

**Return of Organization Exempt From Income Tax**

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

**2017**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

<b>B</b> Check if applicable:	<b>C</b> Name of organization <b>RENO PHILHARMONIC ASSOCIATION, INC.</b>	<b>D</b> Employer identification number <b>94-2762076</b>
<input type="checkbox"/> Address change	Doing business as	<b>E</b> Telephone number <b>775-323-6393</b>
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/Suite	
<input type="checkbox"/> Initial return	<b>925 RIVERSIDE DRIVE, SUITE 3</b>	<b>G</b> Gross receipts \$ <b>2,839,605.</b>
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return	<b>RENO, NV 89503</b>	<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Application pending	<b>F</b> Name and address of principal officer: <b>TIMOTHY YOUNG</b> <b>SAME AS C ABOVE</b>	If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ <b>N/A</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1981</b> <b>M</b> State of legal domicile: <b>NV</b>

Part I Summary			
	1 Briefly describe the organization's mission or most significant activities: <b>TO PRODUCE INSPIRATIONAL ORCHESTRAL PERFORMANCES OF THE HIGHEST QUALITY FOR DIVERSE AUDIENCES</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	29
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	29
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	187
	6 Total number of volunteers (estimate if necessary)	6	210
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	24,055.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,414,347.	1,543,626.
	9 Program service revenue (Part VIII, line 2g)	1,019,210.	1,240,683.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,400.	5,578.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	92,296.	49,718.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,529,253.	2,839,605.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,539,848.	1,815,095.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>86,827.</b>			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		885,292.	994,602.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,425,140.	2,809,697.	
19 Revenue less expenses. Subtract line 18 from line 12	104,113.	29,908.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	1,277,563.	1,626,961.
	21 Total liabilities (Part X, line 26)	930,613.	1,250,103.
	22 Net assets or fund balances. Subtract line 21 from line 20	346,950.	376,858.

<b>Part II Signature Block</b>				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
<b>Sign Here</b>	▶ Signature of officer		Date	
	<b>TIMOTHY YOUNG, CEO/PRESIDENT</b>			
	Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	<b>BETH KOHN-COLE</b>	<b>BETH KOHN-COLE</b>	<b>11/09/18</b>	<b>P00212562</b>
	Firm's name ▶ <b>KOHN &amp; COMPANY LLP</b>	Firm's EIN ▶ <b>46-3281627</b>		
	Firm's address ▶ <b>5310 KIETZKE LANE, SUITE 101</b> <b>RENO, NV 89511</b>	Phone no. <b>775-828-7300</b>		

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No