

TAX RETURN FILING INSTRUCTIONS

** FORM 990 - PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

AUGUST 31, 2021

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PITTSBURGH SYMPHONY INC. 600 PENN AVENUE PITTSBURGH, PA 15222-3209

PREPARED BY:

SCHNEIDER DOWNS & CO., INC. ONE PPG PLACE, SUITE 1700 PITTSBURGH, PA 15222

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

** PUBLIC DISCLOSURE COPY **

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

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

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u> </u>	or the	2020 calendar year, or tax year beginning $SEP \ 1$, 2020 and	ending A	UG 31, 2021	
B (Check if applicable:	C Name of organization		D Employer identif	ication number
	Address	PITTSBURGH SYMPHONY INC.			
	Name change	Doing business as PITTSBURGH SYMPHONY ORCHEST	'RA	25-09860	52
	Initial return	,	Room/suite	E Telephone number	
	Final return/	600 PENN AVENUE		412-392-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	74,970,759.
L	Amende return	F1113BURGH, FA 13222-3209		H(a) Is this a group	
	Applica tion pending			for subordinate	
_		SAME AS C ABOVE		H(b) Are all subordinates	
		mpt status: X 501(c)(3) 501(c)() ((insert no.) 4947(a)(1) c E: ► WWW.PITTSBURGHSYMPHONY.ORG	or 527	1	a list. See instructions
		organization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	M State of legal domicile: PA
		Summary	L Teal	or formation. ±233	ivi State of legal domiche. 1 21
		Briefly describe the organization's mission or most significant activities: PROMO	OTES A	LOVE OF MU	SIC BY
Se		MAINTAINING A SYMPHONY ORCHESTRA. OUR VIS			
Governance	2 0	Check this box 🕨 🔲 if the organization discontinued its operations or dispos			
Ver	3 1			3	51
ၓ	4 1	lumber of independent voting members of the governing body (Part VI, line 1b)			50
တ္တ		otal number of individuals employed in calendar year 2020 (Part V, line 2a)			440
Vitie	6 1	otal number of volunteers (estimate if necessary)		6	110
Activities &	7a⊺	otal unrelated business revenue from Part VIII, column (C), line 12		7a	190,967.
_	l d	let unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
ē	8 (Contributions and grants (Part VIII, line 1h)		32,500,338.	
en	9 F	Program service revenue (Part VIII, line 2g)		5,621,720.	
Revenue	10 li	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		6,228,703.	
_	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		547,865.	
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		44,898,626.	
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	
	1	Renefits paid to or for members (Part IX, column (A), line 4)		22,249,916.	
ses	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		91,200.	
Expenses	loa F	Professional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) 1,795,21	 17.	JI, 200 •	07,100.
Ä	17 (Ottal fundraising expenses (Fart IX, Column (B), line 23) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		10,924,671.	6,812,927.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		33,265,787.	
	1	Revenue less expenses. Subtract line 18 from line 12		11,632,839.	
- N		iovorido roco experiedos. Guestrados into 10 norm into 12	Be	ginning of Current Year	End of Year
Assets or	20 ⊺	otal assets (Part X, line 16)		60,513,295.	
ASS	21 T	otal liabilities (Part X, line 26)		37,562,258.	•
Net	4	Net assets or fund balances. Subtract line 21 from line 20	1	22,951,037.	164,550,155.
Pa	art II	Signature Block			
	-	ies of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
true	, correct	and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
Sig	n	Signature of officer		Date	
Her	e	SCOTT MICHAEL, VP FINANCE & CFO Type or print name and title			
_	-		Tr	Date Check	PTIN
Do:-		Print/Type preparer's name Preparer's signature SARAH R. PIOT SARAH R. PIOT	['	if	
Paid		Firm's name SCHNEIDER DOWNS & CO., INC.		self-emplo	25-1408703
-	_	Firm's address NONE PPG PLACE, SUITE 1700		FIIIII S EIIV	72 T400102
536	Jy	PITTSBURGH, PA 15222		Phone no 41	2-261-3644
May	the IR	S discuss this return with the preparer shown above? See instructions		I I HOHE HU. 4.4	X Yes No
.,,,,,,	,	= ======= and retain that are properly chewit above: occ instructions			100110

Га	Ctatement of Frogram Service Accomplishments	· - 1
	<u> </u>	X
1	Briefly describe the organization's mission:	
	IT IS THE MISSION OF THE PITTSBURGH SYMPHONY ORCHESTRA TO ENGAGE,	_
	ENRICH, AND INSPIRE THROUGH UNPARALLELED LIVE MUSICAL EXPERIENCES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	ю
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N	ю
_	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4-	10 265 500	
4a	(Code:) (Expenses \$19,367,708 our including grants of \$) (Revenue \$	_ ′
	IN 2021, POSSESSES A RICH HISTORY OF THE WORLD'S FINEST CONDUCTORS AND	_
		_
	MUSICIANS AND AN UNWAVERING COMMITMENT TO THE PITTSBURGH REGION AND ITS	_
	CITIZENS. SINCE 2008, THE ORCHESTRA HAS BEEN LED BY MUSIC DIRECTOR	_
	MANFRED HONECK, ONE OF THE WORLD'S LEADING CONDUCTORS, ADMIRED FOR HIS	_
	REVELATORY INTERPRETATIONS. PAST MUSIC DIRECTORS HAVE INCLUDED	
	LEGENDARY CONDUCTORS SUCH AS ANDRE PREVIN, LORIN MAAZEL AND WILLIAM	
	STEINBERG. THE PITTSBURGH SYMPHONY HAS A LONG, ILLUSTRIOUS HISTORY OF	
	BROADCASTS AND RECORDINGS, WHICH INCLUDES TWO GRAMMY AWARDS IN 2018.	
	WITH A LONG AND DISTINGUISHED HISTORY OF DOMESTIC AND FOREIGN TOURS	
	DATING BACK TO 1900, PSI CONTINUES TO BE CRITICALLY ACCLAIMED AS ONE OF	
	THE WORLD'S GREATEST ORCHESTRAS. FROM ITS HOME AT HEINZ HALL, THE	_
4b	(Code:) (Expenses \$	
	/ (Lithering States of the control o	- '
		_
		_
		_
		_
		_
		_
		_
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	_)
		_
		_
		_
		_
		_
		_
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 19,367,708.	

Form 990 (2020) PITTSBURGH SYMPHONY INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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		Х
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	Х	
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	<u> </u>		
Ŭ	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
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		
8	, ,			x
_	Schedule D, Part III	8		
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		7.7	
	or in 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,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
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
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	- IZu		
b		12b	Х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
				X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		 ^
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			
		446	Х	
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b	21	_
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			_V
40	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,		7.7	
	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	Х	<u> </u>
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	Х	<u> </u>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

032003 12-23-20

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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		Х
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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		OEL		x
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			7.7
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
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? <i>If</i> "Yes," <i>complete</i>			
32	, ,	32		х
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	20		х
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
	Part V, line 1	34	X	37
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	TV Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 1			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	Х	
	<u> </u>			(2020)

032004 12-23-20

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 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 Х b 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) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За Х **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 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)? X 4a **b** If "Yes," enter the name of the foreign country 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? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Х 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 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? 7с Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f N/A If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g N/A 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. N/A 9a Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A 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 **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? N/A 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X 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 on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.

Form 990 (2020)

16

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Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

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 on Schedule O. See instructions.

0	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management				1	1
		ı			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	51	-		
	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 on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	50	4		
2	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
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervision			
				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9		as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximation of the power to elect or	point	one or			
	more members of the governing body?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockh	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	ır by tl	ne following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	e Code.)		1	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apter	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befo	re filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? $If = Y$	/es," (describe			
	in Schedule O how this was done			12c	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	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by ir	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	Х	
	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 arrangen	nent v	vith a			
	taxable entity during the year?			16a		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 organ					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶PA, FL, WV, CA, O					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 99	0-T (Section 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict	of interest policy, and	d finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks ar	nd records			
	SCOTT MICHAEL - (412)392-4813					
	600 PENN AVE, PITTSBURGH, PA 15222					

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.
- 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.

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

See instructions for the order in which to list the persons above.

Week (ilst any) hours for related organizations below ine)	(A) Name and title	(B) Average	(do	not c	(C Pos	C) ition	than o	one	(D) Reportable	(E) Reportable	(F) Estimated
NELIA TOURANGEAU		1	offic								
NELIA TOURANGEAU		hours for	tee or direct	ıstee			ensated		organization	•	from the
NELIA TOURANGEAU		below	ndividual trus	nstitutional tri	Officer	ey employee	lighest compe mployee	ormer			
A	(1) MELIA TOURANGEAU		_	_							
A	PRESIDENT & CEO	0.00	Х		Х				436,395.	0.	36,351.
33 CYNTHIA DEALMEIDA 40.00	(2) WILLIAM CABALLERO	40.00									
PRINCIPAL OBOE	PRINCIPAL FRENCH HORN	0.00					Х		238,645.	0.	43,120.
CALCAR CHRISTIAN SCHORNICH 40.00 VICE PRESIDENT & COO (EXITED 03/21) 0.00 X 194,668. 0. 33,083.	(3) CYNTHIA DEALMEIDA	40.00									
VICE PRESIDENT & COO (EXITED 03/21) 0.00	PRINCIPAL OBOE						X		218,524.	0.	40,028.
SCOTT MICHAEL 40.00 X	(4) CHRISTIAN SCHORNICH										
VICE PRESIDENT & CFO	VICE PRESIDENT & COO (EXITED 03/21)					Х			194,668.	0.	33,083.
CALCAD MICAH WILKINSON 40.00											
PRINCIPAL TRUMPET					Х				160,205.	0.	38,098.
ASSOCIATE CONCERTMASTER											
ASSOCIATE CONCERTMASTER							X		158,246.	0.	31,670.
Reference Refe									150 100	•	10 100
PRINCIPAL FLUTE (9) MARTIN BATES, DIR (ENT 01/21 - 40.00							X		158,122.	0.	17,197.
(9) MARTIN BATES, DIR (ENT 01/21 - 40.00							,,		150 501	0	D D11
05/21), EXEC VP & COO (AS OF 05/21)							X		158,591.	0.	/,/11.
CHAIRMAN			37							0	0
CHAIRMAN			Λ						0.	0.	0.
CHAIR EMERITUS			v		v					0	0
CHAIR EMERITUS			Λ		Δ				0.	0.	0.
VICE CHAIR			v		v				0	0	0
VICE CHAIR (13) RONALD HERRING VICE CHAIR (14) JOHN D. WALTON VICE CHAIR (15) DEBRA L. CAPLAN, DIRECTOR (THRU 2.00 1.1/20), SECRETARY (AS OF 11/20) 0.00 X X X 0.00 0.00 0.00 0.00 0.00 0			21		22				0.	0.	<u> </u>
VICE CHAIR O. 0.00 X X O. O. O.			x		x				0.1	0.	0.
VICE CHAIR (14) JOHN D. WALTON VICE CHAIR (0.00 X X X 0.00 VICE CHAIR (15) DEBRA L. CAPLAN, DIRECTOR (THRU 2.00 1.1/20), SECRETARY (AS OF 11/20) (16) BRUCE GABLER, SECRETARY (THRU. 2.00 1.1/20), DIRECTOR (AS OF 10/20) (17) JEFFREY CRAFT, DIRECTOR (THRU. 2.00 1.1/20)											
(14) JOHN D. WALTON 2.00 X X 0.00 </td <td></td> <td></td> <td>х</td> <td></td> <td>х</td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>			х		х				0.	0.	0.
VICE CHAIR (15) DEBRA L. CAPLAN, DIRECTOR (THRU 2.00 1.1/20), SECRETARY (AS OF 11/20) 0.00 X X X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(14) JOHN D. WALTON										
(15) DEBRA L. CAPLAN, DIRECTOR (THRU 2.00 1/1/20), SECRETARY (AS OF 11/20) 0.00 X X 0.00 0.00 0.00 0.00 0.00 0.0	VICE CHAIR		Х		Х				0.	0.	0.
11/20), SECRETARY (AS OF 11/20)	(15) DEBRA L. CAPLAN, DIRECTOR (THRU									-	
(16) BRUCE GABLER, SECRETARY (THRU. 2.00 10/20), DIRECTOR (AS OF 10/20)			Х		Х				0.	0.	0.
10/20), DIRECTOR (AS OF 10/20)	(16) BRUCE GABLER, SECRETARY (THRU.										
(17) JEFFREY CRAFT, DIRECTOR (THRU. 2.00	10/20), DIRECTOR (AS OF 10/20)		Х	L	Х	L		L	0.	0.	0.
10/20), TREASURER (AS OF 10/20)	(17) JEFFREY CRAFT, DIRECTOR (THRU.	2.00									
	10/20), TREASURER (AS OF 10/20)	0.00	Х		Х				0.	0.	0. Form 990 (2020)

Form 990 (2020) PITTSBURG	ЗН ЅҮМРН	ON	Y	IN	c.				25-0986	052	Pa	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	loye	es,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			_ (0				(D)	(E)		(F)	
Name and title	Average	(do		Posi			one	Reportable	Reportable	Est	imate	:d
	hours per week			ss per				compensation	compensation		ount o	of
	(list any		01 41		1000	17 11 413	,	from	from related		other	tion
	hours for	direct				_		the organization	organizations (W-2/1099-MISC)	comp	m the	
	related	9e or (stee			nsated		(W-2/1099-MISC)	(VV 2/ 1000 IVIIOO)		nizati	
	organizations	ndividual trustee or director	Institutional trustee		yee	Highest compensated employee		(** = *********************************			relate	
	below	idual	tution	er	sey employee	est co loyee	ıer			orgar	nizatio	ons
	line)	Indiv	Instii	Officer	Key 6	High emp	Former					
(18) ROBERT MCCUTCHEON	2.00											
TREASURER (EXITED 10/20)	0.00	Х		Х				0.	0.			0.
(19) ANDREW ALOE	2.00											
DIRECTOR (EXITED 10/20)	0.00	Х						0.	0.			0.
(20) JUANJO ARDID	2.00											
DIRECTOR	0.00	Х						0.	0.			0.
(21) JOSEPH E. BAILEY, SR.	2.00											
DIRECTOR (EXITED 10/20)	0.00	X						0.	0.			0.
(22) ADAM BERGER	2.00											
DIRECTOR (EXITED 07/21)	0.00	Х						0.	0.			0.
(23) ROBIN BERNSTEIN	2.00											
DIRECTOR	0.00	Х						0.	0.			0.
(24) EVA BLUM	2.00											
DIRECTOR	0.00	Х						0.	0.			0.
(25) THEODORE BOBBY	2.00								_			
DIRECTOR (EXITED 10/20)	0.00	Х						0.	0.			0.
(26) DONALD W. BORNEMAN	2.00								_			
DIRECTOR (EXITED 10/20)	0.00	Х						0.	0.			0.
1b Subtotal								1,723,396.	0.	247	, 25	
c Total from continuation sheets to Part VI	I, Section A							0.	0.			0.
d Total (add lines 1b and 1c)							<u> </u>	1,723,396.	0.	247	, 25	58.
2 Total number of individuals (including but n	ot limited to the	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable			
compensation from the organization												45
									1	,	Yes	No
3 Did the organization list any former officer	, director, truste	ee, k	ey e	empl	oye	e, or	hig	hest compensated emp	oyee on			
line 1a? If "Yes," complete Schedule J for s										3		<u> </u>
4 For any individual listed on line 1a, is the su	um of reportable	e co	mpe	ensa	tion	and	oth	er compensation from the	ne organization		77	

and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х 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) Name and business address	(B) Description of services	(C) Compensation
FLYING SCOOTER PRODUCTIONS, LLC, 355 FIFTH		
AVENUE, SUITE 305, PITTSBURGH, PA 15222	VIDEO PRODUCTION	262,896.
MANFRED HONECK, ROSENHEIMER STRASSE 52,		
MUNICH, GERMANY D-81669	MUSIC DIRECTOR	230,000.
ARTSMARKETING SERVICES INC, 260 KING	TELEFUNDRAISING/TELE	
STREET EAST, STE 500, TORONTO, ON, CANADA	MARKETING	176,084.
WJ STRICKLER SIGNS, INC		
P.O. BOX 175, NEW OXFORD, PA 17350	DIGITAL SIGNS	132,202.
SCHNEIDER DOWNS & CO., INC., ONE PPG	ACCOUNTING AND TAX	
PLACE, SUITE 1700, PITTSBURGH, PA 15222	SERVICES	126,536.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization > 8		

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 PTTTSBUR	JH SIMPH	IOI	1 1	T 1/	.				25-098	0032
Part VII Section A. Officers, Directors, True	ustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	or				oloyee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	or director				d emp		(W-2/1099-MISC)	(44-27 1099-141130)	organization
	related	ee or	stee			nsate		(** 27 1000 111100)		and related
	organizations	Individual trustee	Institutional trustee		oyee	Highest compensated employee				organizations
	below	vidua	itution	ser	Key employee	hest c	Former			
	line)	Indi	Inst	Officer	Key	High	Forr			
(27) ERIC BOUGHNER	2.00									
DIRECTOR (ENTERED 03/21)	0.00	Х						0.	0.	0.
(28) ELLEN BROOKS	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(29) BERNITA BROOKS	2.00									
LIFE DIRECTOR (EXITED 01/21)	0.00	Х						0.	0.	0.
(30) RAE R. BURTON	2.00	1								
DIRECTOR	0.00	Х	_			\vdash		0.	0.	0.
(31) MARC CHAZAUD	2.00									
DIRECTOR	0.00	Х						0.	0.	0 .
(32) ELLIOTT DAVIS	2.00	ļ							•	•
DIRECTOR	0.00	Х						0.	0.	0
(33) ANN DONAHUE	2.00								•	•
DIRECTOR	0.00	Х						0.	0.	0 .
(34) CINDY DONOHOE	2.00	٠,,							0	0
DIRECTOR	0.00	Х						0.	0.	0 .
(35) SIGO FALK	2.00	х						0.	0.	_
DIRECTOR (EXITED 10/20) (36) MARK FLAHERTY	2.00	Δ						0.	0.	0 .
DIRECTOR	0.00	Х						0.	0.	0 .
(37) MARITA GARRETT	2.00	Δ						0.	0.	0 (
DIRECTOR	0.00	Х						0.	0.	0 .
(38) FRANK L. GREBOWSKI	2.00	- 22						0.	0.	0 (
DIRECTOR (EXITED 10/20)	0.00	Х						0.	0.	0.
(39) JENNIFER HAGGERTY	2.00	25						0.		0
DIRECTOR (EXITED 10/20)	0.00	x						0.	0.	0.
(40) THOMAS B. HOTOPP	2.00							•		-
DIRECTOR	0.00	х						0.	0.	0 .
(41) LOREN HUDSON	2.00								•	
DIRECTOR (EXITED 09/20)	0.00	Х						0.	0.	0.
(42) MYAH MOORE IRICK	2.00								•	
DIRECTOR (ENTERED 09/20)	0.00	Х						0.	0.	0.
(43) GINA LAITE	2.00							-	-	-
DIRECTOR (ENTERED 03/21)	0.00	Х						0.	0.	0 .
(44) JOON S. LEE	2.00									
DIRECTOR (ENTERED 09/20)	0.00	Х						0.	0.	0 .
(45) BRIAN LUDWICK	2.00									
DIRECTOR	0.00	Х						0.	0.	0 .
(46) ELIZABETH MAYS	2.00									
	0.00	Х	ı	ı	i l	ı	Ì	0.	0.	0.

Form 990 PITTSBUR	GH SIMPL	TOT	1 1	T 1/	<u>.</u>				25-098	0034
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average			Posi	ition			Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	or				oloyee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d emp		(W-2/1099-MISC)	(44-27 1099-141130)	organization
	related	ee or	stee			nsate		(** 27 1033 141100)		and related
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee				organizations
	below	vidual	tutior	Je:	Key employee	est c	ner			
	line)	lndi	Insti	Officer	Key	High	Former			
(47) HILARY MERCER	2.00									
DIRECTOR	0.00	Х						0.	0.	0 .
(48) HUMA MOHIUDDIN	2.00									
DIRECTOR (ENTERED 03/21)	0.00	Х						0.	0.	0.
(49) DONALD I. MORITZ	2.00									
LIFE DIRECTOR	0.00	Х						0.	0.	0.
(50) BEEJEE MORRISON	2.00	1							_	
DIRECTOR	0.00	Х	lacksquare					0.	0.	0 .
(51) ELLIOTT S. OSHRY	2.00	ļ								
DIRECTOR	0.00	Х						0.	0.	0
(52) WILLIAM RACKOFF	2.00								•	
DIRECTOR	0.00	Х						0.	0.	0
(53) ROBERT REILLY	2.00								•	•
DIRECTOR	0.00	Х						0.	0.	0
(54) JAMES W. RIMMEL	2.00	٠,,							0	0
DIRECTOR	0.00	Х						0.	0.	0 .
(55) ALAN RUSSELL	2.00	.,							0	0
DIRECTOR (EXITED 10/20) (56) REID RUTTENBERG	2.00	Х						0.	0.	0
(56) REID RUTTENBERG DIRECTOR	0.00	х						0.	0.	0 .
(57) AMY SEBASTIAN	2.00	Α						0.	0.	0 (
DIRECTOR	0.00	х						0.	0.	0
(58) SATBIR SINGH	2.00	^						0.	0.	0
DIRECTOR	0.00	Х						0.	0.	0
(59) JIN SONG	2.00							0.	0.	0 .
DIRECTOR	0.00	x						0.	0.	0
(60) JAMES E. STEEN	2.00							•	•	
DIRECTOR	0.00	x						0.	0.	0
(61) DOUGLAS STIRLING	2.00							•		
DIRECTOR	0.00	х						0.	0.	0
(62) CRAIG A. TILLOTSON	2.00	† 								
DIRECTOR	0.00	х						0.	0.	0
(63) THOMAS TODD	2.00	T								
LIFE DIRECTOR	0.00	Х						0.	0.	0
(64) MATT TOKORCHECK	2.00									-
DIRECTOR	0.00	Х						0.	0.	0 .
(65) RYAN VACCARO	2.00									
DIRECTOR (ENTERED 09/20)	0.00	Х						0.	0.	0
(66) SCOTT WAHLSTROM	2.00									
	0.00	Х	i l		i l	ı	Ì	0.	0.	0.

Part VII Section A. Officers, Directors, Tru (A) Name and title 67) RACHEL WALTON (WYMARD)	Average hours per week (list any hours for related organizations below line) 2.00	stee or director		(C Posi		арр		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
Name and title 67) RACHEL WALTON (WYMARD)	Average hours per week (list any hours for related organizations below line)		neck	Posi	ition	арр	ly)	Reportable compensation	Reportable compensation	Estimated
67) RACHEL WALTON (WYMARD)	hours per week (list any hours for related organizations below line)		neck			арр	ly)	compensation	compensation	
	per week (list any hours for related organizations below line)			all t	that		ly)	·	·	amount of
	week (list any hours for related organizations below line)	dividual trustee or director	ional trustee			99/			from related	
	organizations below line)	dividual truste	ional trus			ısated employ		from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	other compensation from the organization and related
	1 2.00	Ē	Institut	Officer	Key employee	Highest compensated employee	Former			organizations
IRECTOR	0.00	Х						0.	0.	0
68) MARKUS WEBER	2.00									
IRECTOR	0.00	Х						0.	0.	0
69) HELGE H. WEHMEIER	2.00									
IRECTOR	0.00	Х						0.	0.	0
70) MICHAEL J. WHITE IRECTOR	2.00	х						0.	0.	0
71) YURJI WOWCZYK	2.00									
IRECTOR (EXITED 10/20)	0.00	Х						0.	0.	0
-										
	L	<u> </u>								

Form 990 (2020) PITTSBU
Part VIII Statement of Revenue

		Check if Schedule O contains a res	ponse d	or note to any lin	e in this Part VIII			
		CHOCK II CONGRUIO C COMMINIC A 100	0000		(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
			1					30000013 3 12 3 14
Contributions, Gifts, Grants and Other Similar Amounts		a Federated campaigns1a						
3ra Iou		Membership dues 1b	+					
s, (Fundraising events1	+	416,697.				
Sift lar	•	d Related organizations1c	t l	1,310,698.				
s, (imi	•	e Government grants (contributions) 1e	•	15,166,521.				
ion	f	All other contributions, gifts, grants, and						
the the		similar amounts not included above 1f		9,036,862.				
<u> </u>	ç	Noncash contributions included in lines 1a-1f	\$	305,250.				
Sol	ŀ	Total. Add lines 1a-1f		•	25,930,778.			
				Business Code	, ,			
	9 -	PERFORMANCE REVENUE		900099	163,664.	163,664.		
je	_	AUXILIARY REVENUE		900099	28,314.	28,314.		
ne J	_			300033	20,311.	20,311.		
n S	(
jrai Re	(
Program Service Revenue		·						
<u>-</u>		All other program service revenue						
\rightarrow		Total. Add lines 2a-2f			191,978.			
	3	Investment income (including dividends						
		other similar amounts)			1,039,153.		190,967.	848,186.
	4	Income from investment of tax-exempt	bond pr	roceeds				
	5	Royalties						
		(i) Re	eal	(ii) Personal				
	6 a	Gross rents 6a 556	,245.					
			,149.					
			,096.					
		1 Not rental income or (loss)		—	89,096.	89,096.		
		a Gross amount from sales of (i) Secu		(ii) Other	,	,		
		assets other than inventory 7a 46,990		()				
		Less: cost or other basis	,					
a)			789					
Ž		and sales expenses 7b 43,635 Gain or (loss) 7c 3,354	211					
eve		. ,			2 254 211			2 254 211
her Revenue		d Net gain or (loss)			3,354,211.			3,354,211.
	8 8	Gross income from fundraising events (not						
ō		including \$ 416,697. of						
		contributions reported on line 1c). See						
		Part IV, line 18	8a	174,521.				
		Less: direct expenses		108,421.				
	(Net income or (loss) from fundraising ev	ents_		66,100.			66,100.
	9 a	a Gross income from gaming activities. Se	ee					
		Part IV, line 19	9a	59,730.				
	k	Less: direct expenses		5,632.				
		Net income or (loss) from gaming activit			54,098.			54,098.
		Gross sales of inventory, less returns		·				
		and allowances	10a	28,354.				
	ŀ	Less: cost of goods sold						
		Net income or (loss) from sales of inven			14,570.			14,570.
\neg		That meeting of (1995) from saide of invent		Business Code	,			,
ns	11 a	.						
ned	ıı s							
er Ver								
Miscellaneous Revenue		All other revenue						
Σ		• Total. Add lines 11a-11d		>				
	12	Total revenue. See instructions			30,739,984.	281,074.	190,967.	4,337,165.

032009 12-23-20

	rt IX Statement of Functional Expens	es	•	25-0.	986052 Page IU			
Secti	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).				
	Check if Schedule O contains a response 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 domestic organizations							
	and domestic governments. See Part IV, line 21							
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							
	individuals. See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors,	4 000 000	225 542	- 4 6 0 6 0	450 500			
	trustees, and key employees	1,028,377.	307,713.	546,962.	173,702.			
6	Compensation not included above to disqualified							
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)	11 210 250	10 006 260	205 021	E00 0E1			
7	Other salaries and wages	11,312,350.	10,206,368.	325,931.	780,051.			
8	Pension plan accruals and contributions (include	040 005	005 044	24 222	11 400			
_	section 401(k) and 403(b) employer contributions)	940,805.		24,092.	11,472. 208,442. 59,674.			
9	Other employee benefits	2,495,205.		158,884.	208,442.			
10	Payroll taxes	944,066.	780,787.	103,605.	59,6/4.			
11	Fees for services (nonemployees):							
	Management	10,148.	5,718.	4 420				
	Legal	247,552.	5,710.	4,430.				
	Accounting	107,209.		247,332.	107 200			
	Lobbying Confidence Confidence And Day No.	67,180.			107,209. 67,180.			
	Professional fundraising services. See Part IV, line 17	473,066.		473,066.	07,100.			
f	Investment management fees	4/3,000.		473,000.				
g	Other. (If line 11g amount exceeds 10% of line 25,	452,711.	390,002.		62,709.			
40	column (A) amount, list line 11g expenses on Sch O.)	226,940.			02,703.			
12	Advertising and promotion	306,842.	107,467.	68,746.	130,629.			
13 14	Office expenses	148,660.	272.	148,388.	130,023.			
	Information technology	140,000.	272•	140,300.				
15 16	Royalties Occupancy	373,935.	373,935.					
16 17		4,093.	4,093.					
18	Payments of travel or entertainment expenses	4,000.	4,055.					
10	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	24,300.	5,245.	11,707.	7,348.			
20	Interest	93,711.	3,213	93,711.	.,0100			
21	Payments to affiliates	,		,				
22	Depreciation, depletion, and amortization	1,064,547.	983,573.	80,974.				
23	Insurance	175,313.	140,830.	34,483.				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)			,				
2	PRODUCTION	1,942,657.	1,942,657.					
a h	GUEST ARTISTS	845,746.	845,746.					
0	BAD DEBT	152,453.	323,7200		152,453.			
d	DUES AND SUBSCRIPTIONS	64,282.	2,273.	61,559.	450.			
-	All other expenses	98,762.	10,969.	53,895.	33,898.			
25	Total functional expenses. Add lines 1 through 24e	23,600,910.		2,437,985.	1,795,217.			
<u>26</u>	Joint costs. Complete this line only if the organization	, ,	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , ,	, , •			
-	reported in column (B) joint costs from a combined							
	educational campaign and fundraising solicitation.							

Form **990** (2020)

Check here

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or note to	/ line in this Part X				
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,053,582.	1	1,583,122.
	2	Savings and temporary cash investments			72,873.	2	3,642,717.
	3	Pledges and grants receivable, net			19,639,672.	3	13,800,865.
	4	Accounts receivable, net			1,415,895.	4	3,615,372.
	5	Loans and other receivables from any current or for					
		trustee, key employee, creator or founder, substant	tial c	ontributor, or 35%			
		controlled entity or family member of any of these p	perso	ons		5	
	6	Loans and other receivables from other disqualified	d per	sons (as defined			
		under section 4958(f)(1)), and persons described in	sect	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net			110,136.	7	82,463.
Assets	8	Inventories for sale or use			20,905.	8	33,118.
Ä	9	Prepaid expenses and deferred charges			511,183.	9	418,524.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D1	10a	51,202,135.			
	b			36,181,498.	12,664,882.	10c	15,020,637.
	11	Investments - publicly traded securities	65,995,658.	11	83,840,598.		
	12	Investments - other securities. See Part IV, line 11	54,950,235.	12	67,598,071.		
	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets	4 000 004	14	4 000 006		
	15	Other assets. See Part IV, line 11			4,078,274.	15	4,830,906.
	16	Total assets. Add lines 1 through 15 (must equal li			160,513,295.	16	194,466,393.
	17	Accounts payable and accrued expenses			462,597.	17	1,809,244.
	18	Grants payable			0 726 717	18	6 262 700
	19	Deferred revenue			8,736,717.	19	6,363,798.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Par				21	
ies	22	Loans and other payables to any current or former					
Liabilities		trustee, key employee, creator or founder, substant				22	
Lia	23	controlled entity or family member of any of these p			3,410,783.	23	5,826,731.
	23 24	Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated the			3,410,703.	24	3,020,731.
	25	Other liabilities (including federal income tax, payab				24	
	25	parties, and other liabilities not included on lines 17					
		of Schedule D	•	·	24,952,161.	25	15,916,465.
	26	Total liabilities. Add lines 17 through 25			37,562,258.	26	29,916,238.
		Organizations that follow FASB ASC 958, check	here	• X	0.700=7=001		
es		and complete lines 27, 28, 32, and 33.					
auc	27	• • • • • •			-29,848,000.	27	-9,140,000.
Bala	28				152,799,037.	28	173,690,155.
힏		Organizations that do not follow FASB ASC 958,					,
Ξ		and complete lines 29 through 33.	•	. —			
ō	29	Capital stock or trust principal, or current funds				29	
ets.	30	Paid-in or capital surplus, or land, building, or equip		T T		30	
Ass	31	Retained earnings, endowment, accumulated incor				31	
Net Assets or Fund Balances	32				122,951,037.	32	164,550,155.
	33				160,513,295.	33	194,466,393.
							Form 990 (2020)

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets					<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	30	,73	9,9	84.
2	Total expenses (must equal Part IX, column (A), line 25)	2	23	,60	0,9	10.
3	Revenue less expenses. Subtract line 2 from line 1	3	7	,13	9,0	74.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	122	,95	1,0	37.
5	Net unrealized gains (losses) on investments	5	30	,90	6,2	60.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9	3	3,553,784.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	164	,55	0,1	55.
Pa	t XII 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	Э.				
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 separate	basis,				
	consolidated basis, or both:					
	Separate basis X 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 the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on 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 Sin	gle Auc	lit			
	Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X	

032012 12-23-20

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

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

PITTSBURGH SYMPHONY INC.

Employer identification number 25-0986052

Pa	rt I	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.						
he	organi	zation is not a private found						
1	Ŏ.	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2	Ħ	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3	Ħ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4	H	A medical research organiza	· ·					the hospital's name
•	ш	city, and state:	ation operated in cor	ijanotion war a noopitar	GCCCTIDGG	occilo	ii ii o(b)(i)(A)(iii)i Eine	the hoopital o hamo,
_		An organization operated for	or the benefit of a col	logo or university ewned	l or operate	od by a go	vornmental unit describe	nd in
5				lege of university owned	or operati	ed by a go	verninental unit describe	5 u II I
_		section 170(b)(1)(A)(iv). (C			4-			
6		A federal, state, or local gov	· ·				• •	
7	X	An organization that normal	•	ntial part of its support fr	om a gove	ernmental i	unit or from the general p	oublic described in
		section 170(b)(1)(A)(vi). (Co						
8	\sqsubseteq	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Part	t II.)			
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	nction with a land-grant	college
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of the college	or
		university:						
10		An organization that normal	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	is, membership fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support fi	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the organization a	ıfter June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11		An organization organized a	and operated exclusi	vely to test for public saf	fety. See	section 50	9(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functior	ns of, or to carry out the	purposes of one or
		more publicly supported org	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). (Check the box in
		lines 12a through 12d that of	-					
а		Type I. A supporting orga	* *				•	aivina
		the supported organization	•	•	•	-		
		organization. You must c		• • • •				.pp9
b		Type II. A supporting orga	-		ion with its	s sunnorte	d organization(s), by hay	vina
-		control or management of	•					-
		organization(s). You mus			arrie persor	iis tiiat coi	itioi oi manage the supp	Jorted
_		, ,	- · · · · · · · · · · · · · · · · · · ·		in connoct	tion with a	and functionally integrate	od with
·		Type III functionally inte						a wiii,
لہ		its supported organization		·				ration(a)
d		Type III non-functionally						* *
		that is not functionally into	-	* .	•			/eness
		requirement (see instructi	· ·	-				
е		Check this box if the orga					Type I, Type II, Type III	
_		functionally integrated, or	• .	nally integrated supporting	ng organiz	ation.		
f		r the number of supported o						
g		ide the following information Name of supported	i about the supporter	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other
	,	organization	(,	(described on lines 1-10	in your governi Yes	ng document?	support (see instructions)	support (see instructions)
				above (see instructions))	163	140		
ota	I							

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	13520751.	20878352.	21071431.	32500338.	25930778.	113901650
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	13520751.	20878352.	21071431.	32500338.	25930778.	113901650
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						16078517.
6	Public support. Subtract line 5 from line 4.						97823133.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	13520751.	20878352.	21071431.	32500338.	25930778.	113901650
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	3865639.	4347584.	4348596.	2311859.	1404431.	16278109.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						130179759
12	Gross receipts from related activities,	etc. (see instruction	ons)		•	12 31	,031,131.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and stop	p here					
Sec	ction C. Computation of Publi						
14	Public support percentage for 2020 (I	line 6, column (f), d	ivided by line 11, o	column (f))		14	75.14 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	69.28 %
16a	33 1/3% support test - 2020. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2019. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			>
17a	and stop here. The organization qualifies as a publicly supported organization						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		▶□
b	10% -facts-and-circumstances test	-		*			
	more, and if the organization meets the	_					
	organization meets the facts-and-circle				-		>
18	Private foundation. If the organization						s
	-		<u> </u>	•		edule A (Form 990	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	T	T	T	1
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b				1		ļ
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	· ·		•	•		
80	check this box and stop here						P
	ction C. Computation of Public			- a l (5\)		145	
	Public support percentage for 2020 (li	, (,,	,	· · · · · · · · · · · · · · · · · · ·		15	<u>%</u>
	Public support percentage from 2019 ction D. Computation of Inves					16	%
	Investment income percentage for 20			ne 13 column (f)\		17	%
	Investment income percentage from 2					18	
	33 1/3% support tests - 2020. If the						
196	more than 33 1/3%, check this box ar						. —
ŀ	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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?
- 6 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 8 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 line 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		
•		
2		
3a		
3b		
30		
_		
3c		
4a		
4b		
4c		
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5b		
5c		
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Pa	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions))-		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
р	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	01		
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	_		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		OI:		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ying trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mi			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
=	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function		d Type III supporting orga	nization (see
	instructions).	,	71 1/1-1-1-19	· · · · ·

Schedule A (Form 990 or 990-EZ) 2020

rai	Type in Non-Functionally integrated 509(a)(3) Supporting Orga	ilizations (continu	<u>ued) </u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

P	ITTSBURGH SYMPHONY INC.	25-0986052						
Organization type (check	Organization type (check one):							
Filers of:	Section:							
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.						
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor							
Special Rules								
sections 509(a)(1 any one contribu	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, tor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount Z, line 1. Complete Parts I and II.	or 16b, and that received from						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.								
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year								
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).								

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

PITTSBURGH SYMPHONY INC.

25-0986052

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>8,091,914.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>2,757,505</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 2,725,000.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	* 1,520,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>915,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

PITTSBURGH SYMPHONY INC.

25-0986052

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Name of organization **Employer identification number** PITTSBURGH SYMPHONY INC. 25-0986052 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.					
Nan	ne of organization			Empl	oyer identification number		
	PITTSBU	RGH SYMPHONY INC	•		25-0986052		
Pa	art I-A Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 or	ganization.		
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		 ►\$			
Pa	art I-B Complete if the org	anization is exempt und	er section 501(c)(3).			
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955	▶\$			
	Enter the amount of any excise tax						
	If the organization incurred a sectio						
4a	Was a correction made?				Yes No		
	If "Yes," describe in Part IV.				1/2		
Pa	art I-C Complete if the org	anization is exempt und	er section 501(c),	except section 501(c	<u>)(3).</u>		
	Enter the amount directly expended	, ,	·	***************************************			
2	Enter the amount of the filing organ						
_	exempt function activities						
3	Total exempt function expenditures						
	line 17b						
4 5	Did the filing organization file Form Enter the names, addresses and en						
3	made payments. For each organiza						
	contributions received that were pro	·			•		
	political action committee (PAC). If	additional space is needed, prov	vide information in Part	IV.			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0		

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total				
2a Lobbying nontaxable amount									
b Lobbying ceiling amount (150% of line 2a, column(e))									
c Total lobbying expenditures									
d Grassroots nontaxable amount									
e Grassroots ceiling amount (150% of line 2d, column (e))									
f Grassroots lobbying expenditures									

Schedule C (Form 990 or 990-EZ) 2020

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)		
of th	e lobbying activity.	Yes	No	Amo	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or					
	local legislation, including any attempt to influence public opinion on a legislative matter					
	or referendum, through the use of:					
а	Volunteers?	X		_		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X			
	Media advertisements?		X			
	Mailings to members, legislators, or the public?		X			
	Publications, or published or broadcast statements?		X			
	Grants to other organizations for lobbying purposes?	77	X	105	7 000	
_	Direct contact with legislators, their staffs, government officials, or a legislative body?	X	37	10	7,209.	
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X			
	Other activities?		X	105	7 200	
	Total. Add lines 1c through 1i		37	10	7,209.	
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X			
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
Dai	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? † III-A Complete if the organization is exempt under section 501(c)(4), section		5) or sec	ction		
ı aı	501(c)(6).	11 30 1 (0)(<i>J</i> , OI 360			
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2			
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th	e prior year	? 3			
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4)		•			
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	No" OR	(b) Part	III-A, IIne	3, IS	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	al				
	expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c			
3	THE TOTAL CONTRACTOR C					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	ess				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical				
	expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (See instructions)		5			
	t IV Supplemental Information					
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 a	ind 2 (See		
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.					
PA	RT II-B, LINE 1, LOBBYING ACTIVITIES:					
WF:	EMPLOY A LOBBYING FIRM TO WORK ON OUR BEHALF. STAFF	AND F	BOARD			
<u></u>	Direction of the public of the					
VO:	LUNTEERS SPEND A DE MINIMIS AMOUNT OF TIME ON LOBBYI	NG.				

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

PITTSBURGH SYMPHONY INC.

Employer identification number 25-0986052

Par	t I Organizations Maintaining Donor Advised	d Funds or Othe	r Si	milar Funds	or Ac	coun	ts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.					
		(a) Donor ad	vised	l funds	(b) Fun	ds and other accounts
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v	-					
	are the organization's property, subject to the organization's e						Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that	t gra	nt funds can be i	used o	nly	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or fo	r any	other purpose of	conferr	ing	
Da	impermissible private benefit?						
Par				" on Form 990, F	Part IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization		ly).				
	Preservation of land for public use (for example, recreat	tion or education)				-	important land area
	Protection of natural habitat			Preservation of	a certi	fied his	storic structure
	Preservation of open space				_		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation con	tribu	tion in the form o	of a co	nserva	
	day of the tax year.						Held at the End of the Tax Year
a	Total number of conservation easements					2a	
b	•					2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a				re		
•	listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or te	rminated by the	organi	zation	during the tax
4	year ▶ Number of states where property subject to conservation eas	oment is leasted					
5	Does the organization have a written policy regarding the peri		—	on handling of			
3	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I			d enforcing cons			
Ū	b	narialing of violations	, and	a critorollig cons	oi vatio	ii casc	mente daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	l enf	orcing conservat	ion eas	sement	ts during the year
-	> \$			oromig comes rul			is daming and your
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirem	ents	of section 170(า)(4)(B)	(i)	
	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation						d
	balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	J					
Par	t III Organizations Maintaining Collections of	Art, Historical 1	rea	sures, or Ot	her S	imila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its	reve	nue statement a	nd bala	ance sh	neet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, educat	ion,	or research in fu	rtheran	ice of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	icial statements that	desc	ribes these item	S.		
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its reve	enue	statement and b	alance	sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education	n, or	research in furth	erance	of pub	olic service,
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1						\$
							\$
2	If the organization received or held works of art, historical treat	asures, or other simila	ar as	sets for financial	gain, p	orovide	•
	the following amounts required to be reported under FASB AS	SC 958 relating to the	ese i	tems:			
а	Revenue included on Form 990, Part VIII, line 1						\$
b	Assets included in Form 990, Part X						\$

032051 12-01-20

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Schedule D (Form 990) 2020

	t III Organizations Maintaining Co	ollections of Art			asures, o	r Othe	r Sir			(contin		age Z
3	Using the organization's acquisition, accession									(COITIII)	<u>ueu)</u>	
_	collection items (check all that apply):	,,, aa oo	, ooo	a, cc	o		g					
а	a Public exhibition d Loan or exchange program											
b												
c												
4												
5												
_	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No											
Par	t IV Escrow and Custodial Arrang											
	reported an amount on Form 990, Par			Ü					,	,		
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for c	ontributions	or other as	sets not	inclu	ded				
	on Form 990, Part X?									Yes		No
b	If "Yes," explain the arrangement in Part XIII a											
		·	· ·				Γ			Amount		
С	Beginning balance						Γ	1c				
	Additions during the year							1d				
	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo									Yes		No
	If "Yes," explain the arrangement in Part XIII.]
Par	t V Endowment Funds. Complete in	f the organization an	swered '	"Yes" on Fo	rm 990, Part	IV, line	10.					
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) ⊺	hree y	ears back			
1a	Beginning of year balance	133,096,319.	132,	991,319.	137,88	3,319.	1	32,4	58,319.	122,	933,3	319.
b	Contributions	1,116,000.		,808,000.	2,91	9,000.		1,2	96,000.		279,0	000.
	Net investment earnings, gains, and losses	37,109,000.	6 ,	,822,000.	59	7,000.		12,4	63,000.	18,	583,0	000.
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs	8,767,000.	8 ,	,172,000.	7,96	1,000.		8,0	12,000.	8,	995,0	000.
f	Administrative expenses	446,000.		353,000.		7,000.		322,000.			342,0	
g	End of year balance	162,108,319.	133,	096,319.	132,99	1,319.	1	37,8	83,319.	132,	<u>458,3</u>	319.
2	Provide the estimated percentage of the curre		e (line 1g	, column (a)) held as:							
а	Board designated or quasi-endowment	.0000	_%									
b		%										
С	Term endowment ▶	%										
	The percentages on lines 2a, 2b, and 2c should	uld equal 100%.										
За	Are there endowment funds not in the posses	ssion of the organiza	tion that	are held an	d administe	red for th	ne or	ganiza	ation	_		
	by:											No
	(i) Unrelated organizations									3a(i)	Х	
	(ii) Related organizations									3a(ii)	X	
b	If "Yes" on line 3a(ii), are the related organizate									3b	Х	
4	Describe in Part XIII the intended uses of the		vment fu	unds.								
Par	t VI Land, Buildings, and Equipm											
	Complete if the organization answered											
	Description of property	(a) Cost or of		(b) Cost				nulate	ed	(d) Book	value)
		basis (investr	nent)	basis ((otner)	de	prec	ation				
	Land			4 1 2	2 222	4	200		20	0 000		
	Buildings			4,13	3,200.	1,	Z U 4	1,32	48.	2,928	, 8' <i>1</i>	12.
	Leasehold improvements			2 72	1 000		0.40		-	75		\
	Equipment				<u>1,289.</u>	2,	948	3,18	34.	1 220	3,10	15.
	Other				7,646.					1,338	, 66) U •
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part 2	X. colum	n (B). line 10	Oc.)					5,020	1,63	٠/ د

Schedule D (Form 990) 2020

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

Schedule D) (Form 990) 2020	PITTSBURGH	SYMPHONY INC.	25	-0986052 Page
Part VII		Other Securities.			<u> </u>
	Complete if the or	ganization answered "Yes	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.	
(a) Descrip	otion of security or cate	egory (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financi	al derivatives				
(2) Closely	held equity interest	s			
(3) Other					
(A) FI	XED INTERE	EST			
(B) OE	BLIGATIONS		12,195,756.	END-OF-YEAR MARKET	VALUE
	TERNATIVE	INVESTMENTS	47,230,237.		VALUE
(D) RE	EAL ESTATE	FUNDS	8,172,078.	END-OF-YEAR MARKET	VALUE
(E)					
(F)					
(G)					
(H)					
Total. (Col. ((b) must equal Form 99	90, Part X, col. (B) line 12.)	67,598,071.		
Part VIII	_	Program Related.			
				1c. See Form 990, Part X, line 13.	
	(a) Description of	of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
		90, Part X, col. (B) line 13.)			
Part IX	Other Assets.				
	Complete if the or			1d. See Form 990, Part X, line 15.	/h) Daali wakia
		(a) Description		(b) Book value
<u>(1)</u>					
(2)					
(3)					
(4)					
<u>(5)</u>					
<u>(6)</u>					
(7)					
(8)					
(9)			4=1		
Part X	Other Liabiliti		,		
		<u> </u>	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	
1.	• • • • • • • • • • • • • • • • • • • •	Description of liability			(b) Book value
	deral income taxes	TON COCT			15 016 465
	CCRUED PENS	SION COST			15,916,465
(3)					
(4)					i

15,916,465. 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

(5) (6) (7) (8)

Par	Reconciliation of Revenue per Audited Financial Stateme		h Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			1	62,317,247.
				1	02,311,241.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا مم ا	30 906 260		
	Net unrealized gains (losses) on investments		30,906,260.		
	Donated services and use of facilities				
	Recoveries of prior year grants		2,767,523.		
	Other (Describe in Part XIII.)				22 672 702
	Add lines 2a through 2d			2e	33,673,783. 28,643,464.
	Subtract line 2e from line 1			3	20,043,404.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1	172 066		
	Investment expenses not included on Form 990, Part VIII, line 7b		473,066. 1,623,454.		
	Other (Describe in Part XIII.)				2 006 520
	Add lines 4a and 4b			4c 5	2,096,520. 30,739,984.
Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) EXII Reconciliation of Expenses per Audited Financial Statem	nents Wi	th Expenses per F	etur	30,739,904• n .
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	21,504,390.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:				, ,
	Donated services and use of facilities	2a			
	Prior year adjustments				
	Other losses				
	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	0.
	Subtract line 2e from line 1			3	21,504,390.
	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	473,066.		
	Other (Describe in Part XIII.)		1,623,454.		
	A 1 1 1 2 4 1 4 1		•	4c	2,096,520.
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)			5	23,600,910.
Par	: XIII Supplemental Information.				20,000,3200
Provid	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	t IV. lines 1	b and 2b: Part V. line 4	: Part :	X. line 2: Part XI.
	d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add			,	, , , , , ,
חגם	m tr i ini A.				
PAR	T V, LINE 4:				
THE	ENDOWMENT CONSISTS OF VARIOUS INVESTMENT	FUND	S ESTABLISHE	D P	RIMARILY
FOR	PROGRAMMING AND OPERATING NEEDS OF PSI A	ND IN	CLUDES DONOR	-RE	STRICTED
END	OWMENT FUNDS.				
PAR	T X, LINE 2:				
	1 11, 11111 2.				
NO	PROVISION FOR FEDERAL TAXES ON INCOME HAS	BEEN	INCLUDED IN	TH	E
FIN	ANCIAL STATEMENTS, SINCE PSI QUALIFIES AS	A TA	X-EXEMPT ORG	ANI	ZATION,
		_			
MEE	TING THE REQUIREMENTS OF SECTION 501(C)(3) OF '	THE INTERNAL	RE	VENUE
COD	E DOT HAC NOW TORNWIRTED AND MAMEDIAL H	Marda.	ATM MAY DOCT	штО.	MC
COD	E. PSI HAS NOT IDENTIFIED ANY MATERIAL U	NCEKT.	HIN TAX PUSI	T. T.O.	С
REO	UIRING AN ACCRUAL OR DISCLOSURE IN THE FI	NANCT	AI, STATEMENT	S.	PST'S
<u>1,11</u>	OTTITIO IN MODICION ON DIDENSONS IN THE FI	-1111CT	>		101 0
POL	ICY IS TO ACCRUE INTEREST AND PENALTIES R	ELATE	D TO UNRECOG	NIZ	ED TAX
	12-01-20				dule D (Form 990) 2020

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Name of the organization

Employer identification number

vaiii	c of the organization					Employer Identi	
PIT	TTSBURGH SYMP	HONY INC	•			25-098605	52
Pa	rt I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "	Yes" on
	Form 990, Part IV	/, line 14b.					
1	For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra	nts and other a	assistance,	
	the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assis	tance?	Yes No
2	For grantmakers, Desc	ribe in Part V the	e organization's r	procedures for monitoring the use of its	arants and ot	ner assistance outs	side the
_	United States.		, o. ga _ ao o _f		grante and on		
3	Activities per Region. (Th	ne following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded.)		
	(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prod describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
ENT	RAL AMERICA AND						
ΉE	CARIBBEAN -						
NTI	GUA & BARBUDA,						
RUE	BA, BAHAMAS,	0	0	INVESTMENTS			34,258,269.
							24 250 260
	Subtotal	0	0				34,258,269.
α	Total from continuation sheets to Part I	0	0				0.
С	Totals (add lines 3a	Ů					

032071 12-03-20

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34,258,269.

Schedule F (Form 990) 2020

recipient who rec	ceived more than \$5,0	000. Part II can be duplic	cated if additional space is nee	eded.				
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
								_
2 Enter total number of	recipient organization	I ns listed above that are r	Lecognized as charities by the	I foreign country,	recognized as a tax			I
exempt 501(c)(3) orga	inization by the IRS, o	or for which the grantee	or counsel has provided a sec	tion 501(c)(3) eq	uivalency letter			
3 Enter total number of	other organizations of	or entities						

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

			tes. Complete	f the organization answered "Yes"	on Form 990, Part	IV, line 16.		
Part III can be duplic	if additional space is needed. (b) Region (c) Num recipi		(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)	

Page 4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	X Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	. Yes	X No
	Si	chedule F (Forr	n 990) 2020

PITTSBURGH SYMPHONY INC.

032075 12-03-20

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

					_
Name	Of th	വക വ	raan	172	tiへi

PITTSBURGH SYMPHONY INC.

Employer identification number

25-0986052

Part I Fu	ındraising Activities.	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not			
	uired to complete this par									
1 Indicate wh	nether the organization rais	ed funds through any of the followin	g activ	ities. (Check all that apply.					
a X Mail	solicitations	e X Solicitat	tion of	non-g	overnment grants					
b X Internet and email solicitations f X Solicitation of government grants										
c X Phone solicitations g X Special fundraising events										
	THE STATE OF THE S									
		or oral agreement with any individual	(includ	ina of	ficers, directors, trus	tees, or				
	-	art VII) or entity in connection with pr	•	-		X Yes	☐ No			
•	•	viduals or entities (fundraisers) pursua			-					
	ated at least \$5,000 by the		unt to 1	agi cci	nonto unaci willon ti	ic fariaraiser is to se				
Compense		r			T					
(2) 1.1			(iii) fundr	Did		(v) Amount paid	(vi) Amount paid			
• •	d address of individual	(ii) Activity	have ci	ıstody	(iv) Gross receipts	to (or retained by) fundraiser	to (or retained by)			
or en	tity (fundraiser)		or con contribu	trol of itions?	from activity	listed in col. (i)	organization			
ARTSMARKETIN	G SERVICES, INC.		Yes	No						
	T EAST, SUITE	 TELE-FUNDRAISING		Х	122,101.	67,180.	54,921.			
						,	,			
Takal					122,101.	67,180.	54,921.			
				<u> </u>						
or licensing	_	n is registered or licensed to solicit o	ontribi	utions	or has been notified	it is exempt from rec	gistration			
PA,OH,FL										
PA,OH,FL	, w v									

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Schedule G (Form 990 or 990-EZ) 2020

25-0986052 Page 2 Schedule G (Form 990 or 990-EZ) 2020 PITTSBURGH SYMPHONY INC. Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events WINE NONE (add col. (a) through DINNER/PARTY GALA col. (c)) (event type) (event type) (total number) 458,218. 133,000. 591,218. Gross receipts 123,300. 416,697. 2 Less: Contributions 293,397 164,821. 9,700. **3** Gross income (line 1 minus line 2) 174,521. 4 Cash prizes 5 Noncash prizes Direct Expenses 6,992. 7,013. 14,005. 6 Rent/facility costs 38,016. 38,016. 7 Food and beverages 2,838. 3,107. 269. 8 Entertainment 42,148. 53,293. Other direct expenses 108,421. 10 Direct expense summary. Add lines 4 through 9 in column (d) 66,100. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) 59,730. 59,730. Gross revenue 3,500. 3,500. 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs 2,132. 2,132. Other direct expenses X Yes Yes Yes 100 % 6 Volunteer labor No 5,632. 7 Direct expense summary. Add lines 2 through 5 in column (d) 54,098. 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: PA a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: **10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Schedule G (Form 990 or 990-EZ) 2020

b If "Yes," explain:

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020 PITTSBURGH SYMPHONY INC.	25-0986052 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes X No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes X No
13 Indicate the percentage of gaming activity conducted in:	l h.o. oo
a The organization's facility	
b An outside facilityEnter the name and address of the person who prepares the organization's gaming/special events books and record	
THE Effect the frame and address of the person who prepares the organization's garning/special events books and record	ъ.
Name ► SCOTT MICHAEL	
Address ► 600 PENN AVENUE - PITTSBURGH, PA 15222	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes X No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amo	ount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name	
Address ▶	
16 Gaming manager information:	
Name ► SCOTT MICHAEL	
Gaming manager compensation ▶ \$0 .	
Description of services provided ► MR. MICHAEL SUPERVISES THE OPERATIONS OF	F THIS EVENT.
HIS SERVICES FOR THIS TIME ARE DONATED.	
Director/officer X Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes X No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	n the
organization's own exempt activities during the tax year \(\bigsim \\$ \) Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part III lines 0. Oh. 10h
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	and Fart III, lines 9, 90, 100,
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAL	SERS:
(I) NAME OF FUNDRAISER: ARTSMARKETING SERVICES, INC.	
(I) ADDRESS OF FUNDRAISER:	
(1) ADDRESS OF FUNDRAISER.	
260 KING ST EAST, SUITE 500, TORONTO, ONTARIO, CANADA M5A 41	<u>,5</u>

Schedule G	(Form 990 or 990-EZ)	PITTSBURGH	SYMPHONY	INC.	25-0986052	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (continued)				
		(6.5.1				

SCHEDULE J (Form 990)

Compensation Information

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

PITTSBURGH SYMPHONY INC.

Employer identification number 25-0986052

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
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	1b	Х	
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 on line 1a?	2	Х	
3	Indicate which, if any, of the following the 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.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		<u>X</u>
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		<u>X</u>
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid 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		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't 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.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) MELIA TOURANGEAU	(i)	361,395.	75,000.	0.	11,400.	24,951.	472,746.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) WILLIAM CABALLERO	(i)	238,368.	0.	277.	15,133.	27,987.	281,765.	0.
PRINCIPAL FRENCH HORN	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CYNTHIA DEALMEIDA	(i)	218,247.	0.	277.	16,579.	23,449.	258,552.	0.
PRINCIPAL OBOE	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CHRISTIAN SCHORNICH	(i)	194,668.	0.	0.	7,846.	25,237.	227,751.	0.
VICE PRESIDENT & COO (EXITED 03/21)	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SCOTT MICHAEL	(i)	160,205.	0.	0.	10,111.	27,987.	198,303.	0.
VICE PRESIDENT & CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MICAH WILKINSON	(i)	158,208.	0.	38.	7,711.	23,959.	189,916.	0.
PRINCIPAL TRUMPET	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MARK HUGGINS	(i)	157,845.	0.	277.	16,579.	618.	175,319.	0.
ASSOCIATE CONCERTMASTER	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) LORNA MCGHEE	(i)	158,528.	0.	63.	7,711.	0.	166,302.	0.
PRINCIPAL FLUTE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 1A:
CLUB MEMBERSHIPS; IN ORDER THAT THE PRESIDENT MAY ENTERTAIN POTENTIAL
DONORS AND OTHER BUSINESS ASSOCIATES OF THE ORGANIZATION, THE ORGANIZATION
PAYS THE DUES FOR MEMBERSHIP IN THE DUQUENSE CLUB.
PART I, LINE 7:
THE PRESIDENT & CEO RECEIVED A BONUS IN THE AMOUNT OF \$75,000 IN CALENDAR
YEAR 2020.
PART II, COLUMN C: ACCRUED RETIREMENT BENEFITS:
RETIREMENT BENEFITS ACCRUED DURING THE YEAR UNDER THE DEFINED BENEFIT
PENSION PLAN ARE NOT AVAILABLE BY INDIVIDUAL FOR PLAN PARTICIPANTS.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization PITTSBURGH SYMPHONY INC. Employer identification number 25-0986052

Pai	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de			_
		applicable		Form 990, Part VIII, line 1g	noncash contribu	tion an	nounts	S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	25	305,250.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other • ()							
26	Other • ()							
27	Other • ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz		,				0	
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29		Т	0	
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date		•	·				v
	exempt purposes for the entire holding period?					30a		X
	If "Yes," describe the arrangement in Part II.	aliau that	auiroo the review :	of any popotopological confidence	tions?		v	
31	Does the organization have a gift acceptance p				LIOTIS?	31	Х	
32a	Does the organization hire or use third parties of		•			00-		v
	contributions?					32a		X
	If "Yes," describe in Part II.	.l. 1000 /-\ f-	o tumo of access	for which column (-) is -!	alro d			
33	If the organization didn't report an amount in co	numn (C) foi	a type of property	rior which column (a) is chec	cked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

032142 11-23-20 Schedule M (Form 990) 2020

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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.

► Go to www.irs.gov/Form990 for the latest information.

Inspection

OMB No. 1545-0047

Name of the organization

PITTSBURGH SYMPHONY INC

Employer identification number 25-0986052 0986052

PITTSBURGH SIMPHONY INC.	Z3-090003Z
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSI	ON:
LIFE.	
FORM 990, LINE G, GROSS RECEIPTS:	
THIS INCLUDES ALL GROSS REVENUE, INCLUDING PROCEEDS FROM SA	LES OF
SECURITIES.	
FORM 990, PART I, LINE 5, TOTAL INDIVIDUALS EMPLOYED IN CAL	ENDAR YEAR 2020:
ALL INDIVIDUALS EMPLOYED BY PSO AT ANY POINT DURING THE CAL	ENDAR YEAR
2020: 92 FULL-TIME MUSCIANS; 113 EXTRA MUSCIANS (FTE 11); 8	8 FULL-TIME
STAFF; 75 EXTRA STRAGEHANDS (FTE 1); 43 USHERS (FTE 2); 19	PART-TIME
CUSTOMER SERVICE REPRESENTATIVE (1.5 FTE); AND 4 PART-TIME	STAFF (1
FTE).	
FORM 990, PART I, LINE 10, INVESTMENT INCOME:	
DOES NOT INCLUDE NET UNREALIZED GAIN ON INVESTMENTS OF \$30,	906,260 (SEE
PART XI, LINE 5).	
FORM 990, PART I, LINE 19, REVENUE LESS EXPENSES:	
CURRENT YEAR CONSOLIDATED AUDIT NET INCOME OF \$43.4 MILLION	• SEE
RECONCILIATION OF NET ASSETS IN PART XI. DIFFERENCES IN TAX	TO AUDIT
INCLUDE UNREALIZED GAINS/LOSSES ON INVESTMENTS, OTHER CHANG	ES IN
PENSION PLAN ASSETS AND OBLIGATIONS, AND ACTIVITY REPORTED	ON THE
990-PF OF THE SEPARATE LEGAL ENTITY, 1963 ENDOWMENT (WHICH	IS
CONSOLIDATED FOR AUDIT PURPOSES).	

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

Schedule O (Form 990 or 990-EZ) 2020

Employer identification number 25-0986052

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ORCHESTRA TYPICALLY PERFORMS 20 WEEKENDS OF BNY MELLON GRAND CLASSICS,

SEVEN WEEKENDS OF PNC POPS, THREE FIDDLESTICKS FAMILY CONCERTS,

SPECIALS WITH ORCHESTRA AND GUEST ARTISTS, AND COUNTLESS EDUCATIONAL,

CHILDREN'S, AND COMMUNITY OUTREACH PROGRAMS THAT IMPACT MORE THAN

300,000 PEOPLE EACH YEAR. SINCE THE GLOBAL PANDEMIC BEGAN, THE PSI HAS

CONTINUED TO REACH AUDIENCES WORLDWIDE WITH SCORES OF DIVERSE DIGITAL

OFFERINGS INCLUDING CONCERTS AND EDUCATIONAL RESOURCES. FALL 2021

MARKED THE RETURN TO IN-PERSON INDOOR CONCERTS AT HEINZ HALL, WHILE THE

PSO CONTINUES TO OFFER DIGITAL CONTENT FOR THOSE NOT ABLE TO VISIT

HEINZ HALL. THE COVID-19 PANDEMIC CONTINUES TO IMPACT THE FINANCES AND

OPERATIONS OF THE PSO AND WILL CONTINUE TO DO SO IN THE FUTURE.

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE SHALL HAVE ALL THE POWERS AND EXERCISE ALL OF THE

AUTHORITY OF THE BOARD OF TRUSTEES, EXCEPT AS MAY BE SPECIALLY LIMITED BY

THE BOARD OF TRUSTEES OR OTHERWISE RESTRICTED BY LAW.

FORM 990, PART VI, SECTION A, LINE 6:

ALL CITIZENS OF THE COMMUNITY WHO CONTRIBUTE SUCH ANNUAL AMOUNT AS SHALL BE
SET FROM TIME TO TIME BY THE BOARD OF TRUSTEES OF PITTSBURGH SYMPHONY, INC.

(SYMPHONY) SHALL BE MEMBERS OF THE SYMPHONY DURING THE REMAINDER OF THE
FISCAL YEAR IN WHICH SUCH CONTRIBUTION WAS MADE AND DURING THE NEXT
SUCCEEDING FISCAL YEAR.

FORM 990, PART VI, SECTION A, LINE 7A:

THE BUSINESS AT THE ANNUAL MEETING OF MEMBERS INCLUDES THE ELECTION OF

Name of the organization PITTSBURGH SYMPHONY INC.

Employer identification number 25-0986052

TRUSTEES. AT EACH ANNUAL MEETING OF MEMBERS, THE MEMBERS SHALL ELECT

TRUSTEES OF THE CLASS WHOSE TERM IS EXPIRING, TO HOLD OFFICE UNTIL THE END

OF THE THIRD YEAR COMMENCING WITH THE DATE OF ASSUMPTION OF OFFICE.

FORM 990, PART VI, SECTION B, LINE 11B:

THE DRAFT FORM 990 AND REQUIRED SCHEDULES ARE REVIEWED BY THE FINANCE

DEPARTMENT AND AUDIT COMMITTEE. UPON COMPLETION OF THIS REVIEW THE FORM IS

FINALIZED AND A COMPLETE COPY IS PROVIDED TO THE BOARD IN ADVANCE OF FILING

WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

ON AN ANNUAL BASIS, CONFLICT OF INTEREST DISCLOSURE FORMS ARE DISTRIBUTED

AND COLLECTED BY THE CFO. THE ORGANIZATION INSISTS ON 100% PARTICIPATION.

THEREFORE, ANY UNRETURNED FORMS ARE FOLLOWED UP ON. THE CONFLICT OF

INTEREST STATEMENTS ARE REVIEWED BY THE CFO FOR ANY POTENTIAL CONFLICTS.

ANY ISSUES DISCOVERED ARE BROUGHT TO THE ATTENTION OF THE AUDIT COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION COMMITTEE, WHICH IS A SUBCOMMITTEE OF THE BOARD, MEETS

PERIODICALLY TO SET THE COMPENSATION OF THE PRESIDENT AND MUSIC DIRECTOR.

THE COMMITTEE USES COMPARABLE DATA FROM OTHER ORCHESTRAS AS WELL AS OTHER

LOCAL NON-PROFIT ORGANIZATIONS TO DETERMINE COMPENSATION.

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

THREE YEARS OF AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC VIA

THE ORGANIZATION'S WEBSITE. THE CONFLICT OF INTEREST POLICY AND GOVERNING

DOCUMENTS ARE AVAILABLE UPON REQUEST.

Name of the organization PITTSBURGH SYMPHONY INC.	Employer identification number 25-0986052
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
OTHER CHANGES IN PENSION PLAN ASSETS & OBLIGATIONS	3,553,784.
FORM 990, PART XII, QUESTION 2C, OVERSIGHT OF THE FINANCIA	L STATEMENT AUDIT
PITTSBURGH SYMPHONY'S FINANCIAL STATEMENTS ARE AUDITED BY	AN
INDEPENDENT ACCOUNTING FIRM TO BE SELECTED BY THE AUDIT CO	MMITTEE OR,
IN THE ABSENCE OF SUCH, A SELECTION BY THE BOARD OF TRUSTE	ES. THIS
PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	
FORM 990, PART VII, EX-OFFICIO TRUSTEES:	
THE FOLLOWING INDIVIDUALS SERVE AS EX-OFFICIO TRUSTEES OF	PITTSBURGH
SYMPHONY WITH NO VOTING RIGHTS:	
DEBORAH ACKLIN, ERIN ALLEN, RICHARD FITZGERALD, KENNETH GO	RMLEY, RHONDA
HARTMAN (EXITED 01/21), PAUL HENNIGAN, CHRISTOPHER HOWARD,	FARNAM
JAHANIAN, SUZANNE MELLON, SUSANNE PARK (EXITED 10/20), WIL	LIAM PEDUTO,
CASEY PRATKANIS, RONALD SAMUELS, DIANE UNKOVIC (ENTERED 01	/21), ANDREW
WICKESBERG AND, MICAH WILKINSON	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

• Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

25-0986052

(a)	(b)	(b) (c)		(d) (e)			(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	me End-of-ye	ar assets	Direct controlling entity		9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	izations. Complete if the organizat	ion answered "Yes" on Form 990), Part IV, line 34, t	ecause it had or	e or more	related tax-exer	mpt	
(a)	(b)	(c)	(d)	(e)		(f)	(9	g) 512(b)(13)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	,		Direct controlling entity		rolled ity?
				501(c)(3))			Yes	No
PITTSBURGH SYMPHONY ENDOWMENT - 25-6056559								
600 PENN AVENUE	HOLDS 1963 ENDOWMENT							
PITTSBURGH, PA 15222	ASSETS	PENNSYLVANIA	501(C)(3)	PF	N/A			X
THE DIETRICH FOUNDATION - 36-4711746								
600 GRANT STREET, SUITE 5360	TO PROVIDE FINANCIAL							
PITTSBURGH, PA 15219	SUPPORT TO THE PSO	PENNSYLVANIA	501(C)(3)	LINE 12B, II	N/A			X

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

PITTSBURGH SYMPHONY INC.

Schedule R (Form 990) 2020

Part III 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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	1	ortionate	Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		ations?	amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	1										
	1										
	1										
	1										
	1										
	1										
	1										
							<u> </u>	l			

Part IV 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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		tion b)(13) rolled tity?
		Couriery)						Yes	No

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b		_X_	
С					1c	Х		
d	Loans or loan guarantees to or for related organization(s)				1d		X	
е	Loans or loan guarantees by related organization(s)				1e		<u>X</u>	
f	Dividends from related organization(s)				1f		_X_	
g	Sale of assets to related organization(s)				1g		X	
h	Purchase of assets from related organization(s)				1h		X	
i	Exchange of assets with related organization(s)				1i		X	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		<u>X</u>	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		<u>X</u>	
	Performance of services or membership or fundraising solicitations for related organ	(/			11	Х		
	Performance of services or membership or fundraising solicitations by related organ				1m		_X_	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n		<u>X</u>	
0	Sharing of paid employees with related organization(s)				10	X		
							X	
p Reimbursement paid to related organization(s) for expenses								
q	Reimbursement paid by related organization(s) for expenses				1q		X	
					1r		<u>X</u>	
	Other transfer of cash or property from related organization(s)				1s		_X_	
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered relat	ionships and transaction thresholds.				
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount ir	volved			
		type (a-s)						
(1)								
(2)								
(3)								
(4)								
·-·								
(5)								
(C)								
(6)	3 10-28-20	I		Schedule	D (Ecr	~ 000\	2020	
ルンノード) IU-28-2U			Schedule	, n iron	ロココリル	ZUZU	

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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									

Schedule R (Form 990) 2020