECTION C, LINE 19:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990-EZ) (2015)			Page 2
Name of the organization ROCHESTER PHILHAR INC.	MONIC ORCHESTRA	FUND,	Employer identification number 22-2142389
ALL DOCUMENTS REQUIRED TO BE MA	DE AVAILABLE TO	THE PUBLIC	ARE AVAILABLE
UPON REQUEST AT 108 EAST AVENUE	, ROCHESTER, NEW	YORK 1460	4
FORM 990 PART VI, SECTION B, LI	NE 14:		
THE FUND'S RECORDS ARE MAINTAIN	ED BY ROCHESTER	PHILHARMON	IC ORCHESTRA
PURSUANT TO ITS RETENTION POLICE	IES.		
FORM 990 PART VI, SECTION B, LI	NE 13:		
THE FUND DOES NOT HAVE EMPLOYEE	S AND THEREFORE	THIS POLIC	Y DOES NOT
APPLY. THE MEMBERS OF THE BOARD	OF TRUSTEES HAV	E FIDUCIAR	Υ
RESPONSIBILITY FOR TAKING ACTION	N IF THEY SEE WR	ONGDOING.	
FORM 990, PART XII, LINE 2C			
THE ORGANIZATION'S PROCESS HAS I	NOT CHANGED FROM	THE PRIOR	YEAR.
			

Employer identification number Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990. Related Organizations and Unrelated Partnerships Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. ▶ Attach to Form 990. ROCHESTER PHILHARMONIC ORCHESTRA FUND, INC. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part

Name, address, and EIN (if applicable)

of disregarded entity

OMB No 1545-0047

2015

Open to Public Inspection

Direct controlling 22-2142389 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. End-of-year assets <u>e</u> Total income € Legal domicile (state or foreign country) Primary activity

(g) Section 512(b)(13) controlled ž × entity? Direct controlling Public charity status (if section 501(c)(3)) LINE 9 Exempt Code section 501(C)(3) Legal domicile (state or foreign country) NEW YORK Primary activity ORCHESTRA 16-0765613, 108 EAST AVENUE, ROCHESTER, NY ROCHESTER PHILHARMONIC ORCHCESTRA, INC. Name, address, and EIN of related organization 14604

Part II

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

Schedule R (Form 990) 2015

ROCHESTER PHILHARMONIC ORCHESTRA FUND,

INC.

Schedule R (Form 990) 2015

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General or Percentage managing ownership Schedule R (Form 990) 2015 Yes Section 512(b)(13) controlled entity? 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. Percentage ownership 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. Yes \equiv Code V-UBI amount in box 120 of Schedule K-1 (Form 1065) Share of end-of-year assets Olsproportionate Yes No allocations? Ξ Share of total income Ξ Share of end-of-year assets <u>B</u> Type of entity (C corp, S corp, or trust) <u>e</u> Share of total income ε Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) € <u>e</u> Legal domicile (state or foreign country) 37 (d)
Direct controlling
entity Primary activity 9 (c)
Legal
domicile
(state or
foreign
country) Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> 532162 09-08-15 Part IV Part III

ROCHESTER PHILHARMONIC ORCHESTRA FUND, Schedule R (Form 990) 2015 INC.

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

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Schedule R (Form 990) 2015 INC.

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax und sections 512-514)	(e) Are all 501(c)(3) Orgs? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations Yes No	(h) (l) (l) (k) (k) (k) (k) (limbaralor Percentage dinations? of Schedule (k-1 pertner? ownership ves No (Form 1065) ves No	(j) General c managin partner? Yes NC	(k) y Percentage g ownership
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								Schedule	R (For	Schedule R (Form 990) 2015