## Form 8879-EO

## **IRS e-file Signature Authorization** for an Exempt Organization

For calendar year 2020, or fiscal year beginning SEP~1~, 2020, and ending AUG~31~, 2021~

OMB No. 1545-0047

Department of the Treasury

▶ Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax Taxpayer identification number PITTSBURGH SYMPHONY INC. 25-0986052 Name and title of officer or person subject to tax SCOTT MICHAEL VP FINANCE & CFO Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) \_\_\_\_\_\_\_ **1b** 1a Form 990 check here b Total revenue, if any (Form 990-EZ, line 9) \_\_\_\_\_ 2b 2a Form 990-EZ check here 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here 5a Form 8868 check here b Balance due (Form 8868, line 3c) 5b ▶ X b Total tax (Form 990-T, Part III, line 4) 6b 6a Form 990-T check here b Total tax (Form 4720, Part III, line 1) 7a Form 4720 check here Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that 🔣 I am an officer of the above organization or 🔃 I am a person subject to tax with respect to (name of organization) , (EIN) and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IAS (a) an acknowledgement of receipt or réason for rejection of the transmissión, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize SCHNEIDER DOWNS & CO., INC. as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Date  $\triangleright$  06/10/22 Signature of officer or person subject to tax Certification and Authentication **ERO's EFIN/PIN.** Enter your six-digit electronic filing identification 25330524000 number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So Form **8879-EO** (2020)

023051 11-03-20

LHA For Paperwork Reduction Act Notice, see instructions.

| Form            | 990-T  |                   | exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))   |            | OMB No. 1545-0047  |  |  |
|-----------------|--|-------------------|--|------------|--|--|--|
|                 |  | For cal           | endar year 2020 or other tax year beginning $\   \underline{\mathtt{SEP}} \ 1$ , $\ 2020$ , and ending $\   \underline{\mathtt{AUG}} \ 31$ , $\ 202$                           | <u>1</u> . | 2020   |  |  |
| Depar<br>Intern | tment of the Treasury<br>al Revenue Service  | <b>•</b>          | ► Go to www.irs.gov/Form990T for instructions and the latest information.  Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). |            | Open to Public Inspection for 501(c)(3) Organizations Only |  |  |
| A               | Check box if address changed.                |                   | Name of organization (   | DEmplo     | oyer identification number                                 |  |  |
| <b>B</b> E      | xempt under section                          | Print             | PITTSBURGH SYMPHONY INC.   | 25-0986052 |  |  |  |
| X               | 501( <b>c</b> )( <b>3</b> )<br>408(e) 220(e) | EGroup<br>(see in | exemption number nstructions)  |            |  |  |  |
|                 | 408A 530(a)<br>529(a) 529S                   | F Check box if    |  |            |  |  |  |
|                 |  | С Во              | ok value of all assets at end of year  |            | an amended return.   |  |  |
| G               | Check organization                           | type 🕨            | X 501(c) corporation 501(c) trust 401(a) trust Other trust A   | pplicat    | ole reinsurance entity                                     |  |  |
| Н               | Check if filing only to                      | <b>&gt;</b>       | Claim credit from Form 8941 Claim a refund shown on Form 2439  |            |  |  |  |
| <u> </u>        | Check if a 501(c)(3)                         | organiz           | ation filing a consolidated return with a 501(c)(2) titleholding corporation   |            | <b>&gt;</b>  |  |  |
| J               | Enter the number of                          | attache           | ed Schedules A (Form 990-T)  |            | 2  |  |  |
|                 |  |                   | e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  d identifying number of the parent corporation.                                    | <b>-</b>   | Yes X No   |  |  |
|                 |  |                   | SCOTT MICHAEL Telephone number ▶ (   | 412        | )392-4813  |  |  |
| Pa              | rt I Total Unr                               | elate             | d Business Taxable Income  |            |  |  |  |
| 1               | Total of unrelated                           | busines           | ss taxable income computed from all unrelated trades or businesses (see  |            |  |  |  |
|                 | instructions)                                |                   |  | 1          | 0.   |  |  |
| 2               | Reserved                                     |                   |  | 2          |  |  |  |
| 3               | Add lines 1 and 2                            |                   |  | 3          |  |  |  |
| 4               | Charitable contrib                           | utions (          | see instructions for limitation rules)   | 4          | 0.   |  |  |
| 5               | Total unrelated bu                           | siness :          | axable income before net operating losses. Subtract line 4 from line 3   | 5          |  |  |  |
| 6               | Deduction for net                            | operatii          | ng loss. See instructions  | 6          | 0.   |  |  |
| 7               | Total of unrelated                           | busines           | ss taxable income before specific deduction and section 199A deduction.  |            |  |  |  |
|                 | Subtract line 6 fro                          | m line 5          |  | 7          |  |  |  |
| 8               | Specific deduction                           | n (gener          | ally \$1,000, but see instructions for exceptions)   | 8          | 1,000.   |  |  |
| 9               | Trusts. Section 19                           | 99A dec           | duction. See instructions  | 9          |  |  |  |
| 10              | Total deductions                             | . Add lii         | nes 8 and 9  | 10         | 1,000.   |  |  |
| 11              | Unrelated busine                             | ss taxa           | <b>ble income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7,  |            |  |  |  |
|                 | enter zero                                   |                   |  | 11         | 0.   |  |  |
| Ра              | rt II Tax Com                                | •                 |  |            |  |  |  |
| 1               |  |                   | s corporations. Multiply Part I, line 11 by 21% (0.21)   | 1          | 0.   |  |  |
| 2               |  |                   | ates. See instructions for tax computation. Income tax on the amount on  |            |  |  |  |
| _               | Part I, line 11 from                         |                   | Tax rate schedule or Schedule D (Form 1041)  | 2          |  |  |  |
| 3               | Proxy tax. See ins                           |                   |  | 3          |  |  |  |
| 4               | Other tax amounts                            |                   |  | 4          |  |  |  |
| 5               | Alternative minimu                           |                   |  | 5          |  |  |  |
| 6               |  |                   | cility income. See instructions  1 6 to line 1 or 2, whichever applies   | 7          | 0.   |  |  |
| 7<br>LHA        |  |                   | on Act Notice, see instructions.   | ,          | Form <b>990-T</b> (2020)                                   |  |  |
|                 | or i aperwork r                              | .ouuct            | on not itotioo, see ilisti dedolisi  |            | 1 31111 (2020)   |  |  |

| Form 9  | 90-1 (2   | ,  |  |               |                        |            |   | Page 2   |
|---------|-----------|--|--|---------------|------------------------|------------|---|----------|
| Part    | III 7     | Гах and Payments   |  |               |                        |            |   |          |
| 1a      | Foreig    | n tax credit (corporations attach Form 1                 | 118; trusts attach Form 1116)                        | 1a            |                        |            |   |          |
| b       | Other     | credits (see instructions)                               |  | 1b            |                        |            |   |          |
| С       | Gener     | ral business credit. Attach Form 3800 (se                | ee instructions)                                     | 1c            |                        |            |   |          |
| d       |           | for prior year minimum tax (attach Form                  |  |               |                        |            |   |          |
| е       |           | credits. Add lines 1a through 1d                         |  |               |                        | 1e         |   |          |
| 2       |           |  |  |               |                        |            |   | 0.       |
| 3       | Other     | taxes. Check if from: Form 42                            |  |               |                        |            |   |          |
|         |           | Other (a   | attach statement)                                    |               |                        | 3          |   |          |
| 4       | Total     | tax. Add lines 2 and 3 (see instructions).               |  |               |                        |            |   |          |
|         | sectio    | n 1294. Enter tax amount here                            |  |               |                        | 4          |   | 0.       |
| 5       | 2020      | net 965 tax liability paid from Form 965-A               |  |               |                        | 5          |   | 0.       |
| 6a      | Paym      | ents: A 2019 overpayment credited to 20                  | 020  |               |                        |            |   |          |
| b       |           | estimated tax payments. Check if section                 |  | 6b            |                        |            |   |          |
| С       |           |  |  | 6c            |                        |            |   |          |
| d       | Foreig    | n organizations: Tax paid or withheld at                 | source (see instructions)                            | 6d            |                        |            |   |          |
| е       | Backu     | up withholding (see instructions)                        |  | 6e            |                        |            |   |          |
| f       |           | for small employer health insurance pre                  |  |               |                        |            |   |          |
| g       | Other     | credits, adjustments, and payments:                      | Form 2439  | _             |                        |            |   |          |
|         |           | Form 4136  | Other Total  | ▶ 6g          |                        |            |   |          |
| 7       | Total     | payments. Add lines 6a through 6g                        |  |               |                        | 7          |   |          |
| 8       | Estima    | ated tax penalty (see instructions). Check               | k if Form 2220 is attached                           |               | ▶ □                    | 8          |   |          |
| 9       |           | ue. If line 7 is smaller than the total of lin           | es 4, 5, and 8, enter amount owed                    |               | <b>)</b>               | <b>9</b>   |   |          |
| 10      |           | payment. If line 7 is larger than the total              |  | rpaid         | <b>)</b>               | <u>10</u>  |   |          |
| 11      |           | the amount of line 10 you want: Credite                  |  |               | Refunded >             | 11         |   |          |
| Part    | IV :      | Statements Regarding Certain                             | Activities and Other Informa                         | ition (se     | ee instructions)       |            |   |          |
| 1       | -         | time during the 2020 calendar year, did                  | <del>-</del>   | -             |                        | -          | Ye  | s No     |
|         |           | i financial account (bank, securities, or of             |  |               |                        |            |   |          |
|         | FinCE     | N Form 114, Report of Foreign Bank and                   | d Financial Accounts. If "Yes," enter the            | he name o     | of the foreign country | /          |   |          |
|         | here      | · ————————————————————————————————————                   |  |               |                        |            |   | <u> </u> |
| 2       | •         | g the tax year, did the organization receiv              | ,  | ,             | ,                      |            |   | 77       |
|         |           | n trust?   |  |               |                        |            |   | X        |
|         |           | s," see instructions for other forms the or              | -  |               | <b>.</b> .             |            |   |          |
| 3       |           | the amount of tax-exempt interest receiv                 |  |               |                        |            |   | 37       |
| 4a      |           | e organization change its method of acc                  | ,              |               |                        |            |   | <u> </u> |
| b       |           | s "Yes," has the organization described t                | the change on Form 990, 990-EZ, 990                  | )-PF, or FC   | orm 1128? If "No,"     |            |   |          |
| Part    |           | n in Part V<br>Supplemental Information                  |  |               |                        |            |   |          |
|         |           |  | as provide any other additional inform               | mation Ca     | a inaturations         |            |   |          |
| Provide | e trie ex | planation required by Part IV, line 4b. Als              | so, provide any other additional infor               | nation. Se    | ee instructions.       |            |   |          |
|         |           |  |  |               |                        |            |   |          |
|         |           | der penalties of perjury, I declare that I have examined |  |               |                        | vledge and | belief, it is true,                         |          |
| Sign    | со        | rrect, and complete. Declaration of preparer (other than | n taxpayer) is based on all information of which pre | parer has any | / knowledge.           |            |   |          |
| Here    |           |  | VP FI  | NANCE         | & CFO                  | -          | RS discuss this retu<br>rer shown below (se |          |
|         |           | Signature of officer                                     | Date VP FI   |               | <u> </u>               |            | ns)? X Yes                                  | No No    |
|         |           | Print/Type preparer's name                               | Preparer's signature                                 | Date          | Check                  | if PT      |   |          |
| ם: מ    |           | 7, po proparor o namo                                    |  | 5415          | self- employe          |            |   |          |
| Paid    | .ro-      | SARAH R. PIOT  | SARAH R. PIOT  |               | 2311 011111030         |            | 0135889                                     | 1        |
| Prepa   |           | Firm's name ► SCHNEIDER DO                               |  | 1             | Firm's EIN             |            | 25-14087                                    |          |
| Use C   | Jilly     |  | ACE, SUITE 1700                                      |               | o Eliv                 |            |   |          |
|         |           | Firm's address ▶ PITTSBURGH                              |  |               | Dhone no               | 112-       | 261-364                                     | 1        |

Form **990-T** (2020)

# SCHEDULE A (Form 990-T)

# **Unrelated Business Taxable Income From an Unrelated Trade or Business**

OMB No. 1545-0047

2020

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Name of the organization
PITTSBURGH SYMPHONY INC.

B Employer identification number
25-0986052

| <b>c</b> l | Inrelated business activity code (see instructions) > 1           | <b>D</b> Sequence: | 1                    | of 2            |       |         |
|------------|---|--------------------|----------------------|-----------------|-------|---------|
|            |   |                    |                      |                 |       |         |
| <u>E</u> [ | Describe the unrelated trade or business PROGRAM ADVE             | RTIS               | ING                  |                 |       |         |
| Pai        | t I Unrelated Trade or Business Income                            |                    | (A) Income           | (B) Expenses    |       | (C) Net |
|            | Gross receipts or sales   |                    |                      |                 |       |         |
| b          | Less returns and allowances c Balance ▶                           | 1c                 |                      |                 |       |         |
| 2          | Cost of goods sold (Part III, line 8)                             | 2                  |                      |                 |       |         |
| 3          | Gross profit. Subtract line 2 from line 1c                        | 3                  |                      |                 |       |         |
| 4 a        | Capital gain net income (attach Sch D (Form 1041 or Form          |                    |                      |                 |       |         |
|            | 1120)) (see instructions)   | 4a                 |                      |                 |       |         |
| b          | Net gain (loss) (Form 4797) (attach Form 4797) (see instructions) | 4b                 |                      |                 |       |         |
| С          | Capital loss deduction for trusts                                 | 4c                 |                      |                 |       |         |
| 5          | Income (loss) from a partnership or an S corporation (attach      |                    |                      |                 |       |         |
|            | statement)  | 5                  |                      |                 |       |         |
| 6          | Rent income (Part IV)   | 6                  |                      |                 |       |         |
| 7          | Unrelated debt-financed income (Part V)                           | 7                  |                      |                 |       |         |
| 8          | Interest, annuities, royalties, and rents from a controlled       |                    |                      |                 |       |         |
|            | organization (Part VI)  | 8                  |                      |                 |       |         |
| 9          | Investment income of section 501(c)(7), (9), or (17)              |                    |                      |                 |       |         |
|            | organizations (Part VII)  | 9                  |                      |                 |       |         |
| 10         | Exploited exempt activity income (Part VIII)                      | 10                 |                      |                 |       |         |
| 11         | Advertising income (Part IX)                                      | 11                 |                      |                 | _     |         |
| 12         | Other income (see instructions; attach statement)                 | 12                 |                      |                 |       |         |
| 13         | Total. Combine lines 3 through 12                                 | 13                 | 0.                   |                 |       |         |
| Pai        | t II Deductions Not Taken Elsewhere (See instruct                 |                    | r limitations on dec | ductions) Deduc | tions | must be |
|            | directly connected with the unrelated business in                 | icome              |                      |                 |       |         |
| 1          | Compensation of officers, directors, and trustees (Part X)        |                    |                      |                 | 1     |         |
| 2          | Salaries and wages  |                    |                      |                 | 2     |         |
| 3          | Repairs and maintenance   |                    |                      |                 | 3     |         |
| 4          | Bad debts   |                    |                      |                 | 4     |         |
| 5          | Interest (attach statement) (see instructions)                    |                    |                      |                 | 5     |         |
| 6          | Taxes and licenses  |                    |                      |                 | 6     |         |
| 7          | Depreciation (attach Form 4562) (see instructions)                |                    | 7                    |                 |       |         |
| 8          | Less depreciation claimed in Part III and elsewhere on return     |                    | 8a                   |                 | Bb    |         |
| 9          | Depletion   |                    |                      |                 | 9     |         |
| 10         |   |                    |                      |                 | 10    |         |
| 11         | Employee benefit programs   |                    |                      |                 | 11    |         |
| 12         | Excess exempt expenses (Part VIII)                                |                    |                      |                 | 12    |         |
| 13         | Excess readership costs (Part IX)                                 |                    |                      |                 | 13    |         |
| 14         | Other deductions (attach statement)                               |                    |                      |                 | 14    |         |
| 15         | <b>-</b>  |                    |                      |                 | 15    | 0.      |
| 16         | Unrelated business income before net operating loss deduction. S  |                    | •                    |                 |       |         |
|            | column (C)  |                    |                      |                 | 16    | 0.      |
| 17         | Deduction for net operating loss (see instructions)               |                    |                      |                 | 17    | 0.      |
| 18         | Unrelated business taxable income. Subtract line 17 from line 1   | 6                  |                      |                 | 18    |         |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

|           | ule A (Form 990-T) 2020  |                                       |                            |               | Page 2   |
|-----------|--|---------------------------------------|----------------------------|---------------|----------|
| Part      |  | hod of inventory valuat               |                            |               |          |
| 1         |  |                                       |                            |               |          |
| 2         | Purchases  |                                       |                            |               |          |
| 3         | Cost of labor  |                                       |                            | 3             |          |
| 4         | Additional section 263A costs (attach statement)   |                                       |                            |               |          |
| 5         | Other costs (attach statement)   |                                       |                            |               |          |
| 6         | Total. Add lines 1 through 5   |                                       |                            |               |          |
| 7         | Inventory at end of year   |                                       |                            |               |          |
| 8         | Cost of goods sold. Subtract line 7 from line 6. Enter I   |                                       |                            | •             | Yes No   |
| 9<br>Part | Do the rules of section 263A (with respect to property plv Rent Income (From Real Property and   |                                       |                            |               | 105 100  |
| 1         | Description of property (property street address, city, s  | · · · · · · · · · · · · · · · · · · · | <u> </u>                   | ,             |          |
| •         | A  | itate, Zii codej. Oricok              | ii a ddai doc (occ ii oti) | actions)      |          |
|           | В  |                                       |                            |               |          |
|           | c $\square$  |                                       |                            |               |          |
|           | D  |                                       |                            |               |          |
|           |  | Α                                     | В                          | С             |          |
| 2         | Rent received or accrued   |                                       |                            | ·             |          |
| a         | From personal property (if the percentage of   |                                       |                            |               |          |
| _         | rent for personal property is more than 10%  |                                       |                            |               |          |
|           | but not more than 50%)   |                                       |                            |               |          |
| b         | From real and personal property (if the  |                                       |                            |               |          |
|           | percentage of rent for personal property exceeds   |                                       |                            |               |          |
|           | 50% or if the rent is based on profit or income)   |                                       |                            |               |          |
| С         | Total rents received or accrued by property.   |                                       |                            |               |          |
|           | Add lines 2a and 2b, columns A through D   |                                       |                            |               |          |
| 3         | Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) |                                       | and on Part I, line 6, c   | olumn (A)     | 0.       |
| -         |  |                                       |                            |               |          |
| 5         | Total deductions. Add line 4 columns A through D. Er   | nter here and on Part I,              | line 6, column (B)         |               | 0.       |
| Part '    | V Unrelated Debt-Financed Income (S  | ee instructions)                      |                            |               |          |
| 1         | Description of debt-financed property (street address, or  | city, state, ZIP code). C             | heck if a dual-use (see    | instructions) |          |
|           | A  |                                       |                            |               |          |
|           | В 💹  |                                       |                            |               |          |
|           | c  |                                       |                            |               |          |
|           | D  | T                                     |                            | 1             |          |
|           |  | Α                                     | В                          | С             | <u> </u> |
| 2         | Gross income from or allocable to debt-financed  |                                       |                            |               |          |
|           | property   |                                       |                            |               |          |
| 3         | Deductions directly connected with or allocable  |                                       |                            |               |          |
|           | to debt-financed property  |                                       |                            |               |          |
| а         | Straight line depreciation (attach statement)  |                                       |                            |               |          |
| b         | Other deductions (attach statement)  |                                       |                            |               |          |
| С         | Total deductions (add lines 3a and 3b,   |                                       |                            |               |          |
|           | columns A through D)   |                                       |                            |               |          |
| 4         | Amount of average acquisition debt on or allocable   |                                       |                            |               |          |
| _         | to debt-financed property (attach statement)   |                                       |                            |               |          |
| 5         | Average adjusted basis of or allocable to debt-  |                                       |                            |               |          |
| _         | financed property (attach statement)   |                                       | %                          | %             |          |
| 6         | Divide line 4 by line 5  |                                       | %0                         | 90            | %        |
| 7         | Gross income reportable. Multiply line 2 by line 6 <b>Total gross income</b> (add line 7, columns A through D)                                 | •                                     | t I lino 7 column (A)      |               | 0.       |
| 8         | i otal gross income (add line 7, columns A infough D)  | . Enter here and on Pa                | ri, iiile 7, columin (A)   |               |          |
| 9         | Allocable deductions. Multiply line 3c by line 6   |                                       |                            |               |          |
| 10        | Total allocable deductions. Add line 9, columns A thr  | rough D. Enter here and               | d on Part I, line 7. colui | mn (B)        | 0.       |
| 11        | Total dividends-received deductions included in line   |                                       |                            |               | 0.       |

|        | ule A (Form 990-T) 2020        |               |                       |              |                  |            |                        |                                 |           |                    | Page 3                              |
|--------|--------------------------------|---------------|-----------------------|--------------|------------------|------------|------------------------|---------------------------------|-----------|--------------------|-------------------------------------|
| Part   | VI Interest, Annu              | iities, R     | oyalties, and Re      | ents fror    | n Contro         | lled Or    | ganizations            | s (see instru                   | ıctions)  |                    |                                     |
|        | Exempt Controlled Organization |               |                       |              |                  |            | ons                    |                                 |           |                    |                                     |
|        | 1. Name of controlled          |               | 2. Employer           | 3. Net       | unrelated        | 4. Tota    | al of specified        | 5. Part of co                   |           | <b>6.</b> De       | eductions directly                  |
|        | organization                   |               | identification        | ı            | ne (loss)        | payr       | ments made             | that is include controlling or  |           |                    | onnected with                       |
|        |                                |               | number                | (see ins     | structions)      |            |                        | tion's gross                    |           | inco               | ome in column 5                     |
| (1)    |                                |               |                       |              |                  |            |                        |                                 |           |                    |                                     |
| (2)    |                                |               |                       |              |                  |            |                        |                                 |           |                    |                                     |
| (3)    |                                |               |                       |              |                  |            |                        |                                 |           |                    |                                     |
| (4)    |                                |               |                       |              |                  |            |                        |                                 |           |                    |                                     |
|        |                                |               | No                    | nexempt (    | Controlled O     | rganizati  | ions                   |                                 |           |                    |                                     |
| 7      | . Taxable Income               | 8.            | Net unrelated         | <b>9.</b> To | otal of speci    | fied       |                        | of column 9                     | 11.       | . Dedu             | uctions directly                    |
|        |                                | ir            | ncome (loss)          | pa           | yments mad       | de         |                        | cluded in the<br>organization's |           | conn               | ected with                          |
|        |                                | (see          | e instructions)       |              |                  |            |                        | income                          | in        | income in column 1 |                                     |
| (1)    |                                |               |                       |              |                  |            |                        |                                 |           |                    |                                     |
| (2)    |                                |               |                       |              |                  |            |                        |                                 |           |                    |                                     |
| (3)    |                                |               |                       |              |                  |            |                        |                                 |           |                    |                                     |
| (4)    |                                |               |                       |              |                  |            |                        |                                 |           |                    |                                     |
|        |                                |               |                       |              |                  |            | Add colum              | nns 5 and 10.                   | Ad        | d colu             | ımns 6 and 11.                      |
|        |                                |               |                       |              |                  |            | l .                    | and on Part I,                  | ı         |                    | e and on Part I,                    |
|        |                                |               |                       |              |                  |            | line 8, c              | column (A)                      |           | line 8,            | , column (B)                        |
| Totals |                                |               |                       |              |                  | ▶          |                        | 0                               | •         |                    | 0.                                  |
| Part   | VII Investment                 | ncome         | of a Section 50       | 1(c)(7), (   | (9), or (17)     | Orgai      | nization <sub>(s</sub> | ee instructions                 | s)        |                    |                                     |
|        | <b>1.</b> Desc                 | cription of   | income                |              | 2. Amou          | ınt of     | 3. Deduction           |                                 | et-asides |                    | Total deductions                    |
|        |                                |               |                       |              | incor            | ne         | directly conn          | ,                               | stateme   | ''''               | and set-asides<br>add cols 3 and 4) |
|        |                                |               |                       |              |                  |            | (attach stater         | ment)                           |           | (6                 | add cois o and 4)                   |
| (1)    |                                |               |                       |              |                  |            |                        |                                 |           |                    |                                     |
| (2)    |                                |               |                       |              |                  |            |                        |                                 |           |                    |                                     |
| (3)    |                                |               |                       |              |                  |            |                        |                                 |           |                    |                                     |
| (4)    |                                |               |                       |              |                  |            |                        |                                 |           |                    |                                     |
|        |                                |               |                       |              | Add amo column 2 |            |                        |                                 |           |                    | Add amounts in column 5. Enter      |
|        |                                |               |                       |              | here and o       |            |                        |                                 |           |                    | ere and on Part I,                  |
|        |                                |               |                       |              | line 9, col      |            |                        |                                 |           | 1                  | ine 9, column (B)                   |
| Totals |                                |               |                       | <b>)</b>     |                  | 0.         |                        |                                 |           |                    | 0.                                  |
| Part   | VIII Exploited E               | xempt A       | Activity Income,      | , Other 1    | Than Adv         | ertising   | g Income (             | see instruction                 | ns)       |                    |                                     |
| 1      | Description of exploite        | ed activity:  |                       |              |                  |            |                        |                                 | _         |                    |                                     |
| 2      | Gross unrelated busin          | ess incom     | e from trade or busi  | ness. Ente   | r here and o     | n Part I,  | line 10, colum         | n (A)                           | 2         |                    |                                     |
| 3      | Expenses directly con          | nected wit    | h production of unre  | elated busi  | iness incom      | e. Enter l | here and on Pa         | art I,                          |           |                    |                                     |
|        | line 10, column (B)            |               |                       |              |                  |            |                        |                                 | 3         |                    |                                     |
| 4      | Net income (loss) from         |               |                       |              |                  |            |                        |                                 |           |                    |                                     |
|        | lines 5 through 7              |               |                       |              |                  |            |                        |                                 | 4         |                    |                                     |
| 5      | Gross income from ac           | tivity that i | is not unrelated busi | iness incor  | me               |            |                        |                                 | 5         |                    |                                     |
| 6      | Expenses attributable          |               |                       |              |                  |            |                        |                                 |           |                    |                                     |
| 7      | Excess exempt expen            |               |                       |              |                  |            |                        |                                 |           |                    |                                     |
|        | 4. Enter here and on F         |               |                       |              |                  |            |                        |                                 | 7         |                    |                                     |

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| Part   | IX      | Advertising Income  |                             |                        |                 | g                  |
|--------|---------|---|-----------------------------|------------------------|-----------------|--------------------|
| 1      | Nam     | ne(s) of periodical(s). Check box if reporting                                    | two or more periodicals or  | n a consolidated basis | S.              |                    |
|        | Α       |   |                             |                        |                 |                    |
|        | В       |   |                             |                        |                 |                    |
|        | c L     |   |                             |                        |                 |                    |
|        | D L     |   |                             |                        |                 |                    |
| Enter  | amour   | its for each periodical listed above in the c                                     | orresponding column.        |                        |                 |                    |
|        |         |   | A                           | В                      | С               | D                  |
| 2      |         | ss advertising income   |                             |                        |                 |                    |
|        | Add     | columns A through D. Enter here and on F  | Part I, line 11, column (A) |                        | <b>&gt;</b>     | 0.                 |
| a<br>o | Diro    | at advertising easts by periodical  |                             |                        |                 |                    |
| 3<br>a |         | ct advertising costs by periodical  |                             | <u> </u>               | <b>•</b>        | 0.                 |
| а      | Add     | Coldining A through b. Enter here and on t  | arti, iiile 11, columii (b) |                        |                 |                    |
| 4      | Adve    | ertising gain (loss). Subtract line 3 from line                                   | ,                           |                        |                 |                    |
|        |         | or any column in line 4 showing a gain,   |                             |                        |                 |                    |
|        |         | plete lines 5 through 8. For any column in  |                             |                        |                 |                    |
|        | line -  | 4 showing a loss or zero, do not complete   |                             |                        |                 |                    |
|        | lines   | 5 through 7, and enter zero on line 8   |                             |                        |                 |                    |
| 5      | Read    | dership costs   |                             |                        |                 |                    |
| 6      |         | ulation income  |                             |                        |                 |                    |
| 7      |         | ess readership costs. If line 6 is less than                                      |                             |                        |                 |                    |
|        |         | 5, subtract line 6 from line 5. If line 5 is less                                 | I                           |                        |                 |                    |
| _      |         | line 6, enter zero  |                             |                        |                 |                    |
| 8      |         | ess readership costs allowed as a   |                             |                        |                 |                    |
|        |         | uction. For each column showing a gain or 4, enter the lesser of line 4 or line 7 |                             |                        |                 |                    |
| а      |         | line 8, columns A through D. Enter the gre  |                             | total or zero here an  | d on            |                    |
| -      |         | II, line 13   |                             |                        |                 | 0.                 |
| Part   |         | Compensation of Officers, Dire  | ectors, and Trustees        | (see instructions)     |                 |                    |
|        |         |   |                             |                        | 3. Percentage   | 4. Compensation    |
|        |         | 1. Name   | <b>2.</b> Title             |                        | of time devoted | attributable to    |
|        |         |   |                             |                        | to business     | unrelated business |
| (1)    |         |   |                             |                        | %               |                    |
| (2)    |         |   |                             |                        | %               |                    |
| (3)    |         |   |                             |                        | %               |                    |
| (4)    |         | L   |                             |                        | 70              |                    |
| Total  | I. Ente | r here and on Part II, line 1   |                             |                        | <b>.</b>        | 0.                 |
| Part   |         |   | instructions)               |                        |                 | -                  |
|        |         |   | ,                           |                        |                 |                    |
|        |         |   |                             |                        |                 |                    |
|        |         |   |                             |                        |                 |                    |
|        |         |   |                             |                        |                 |                    |
|        |         |   |                             |                        |                 |                    |
|        |         |   |                             |                        |                 |                    |
|        |         |   |                             |                        |                 |                    |
|        |         |   |                             |                        |                 |                    |
|        |         |   |                             |                        |                 |                    |
|        |         |   |                             |                        |                 |                    |
|        |         |   |                             |                        |                 |                    |
|        |         |   |                             |                        |                 |                    |
|        |         |   |                             |                        |                 |                    |
|        |         |   |                             |                        |                 |                    |
|        |         |   |                             |                        |                 |                    |
|        |         |   |                             |                        |                 |                    |

### SCHEDULE A (Form 990-T)

# **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0047

501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

**D** Sequence: C Unrelated business activity code (see instructions)

Describe the unrelated trade or business PASSIVE INVESTMENTS Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1a Gross receipts or sales **b** Less returns and allowances Cost of goods sold (Part III, line 8) 2 2 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Sch D (Form 1041 or Form 250,520. 250,520. 1120)) (see instructions) 4a Net gain (loss) (Form 4797) (attach Form 4797) (see instructions) 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 1 -62,329. -62,329. Rent income (Part IV) 6 Unrelated debt-financed income (Part V) 7 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) Exploited exempt activity income (Part VIII) 10 10 11 11 Advertising income (Part IX) Other income (see instructions; attach statement) 12 12 13 188,191.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

| 1   | Compensation of officers, directors, and trustees (Part X)  | 1        |                     |
|-----|---|----------|---------------------|
| 2   | Salaries and wages  | 2        | 8,972.              |
| 3   | Repairs and maintenance   | 3        |                     |
| 4   | Bad debts   | 4        |                     |
| 5   | Interest (attach statement) (see instructions)  | 5        |                     |
| 6   | Taxes and licenses  | 6        | 136.                |
| 7   | Depreciation (attach Form 4562) (see instructions)  |          |                     |
| 8   | Less depreciation claimed in Part III and elsewhere on return 8a                                      | 8b       |                     |
| 9   | Depletion   | 9        |                     |
| 10  | Contributions to deferred compensation plans  | 10       |                     |
| 11  | Employee benefit programs   | 11       |                     |
| 12  | Excess exempt expenses (Part VIII)  | 12       |                     |
| 13  | Excess readership costs (Part IX)   | 13       |                     |
| 14  | Other deductions (attach statement) SEE STATEMENT 2   | 14       | 184,691.            |
| 15  | Total deductions. Add lines 1 through 14  | 15       | 193,799.            |
| 16  | Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, |          |                     |
|     | column (C)  | 16       | -5,608.             |
| 17  | Deduction for net operating loss (see instructions)   | 17       | 0.                  |
| 18  | Unrelated business taxable income. Subtract line 17 from line 16                                      | 18       | -5,608.             |
| ΙЦΛ | For Panarwork Poduction Act Natice see instructions   | Schodulo | A (Form 000 T) 2020 |

LHA For Paperwork Reduction Act Notice, see instructions.

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**Total.** Combine lines 3 through 12

|      | ule A (Form 990-T) 2020                                   |                            |                          |                 | Page 2 |
|------|---|----------------------------|--------------------------|-----------------|--------|
| Part | III Cost of Goods Sold Enter metal                        | nod of inventory valuati   | on <b></b>               |                 |        |
| 1    | Inventory at beginning of year                            |                            |                          | 1               |        |
| 2    | Purchases   |                            |                          | 2               |        |
| 3    | Cost of labor   |                            |                          |                 |        |
| 4    | Additional section 263A costs (attach statement)          |                            |                          | 4               |        |
| 5    | Other costs (attach statement)                            |                            |                          | 5               |        |
| 6    | Total. Add lines 1 through 5                              |                            |                          | 6               |        |
| 7    | Inventory at end of year                                  |                            |                          |                 |        |
| 8    | Cost of goods sold. Subtract line 7 from line 6. Enter h  | nere and in Part I, line 2 |                          | 8               |        |
| 9    | Do the rules of section 263A (with respect to property    |                            |                          |                 | Yes No |
| Part | IV Rent Income (From Real Property and                    | Personal Propert           | ty Leased with P         | leal Property)  |        |
| 1    | Description of property (property street address, city, s | tate, ZIP code). Check     | if a dual-use (see insti | ructions)       |        |
|      | A   |                            |                          |                 |        |
|      | В 🔲   |                            |                          |                 |        |
|      | c 🗆   |                            |                          |                 |        |
|      | D   |                            |                          |                 |        |
|      |   | Α                          | В                        | С               | D      |
| 2    | Rent received or accrued                                  |                            |                          |                 |        |
| а    | From personal property (if the percentage of              |                            |                          |                 |        |
|      | rent for personal property is more than 10%               |                            |                          |                 |        |
|      | but not more than 50%)                                    |                            |                          |                 |        |
| b    | From real and personal property (if the                   |                            |                          |                 |        |
|      | percentage of rent for personal property exceeds          |                            |                          |                 |        |
|      | 50% or if the rent is based on profit or income)          |                            |                          |                 |        |
| С    | Total rents received or accrued by property.              |                            |                          |                 |        |
|      | Add lines 2a and 2b, columns A through D                  |                            |                          |                 |        |
| 5    | Total deductions. Add line 4 columns A through D. En      | ter here and on Part I, I  | ine 6, column (B)        | <b>&gt;</b>     | 0.     |
| Part | V Unrelated Debt-Financed Income (se                      | ee instructions)           |                          |                 |        |
| 1    | Description of debt-financed property (street address, of | city, state, ZIP code). Cl | neck if a dual-use (see  | e instructions) |        |
|      | A   |                            |                          |                 |        |
|      | В   |                            |                          |                 |        |
|      | c   |                            |                          |                 |        |
|      | D   |                            |                          | T               |        |
|      |   | Α                          | В                        | С               | D      |
| 2    | Gross income from or allocable to debt-financed           |                            |                          |                 |        |
|      | property  |                            |                          |                 |        |
| 3    | Deductions directly connected with or allocable           |                            |                          |                 |        |
|      | to debt-financed property                                 |                            |                          |                 |        |
| а    | Straight line depreciation (attach statement)             |                            |                          |                 |        |
| b    | Other deductions (attach statement)                       |                            |                          |                 |        |
| С    | Total deductions (add lines 3a and 3b,                    |                            |                          |                 |        |
|      | columns A through D)                                      |                            |                          |                 |        |
| 4    | Amount of average acquisition debt on or allocable        |                            |                          |                 |        |
|      | to debt-financed property (attach statement)              |                            |                          |                 |        |
| 5    | Average adjusted basis of or allocable to debt-           |                            |                          |                 |        |
|      | financed property (attach statement)                      |                            |                          |                 |        |
| 6    | Divide line 4 by line 5                                   | %                          | %                        | %               | %      |
| 7    | Gross income reportable. Multiply line 2 by line 6        |                            |                          |                 |        |
| 8    | Total gross income (add line 7, columns A through D)      | . Enter here and on Par    | t I, line 7, column (A)  | <b>&gt;</b>     | 0.     |
|      |   |                            |                          | <del>,</del>    |        |
| 9    | Allocable deductions. Multiply line 3c by line 6          |                            |                          |                 |        |
| 10   | Total allocable deductions. Add line 9, columns A thr     |                            |                          |                 |        |
| 11   | Total dividends-received deductions included in line      | 10                         |                          |                 | 0.     |

|                                    | ule A (Form 990-T) 2020<br>VI Interest, Annu |               | ovalties and De                                  | nte fron    | n Control  | lad Or               | nanizatione                                    | - /   |                             | :\                       |  | Page 3  |
|------------------------------------|--|---------------|--|-------------|--|----------------------|--|---|-----------------------------|--------------------------|--|---|
| Part                               | VI IIILEIESI, AIIIIL                         | illies, n     | Jyailles, allu ne                                |             | ii Control   |                      | <u> </u>                                       |   | e instruct                  |                          |  |   |
| Name of controlled<br>organization |  | d             | 2. Employer identification number                |             |  | 4. Tota              | Exempt Control al of specified nents made      | 5. Part of column 4 that is included in the controlling organization's gross income |                             | nn 4<br>in the<br>iniza- | 6. Deductions directly connected with income in column 5 |   |
| (1)                                |  |               |  |             |  |                      |  | 1.0   | g. 5555                     | -                        |  |   |
| (2)                                |  |               |  |             |  |                      |  |   |                             |                          |  |   |
| (3)                                |  |               |  |             |  |                      |  |   |                             |                          |  |   |
| (4)                                |  |               |  |             |  |                      |  |   |                             |                          |  |   |
|                                    |  |               | No   | nexempt C   | Controlled O                                       | rganizati            | ons  |   |                             |                          |  |   |
| 7                                  | '. Taxable Income                            | ir            | Net unrelated<br>ncome (loss)<br>e instructions) |             | otal of specif<br>yments mad                       |                      | that is inc                                    | luded i   | ded in the ganization's con |                          | conne  | ctions directly<br>ected with<br>n column 10                      |
| (1)                                |  |               |  |             |  |                      |  |   |                             |                          |  |   |
| (2)                                |  |               |  |             |  |                      |  |   |                             |                          |  |   |
| (3)                                |  |               |  |             |  |                      |  |   |                             |                          |  |   |
| (4)                                |  |               |  |             |  |                      |  |   |                             |                          |  |   |
| Tatala                             |  |               |  |             |  |                      | Add colum<br>Enter here<br>line 8, c           | and on  | Part I,                     | Ente                     | er here  | nns 6 and 11.<br>and on Part I,<br>column (B)                     |
| Totals<br>Part                     | VII Investment                               | Income        | of a Section 50                                  | 1(c)(7) (   | 9) or (17)   | Organ                | ization (s                                     | oo ineti  | ructions)                   |                          |  | 0.  |
|                                    |  | cription of   |  | .(0)(1))    | 2. Amou incor                                      | nt of                | 3. Deduction directly connected (attach states | ons<br>ected  | 4. Set-<br>(attach st       |                          | nt) a  | Total deductions and set-asides dd cols 3 and 4)                  |
| (1)                                |  |               |  |             |  |                      |  |   |                             |                          |  |   |
| (2)                                |  |               |  |             |  |                      |  |   |                             |                          |  |   |
| (3)                                |  |               |  |             |  |                      |  |   |                             |                          |  |   |
| (4)                                |  |               |  | <b>&gt;</b> | Add amor<br>column 2<br>here and o<br>line 9, colu | . Enter<br>n Part I, |  |   |                             |                          | he   | add amounts in solumn 5. Enter re and on Part I, ne 9, column (B) |
| Part                               | VIII Exploited E                             | xempt A       | activity Income,                                 | Other T     | han Adve   | ertising             | g Income (                                     | see ins   | tructions)                  |                          |  |   |
| 1                                  | Description of exploite                      | ed activity:  |  |             |  |                      |  |   |                             |                          |  |   |
| 2                                  | Gross unrelated busin                        | ess incom     | e from trade or busir                            | ness. Ente  | r here and o                                       | n Part I,            | line 10, columi                                | n (A)   |                             | 2                        |  |   |
| 3                                  | Expenses directly con                        | nected wit    | h production of unre                             | elated busi | ness income  | e. Enter l           | here and on Pa                                 | art I,  |                             |                          |  |   |
|                                    |  |               |  |             |  |                      |  |   |                             | 3                        |  |   |
| 4                                  |  |               |  |             |  |                      |  |   | 4                           |                          |  |   |
| 5                                  | Gross income from ac                         | tivity that i | s not unrelated busi                             | ness incor  | ne   |                      |  |   |                             | 5                        |  |   |
| 6                                  | Expenses attributable                        |               |  |             |  |                      |  |   |                             | 6                        |  |   |
| 7                                  | Excess exempt expen                          |               |  |             |  |                      |  |   |                             | Ī                        |  |   |
|                                    | 4. Enter here and on F                       |               |  |             |  |                      |  |   |                             | 7                        |  |   |

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|                             | IX Advertising Income   |   |                       |                 |                    |
|-----------------------------|---|---|-----------------------|-----------------|--------------------|
| 1                           | Name(s) of periodical(s). Check box if reporting                      | two or more periodicals on a c          | consolidated basis.   |                 |                    |
|                             | A   |   |                       |                 |                    |
|                             | В   |   |                       |                 |                    |
|                             | c 🗆   |   |                       |                 |                    |
|                             | D   |   |                       |                 |                    |
| Enter a                     | amounts for each periodical listed above in the co                    | prresponding column.                    |                       |                 |                    |
|                             | ·   | Α                                       | В                     | С               | D                  |
| 2                           | Gross advertising income  |   |                       |                 |                    |
|                             | Add columns A through D. Enter here and on Pa                         |   |                       | <b>•</b>        | 0.                 |
| а                           | •   | , |                       |                 |                    |
| 3                           | Direct advertising costs by periodical                                |   |                       |                 |                    |
| а                           | Add columns A through D. Enter here and on Pa                         |   |                       | <b>•</b>        | 0.                 |
|                             | •   | , |                       |                 |                    |
| 4                           | Advertising gain (loss). Subtract line 3 from line                    |   |                       |                 |                    |
|                             | 2. For any column in line 4 showing a gain,                           |   |                       |                 |                    |
|                             | complete lines 5 through 8. For any column in                         |   |                       |                 |                    |
|                             | line 4 showing a loss or zero, do not complete                        |   |                       |                 |                    |
|                             | lines 5 through 7, and enter zero on line 8                           |   |                       |                 |                    |
| 5                           | Readership costs  |   |                       |                 |                    |
| 6                           | Circulation income  |   |                       |                 |                    |
| 7                           | Excess readership costs. If line 6 is less than                       |   |                       |                 |                    |
|                             | line 5, subtract line 6 from line 5. If line 5 is less                |   |                       |                 |                    |
|                             | than line 6, enter zero   |   |                       |                 |                    |
| 8                           | Excess readership costs allowed as a                                  |   |                       |                 |                    |
|                             | deduction. For each column showing a gain on                          |   |                       |                 |                    |
|                             | line 4, enter the lesser of line 4 or line 7                          |   |                       |                 |                    |
| а                           | Add line 8, columns A through D. Enter the great                      | ater of the line 8a, columns tot        | al or zero here and o | on              |                    |
|                             | Part II, line 13  |   |                       | <b>&gt;</b>     | 0.                 |
| Part                        | X Compensation of Officers, Dire                                      | ctors, and Trustees (Se                 | ee instructions)      |                 |                    |
|                             |   |   |                       | 3. Percentage   | 4. Compensation    |
|                             | 1. Name   | <b>2.</b> Title                         |                       | of time devoted | attributable to    |
|                             |   |   |                       | to business     | unrelated business |
| (1)                         |   |   |                       | %               |                    |
| (2)                         |   |   |                       | %               |                    |
| <b>/</b> 0\                 |   |   |                       | %               |                    |
| (3)                         |   |   |                       |                 |                    |
|                             |   |   |                       | %               |                    |
| (4)                         |   |   |                       | %               |                    |
| (4)<br>Total                | Enter here and on Part II, line 1                                     |   |                       | %<br><b>▶</b>   | 0.                 |
| (3)<br>(4)<br>Total<br>Part |   | instructions)                           |                       | %<br><b>•</b>   | 0.                 |
| (4)<br>Total                | . Enter here and on Part II, line 1XI Supplemental Information (see   | instructions)                           |                       | %<br>           | 0.                 |
| (4)<br>Total                | Enter here and on Part II, line 1  XI Supplemental Information (see   | instructions)                           |                       | %<br>•          | 0.                 |
| (4)<br>Total                | Enter here and on Part II, line 1  XI Supplemental Information (see   | instructions)                           |                       | %               | 0.                 |
| (4)<br>Total                | . Enter here and on Part II, line 1  XI Supplemental Information (see | instructions)                           |                       | %<br>•          | 0.                 |
| (4)<br>Total                | . Enter here and on Part II, line 1  XI Supplemental Information (see | instructions)                           |                       | %<br>           | 0.                 |
| (4)<br>Total                | . Enter here and on Part II, line 1 XI Supplemental Information (see  | instructions)                           |                       | 96<br>          | 0.                 |
| (4)<br>Total                | . Enter here and on Part II, line 1  XI Supplemental Information (see | instructions)                           |                       | 96              | 0.                 |
| (4)<br>Total                | Enter here and on Part II, line 1  XI Supplemental Information (see   | instructions)                           |                       | 96              | 0.                 |
| (4)<br>Total                | . Enter here and on Part II, line 1  XI Supplemental Information (see | instructions)                           |                       | 96              | 0.                 |
| (4)<br>Total                | . Enter here and on Part II, line 1  XI Supplemental Information (see | instructions)                           |                       | 96              | 0.                 |
| (4)<br>Total                | Enter here and on Part II, line 1  XI Supplemental Information (see   | instructions)                           |                       | 96              | 0.                 |
| (4)<br>Total                | Enter here and on Part II, line 1  XI Supplemental Information (see   | instructions)                           |                       | 96              | 0.                 |
| (4)<br>Total                | Enter here and on Part II, line 1  XI Supplemental Information (see   | instructions)                           |                       | 96              | 0.                 |
| (4)<br>Total                | Enter here and on Part II, line 1  XI Supplemental Information (see   | instructions)                           |                       | 96              | 0.                 |
| (4)<br>Total                | Enter here and on Part II, line 1  XI Supplemental Information (see   | instructions)                           |                       | 96              | 0.                 |
| (4)<br>Total                | Enter here and on Part II, line 1  XI Supplemental Information (see   | instructions)                           |                       | 96              | 0.                 |

| FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS   | STATEMENT 1             |
|--|-------------------------|
| DESCRIPTION                                      | NET INCOME<br>OR (LOSS) |
| PARTNERSHIP 3 - ORDINARY BUSINESS INCOME (LOSS)  | -3,192                  |
| PARTNERSHIP 4 - ORDINARY BUSINESS INCOME (LOSS)  | -4,429.                 |
| PARTNERSHIP 5 - ORDINARY BUSINESS INCOME (LOSS)  | -42,971.                |
| PARTNERSHIP 6 - ORDINARY BUSINESS INCOME (LOSS)  | 210                     |
| PARTNERSHIP 7 - ORDINARY BUSINESS INCOME (LOSS)  | -116                    |
| PARTNERSHIP 8 - ORDINARY BUSINESS INCOME (LOSS)  | -2,351                  |
|  | -                       |
| PARTNERSHIP 1 - ORDINARY BUSINESS INCOME (LOSS)  | -346                    |
| PARTNERSHIP 9 - ORDINARY BUSINESS INCOME (LOSS)  | 454.                    |
| PARTNERSHIP 10 - ORDINARY BUSINESS INCOME (LOSS) | 404                     |
| PARTNERSHIP 11 - ORDINARY BUSINESS INCOME (LOSS) | 2,301                   |
| PARTNERSHIP 12 - ORDINARY BUSINESS INCOME (LOSS) | -899                    |
| PARTNERSHIP 13 - ORDINARY BUSINESS INCOME (LOSS) | 8,517.                  |
| PARTNERSHIP 14 - ORDINARY BUSINESS INCOME (LOSS) | 5,586                   |
| PARTNERSHIP 15 - ORDINARY BUSINESS INCOME (LOSS) | -89                     |
| PARTNERSHIP 16 - ORDINARY BUSINESS INCOME (LOSS) | -1,986                  |
| PARTNERSHIP 17 - ORDINARY BUSINESS INCOME (LOSS) | 855                     |
| PARTNERSHIP 18 - ORDINARY BUSINESS INCOME (LOSS) | -77 ·                   |
| PARTNERSHIP 20 - ORDINARY BUSINESS INCOME (LOSS) | -16                     |
| PARTNERSHIP 21 - ORDINARY BUSINESS INCOME (LOSS) | -9,668                  |
|  |                         |
| PARTNERSHIP 22 - ORDINARY BUSINESS INCOME (LOSS) | 1,371.                  |
| PARTNERSHIP 2 - ORDINARY BUSINESS INCOME (LOSS)  | 13,487                  |
| PARTNERSHIP 25 - ORDINARY BUSINESS INCOME (LOSS) | 426                     |
| PARTNERSHIP 26 - ORDINARY BUSINESS INCOME (LOSS) | -29,009                 |
| PARTNERSHIP 23 - ORDINARY BUSINESS INCOME (LOSS) | -436                    |
| PARTNERSHIP 27 - ORDINARY BUSINESS INCOME (LOSS) | -7.                     |
| PARTNERSHIP 24 - ORDINARY BUSINESS INCOME (LOSS) | -348.                   |
| TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5     | -62,329.                |
| FORM 990-T (A) OTHER DEDUCTIONS                  | STATEMENT 2             |
| DESCRIPTION                                      | AMOUNT                  |
| TABLE COMPANY A DATA CODAL PERIO                 | 107 016                 |
| INVESTMENT ADVISORY FEES                         | 107,016                 |
| ACCOUNTING FEES                                  | 27,828                  |
| INTANGIBLE DRILLING COSTS                        | 49,847                  |
| TOTAL TO SCHEDULE A, PART II, LINE 14            | 184,691                 |
| IVIAL IV 3V.BEDULE A. FARI II. UINE 14           | 104,091                 |

#### SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

#### **Capital Gains and Losses**

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-RIC, 1120-SF, or certain Forms 990-T. 
■ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name

Employer identification number

| PITTSBURGH SYMPHONY INC. 25-0986052  |                               |                                  |   |          |   |  |  |  |
|--|-------------------------------|----------------------------------|---|----------|---|--|--|--|
| Did the corporation dispose of any investmer   | Yes X No                      |                                  |   |          |   |  |  |  |
| If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.                 |                               |                                  |   |          |   |  |  |  |
| Part I Short-Term Capital Gai  | ns and Losses - Ass           | ets Held One Year o              | r Less  |          |   |  |  |  |
| See instructions for how to figure the amounts to enter on the lines below.  | (d)                           | (e)                              | (g) Adjustments to ga                               | in       | (h) Gain or (loss)<br>Subtract column (e) from      |  |  |  |
| This form may be easier to complete if you   | Proceeds<br>(sales price)     | Cost<br>(or other basis)         | or loss from Form(s) 89<br>Part I, line 2, column ( |          | column (d) and combine the                          |  |  |  |
| round off cents to whole dollars.  | , , ,                         | ,                                | , ,   |          | result with column (g)                              |  |  |  |
| <b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis   |                               |                                  |   |          |   |  |  |  |
| was reported to the IRS and for which you have no adjustments (see instructions).  |                               |                                  |   |          |   |  |  |  |
| However, if you choose to report all these   |                               |                                  |   |          |   |  |  |  |
| transactions on Form 8949, leave this line<br>blank and go to line 1b  |                               |                                  |   |          |   |  |  |  |
| <b>1b</b> Totals for all transactions reported on  |                               |                                  |   |          |   |  |  |  |
| Form(s) 8949 with <b>Box A</b> checked   |                               |                                  |   |          |   |  |  |  |
| 2 Totals for all transactions reported on  |                               |                                  |   |          |   |  |  |  |
| Form(s) 8949 with <b>Box B</b> checked   | 1,482.                        | 6,623.                           |   |          | -5,141.   |  |  |  |
| 3 Totals for all transactions reported on  |                               |                                  |   |          |   |  |  |  |
| Form(s) 8949 with <b>Box C</b> checked   |                               |                                  |   |          |   |  |  |  |
| 4 Short-term capital gain from installment sales   |                               |                                  |   | 4        |   |  |  |  |
| 5 Short-term capital gain or (loss) from like-kind   | ŭ                             |                                  | Ī   | <u>5</u> | /   |  |  |  |
| <ul><li>6 Unused capital loss carryover (attach computa</li><li>7 Net short-term capital gain or (loss). Combine</li></ul>       | ,                             | h                                |   | <u> </u> | -5,141.   |  |  |  |
| Part II Long-Term Capital Gain   | ns and Losses - Asse          | ets Held More Than               | One Year  |          | 3,141.  |  |  |  |
| See instructions for how to figure the amounts   | (d)                           | (e)                              | (g) Adjustments to ga                               | in       | (h) Gain or (loss)                                  |  |  |  |
| to enter on the lines below.   | Proceeds                      | Cost                             | or loss from Form(s) 89-                            | 49,      | Subtract column (e) from column (d) and combine the |  |  |  |
| This form may be easier to complete if you round off cents to whole dollars.   | (sales price)                 | (or other basis)                 | Part II, line 2, column (                           | (g)      | result with column (g)                              |  |  |  |
| 8a Totals for all long-term transactions reported  |                               |                                  |   |          |   |  |  |  |
| on Form 1099-B for which basis was '<br>reported to the IRS and for which you have   |                               |                                  |   |          |   |  |  |  |
| no adjustments (see instructions). However, if you choose to report all these transactions                                       |                               |                                  |   |          |   |  |  |  |
| on Form 8949, leave this line blank and go to  |                               |                                  |   |          |   |  |  |  |
| line 8b  |                               |                                  |   |          |   |  |  |  |
| 8b Totals for all transactions reported on   |                               |                                  |   |          |   |  |  |  |
| Form(s) 8949 with <b>Box D</b> checked  9 Totals for all transactions reported on  |                               |                                  |   |          |   |  |  |  |
| Form(s) 8949 with <b>Box E</b> checked   | 90,073.                       | 1,071.                           |   |          | 89,002.   |  |  |  |
| 10 Totals for all transactions reported on   | 20,0.00                       |                                  |   |          | 02,0021   |  |  |  |
| Form(s) 8949 with <b>Box F</b> checked   |                               |                                  |   |          |   |  |  |  |
| 44 Fatanasia (ann Fama 4303 lina 3 an 0  |                               |                                  |   | 11       | 166,659.  |  |  |  |
| 12 Long-term capital gain from installment sales   | from Form 6252, line 26 or 37 | ,                                |   | 12       |   |  |  |  |
| 13 Long-term capital gain or (loss) from like-kind   | d exchanges from Form 8824    |                                  |   | 13       |   |  |  |  |
|  |                               |                                  |   | 14       | 055 664   |  |  |  |
| 15 Net long-term capital gain or (loss). Combine   |                               | ıh                               |   | 15       | 255,661.  |  |  |  |
| Part III Summary of Parts I and  |                               | Lloop (line 15)                  | T   | 10       |   |  |  |  |
| <ul><li>16 Enter excess of net short-term capital gain (lir</li><li>17 Net capital gain. Enter excess of net long-term</li></ul> |                               |                                  |   | 16<br>17 | 250,520.  |  |  |  |
| <b>18</b> Add lines 16 and 17. Enter here and on Form  |                               |                                  |   | 18       | 250,520.  |  |  |  |
| Note: If losses exceed gains, see Capital Los  |                               | mousio iiilo oli otiloi totullis | L   | 10       | 230,3200  |  |  |  |
| and summer of the cost   | 000                           |                                  |   |          |   |  |  |  |

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For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2020

# Form

Department of the Treasury Internal Revenue Service

Name(s) shown on return

# Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No. 1545-0074

Social security number or taxpayer identification no.

25-0986052

#### PITTSBURGH SYMPHONY INC.

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check. Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term Part I

transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) X (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or 1 (d) (h) (a) (c) (e) loss. If you enter an amount Proceeds Description of property Date acquired Date sold or Cost or other Gain or (loss). in column (g), enter a code in (sales price) Subtract column (e) basis. See the (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. Note below and from column (d) & (Mo., day, yr.) (g) Amount of see Column (e) ir combine the result Code(s) with column (g) the instructions adjustment PARTNERSHIP <6,568.> VARIOUS VARIOUS 6,568. PARTNERSHIP 8 VARIOUS VARIOUS 613. 613. 11 42. <42.> PARTNERSHIP VARIOUS **VARIOUS** PARTNERSHIP 12 VARIOUS VARIOUS 10. <10.> 13 3. <3.> PARTNERSHIP VARIOUS VARIOUS 14 82. 82. PARTNERSHIP VARIOUS **VARIOUS** PARTNERSHIP 16 VARIOUS **VARIOUS** 12. 12. 7. 7. PARTNERSHIP 17 VARIOUS VARIOUS 21 PARTNERSHIP VARIOUS VARIOUS 662. 662. PARTNERSHIP VARIOUS VARIOUS PARTNERSHIP VARIOUS VARIOUS 105. 105.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)

6,623. 1,482. Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an

<5,141.>

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Attachment Sequence No. 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

#### PITTSBURGH SYMPHONY INC.

25-0986052

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions,

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

[X] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

| (F) Long-term transactions n   | ot reported to you                | on Form 1099-B                               |                                  |   |                            |   |  |
|--|-----------------------------------|--|----------------------------------|---|----------------------------|---|--|
| 1 (a) Description of property (Example: 100 sh. XYZ Co.)                               | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d)<br>Proceeds<br>(sales price) | (e) Cost or other basis. See the Note below and | loss. If you in column (f) | t, if any, to gain or ou enter an amount (g), enter a code in . See instructions. | (h)<br>Gain or (loss).<br>Subtract column (e)<br>from column (d) & |
|  |                                   |  |                                  | see <i>Column (e)</i> in the instructions       | Code(s)                    | Amount of adjustment  | combine the result with column (g)                                 |
| PARTNERSHIP 2  | VARIOUS                           | VARIOUS                                      | 21,112.                          |   |                            | •   | 21,112.  |
| PARTNERSHIP 4  | VARIOUS                           | VARIOUS                                      | 28,033.                          |   |                            |   | 28,033.  |
| PARTNERSHIP 8  | VARIOUS                           | VARIOUS                                      | 3,023.                           |   |                            |   | 3,023.   |
| PARTNERSHIP 9  | VARIOUS                           | VARIOUS                                      | 35.                              |   |                            |   | 35.  |
| PARTNERSHIP 10   | VARIOUS                           | VARIOUS                                      | 1,287.                           |   |                            |   | 1,287.   |
| PARTNERSHIP 11   | VARIOUS                           | VARIOUS                                      |                                  | 607.  |                            |   | <607.  |
| PARTNERSHIP 12   | VARIOUS                           | VARIOUS                                      | 769.                             |   |                            |   | 769.   |
| PARTNERSHIP 13   | VARIOUS                           | VARIOUS                                      | 523.                             |   |                            |   | 523.   |
| PARTNERSHIP 14   | VARIOUS                           | VARIOUS                                      | 1,644.                           |   |                            |   | 1,644.   |
| PARTNERSHIP 16   | VARIOUS                           | VARIOUS                                      | 685.                             |   |                            |   | 685.   |
| PARTNERSHIP 17   | VARIOUS                           | VARIOUS                                      | 13,932.                          |   |                            |   | 13,932.  |
| PARTNERSHIP 19   | VARIOUS                           | VARIOUS                                      | 8.                               |   |                            |   | 8.   |
| PARTNERSHIP 21   | VARIOUS                           | VARIOUS                                      | 3,493.                           |   |                            |   | 3,493.   |
| PARTNERSHIP 22   | VARIOUS                           | VARIOUS                                      | 354.                             |   |                            |   | 354.   |
| PARTNERSHIP 23   | VARIOUS                           | VARIOUS                                      | 15,175.                          |   |                            |   | 15,175.  |
| PARTNERSHIP 25   | VARIOUS                           | VARIOUS                                      |                                  | 464.  |                            |   | <464.  |
|  |                                   |  |                                  |   |                            |   |  |
|  |                                   |  |                                  |   |                            |   |  |
| -  |                                   |  |                                  |   |                            |   |  |
| 2 Totals. Add the amounts in columegative amounts). Enter each to                      | total here and incl               | ude on your                                  |                                  |   |                            |   |  |
| Schedule D, <b>line 8b</b> (if <b>Box D</b> a above is checked), or <b>line 10</b> (if | -                                 | •  | 90,073.                          | 1,071.  |                            |   | 89,002.  |

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

5012 12-11-20 Form **8949** (2020)

#### SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

#### **Capital Gains and Losses**

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-RIC, 1120-SF, or certain Forms 990-T. 
■ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name

Employer identification number

|               | PITTSBURGH SYMPHON   | Y INC.                           |                                     |   | 25- | 0986052  |
|---------------|--|----------------------------------|-------------------------------------|---|-----|--|
| Did           | the corporation dispose of any investmen   |                                  | <b>N V V N</b>                      |   |     |  |
| lf "۱         | es," attach Form 8949 and see its instru   | -                                |                                     |   |     |  |
| _             | art I Short-Term Capital Gai   | ins and Losses - Ass             | ets Held One Year o                 | r Less  |     |  |
| See           | instructions for how to figure the amounts nter on the lines below.  | (d)                              | (e)                                 | (g) Adjustments to ga                               |     | (h) Gain or (loss)<br>Subtract column (e) from                         |
|               |  | Proceeds<br>(sales price)        | Cost<br>(or other basis)            | or loss from Form(s) 89<br>Part I, line 2, column ( |     | column (d) and combine the   |
| rour          | form may be easier to complete if you and off cents to whole dollars.  | (sales price)                    | (or other basis)                    | r art i, iirie z, columin (                         | (9) | result with column (g)   |
| 1a            | Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b |                                  |                                     |   |     |  |
| 1b            | Totals for all transactions reported on  |                                  |                                     |   |     |  |
|               | Form(s) 8949 with <b>Box A</b> checked   |                                  |                                     |   |     |  |
| 2             | Totals for all transactions reported on  |                                  |                                     |   |     |  |
|               | Form(s) 8949 with <b>Box B</b> checked   | 1,482.                           | 6,623.                              |   |     | -5,141.  |
| 3             | Totals for all transactions reported on  |                                  |                                     |   |     |  |
|               | Form(s) 8949 with <b>Box C</b> checked   |                                  |                                     |   |     |  |
| 4             | Short-term capital gain from installment sales   | from Form 6252, line 26 or 37    | ,                                   |   | 4   |  |
| 5             | Short-term capital gain or (loss) from like-kine   | d exchanges from Form 8824       |                                     |   | 5   |  |
|               | Unused capital loss carryover (attach computa  |                                  |                                     |   | 6   | (  |
|               | Net short-term capital gain or (loss). Combin  | e lines 1a through 6 in column   | h                                   |   | 7   | -5,141.  |
| _             | art II Long-Term Capital Gai   | ns and Losses - Asse             | ets Held More Than                  | One Year  |     |  |
| to e          | instructions for how to figure the amounts nter on the lines below.  | (d)<br>Proceeds                  | <b>(e)</b><br>Cost                  | (g) Adjustments to ga<br>or loss from Form(s) 89    | 49, | (h) Gain or (loss) Subtract column (e) from column (d) and combine the |
| i nis<br>rour | form may be easier to complete if you and off cents to whole dollars.  | (sales price)                    | (or other basis)                    | Part II, line 2, column                             | (g) | result with column (g)   |
| 8a            | Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b  |                                  |                                     |   |     |  |
| 8b            | Totals for all transactions reported on  |                                  |                                     |   |     |  |
|               | Form(s) 8949 with <b>Box D</b> checked   |                                  |                                     |   |     |  |
| 9             | Totals for all transactions reported on  |                                  |                                     |   |     |  |
|               | Form(s) 8949 with <b>Box E</b> checked   | 90,073.                          | 1,071.                              |   |     | 89,002.  |
| 10            | Totals for all transactions reported on  |                                  |                                     |   |     |  |
|               | Form(s) 8949 with <b>Box F</b> checked   |                                  |                                     | I   |     | 166 650  |
|               |  |                                  |                                     |   | 11  | 166,659.   |
|               | Long-term capital gain from installment sales  |                                  |                                     |   | 12  |  |
|               | Long-term capital gain or (loss) from like-king  | -                                |                                     |   | 13  |  |
|               |  | lines On the such 11 in solution |                                     |   | 14  | 255,661.   |
|               | Net long-term capital gain or (loss). Combine art III   Summary of Parts I and   |                                  | I II                                |   | 15  | 233,001.   |
|               | Enter excess of net short-term capital gain (lin   |                                  | Lloce (line 15)                     |   | 16  |  |
|               | Net capital gain. Enter excess of net long-term  |                                  |                                     |   | 17  | 250,520.   |
|               | Add lines 16 and 17. Enter here and on Form  |                                  |                                     |   | 18  | 250,520.   |
| 10            | Note: If losses exceed gains, see Capital Los  |                                  | אויטעטוט ווווט טוו טנווטו ויטנעוווא |   | 10  | 230,3200   |
|               |  | in the med deterior              |                                     |   |     |  |

021051

LHA

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2020

# Form **8949**

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2020

Attachment 124

Name(s) shown on return

Social security number or taxpayer identification no.

25-0986052

#### PITTSBURGH SYMPHONY INC.

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term Part I transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) X (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or 1 (d) (h) (a) (c) (e) loss. If you enter an amount Proceeds Description of property Date sold or Cost or other Gain or (loss). Date acquired in column (g), enter a code in (sales price) Subtract column (e) basis. See the (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. Note below and from column (d) & (Mo., day, yr.) (g) Amount of adjustment see Column (e) ir combine the result Code(s) with column (g) the instructions PARTNERSHIP 99/99/99|99/99/99 <6,568.> 6,568. 99/99/99|99/99/99 PARTNERSHIP 8 613. 613. 11 99/99/99|99/99/99 42. <42.> PARTNERSHIP 99/99/99|99/99/99 PARTNERSHIP 12 10. <10.> 99/99/9999/99/99 13 3. <3.> PARTNERSHIP 14 99/99/99|99/99/99 82. 82. PARTNERSHIP PARTNERSHIP 16 99/99/99|99/99/99 12. 12. 99/99/99/99/99 7. 7. PARTNERSHIP 17 21 99/99/9999/99/99 PARTNERSHIP 662. 662. 99/99/9999/99/99 PARTNERSHIP 99/99/99|99/99/99 PARTNERSHIP 105. 105. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

23011 12-11-20 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

above is checked), or line 3 (if Box C above is checked)

Form 8949 (2020)

<5,141.>

1,482.

6,623.

Attachment Sequence No. 12A

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

#### PITTSBURGH SYMPHONY INC.

25-0986052

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions,

see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or long-term transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

X (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

| 1 (a)                             | (b)                 | (c)             | (d)                       | (e)                          | Adjustmen | nt, if any, to gain or<br>ou enter an amount | (h)                                   |
|-----------------------------------|---------------------|-----------------|---------------------------|------------------------------|-----------|--|---------------------------------------|
| Description of property           | Date acquired       | Date sold or    | Proceeds<br>(sales price) | Cost or other basis. See the | in column | (g), enter a code in                         | Gain or (loss).<br>Subtract column (e |
| (Example: 100 sh. XYZ Co.)        | (Mo., day, yr.)     | disposed of     | (oares price)             | Note below and               |           | ). See instructions.                         | from column (d) &                     |
|                                   |                     | (Mo., day, yr.) |                           | see Column (e) in            | (f)       | (g)<br>Amount of                             | combine the resul                     |
|                                   |                     |                 |                           | the instructions             | Code(s)   | adjustment                                   | with column (g)                       |
| PARTNERSHIP 2                     |                     | 99/99/99        | 21,112.                   |                              |           |  | 21,112.                               |
| PARTNERSHIP 4                     |                     | 99/99/99        | 28,033.                   |                              |           |  | 28,033                                |
| PARTNERSHIP 8                     |                     | 99/99/99        | 3,023.                    |                              |           |  | 3,023.                                |
| PARTNERSHIP 9                     |                     | 99/99/99        | 35.                       |                              |           |  | 35.                                   |
| PARTNERSHIP 10                    |                     | 99/99/99        | 1,287.                    |                              |           |  | 1,287.                                |
| PARTNERSHIP 11                    |                     | 99/99/99        |                           | 607.                         |           |  | <607                                  |
| PARTNERSHIP 12                    |                     | 99/99/99        | 769.                      |                              |           |  | 769.                                  |
| PARTNERSHIP 13                    | 99/99/99            | 99/99/99        | 523.                      |                              |           |  | 523                                   |
| PARTNERSHIP 14                    | 99/99/99            | 99/99/99        | 1,644.                    |                              |           |  | 1,644.                                |
| PARTNERSHIP 16                    | 99/99/99            | 99/99/99        | 685.                      |                              |           |  | 685.                                  |
| PARTNERSHIP 17                    | 99/99/99            | 99/99/99        | 13,932.                   |                              |           |  | 13,932.                               |
| PARTNERSHIP 19                    | 99/99/99            | 99/99/99        | 8.                        |                              |           |  | 8.                                    |
| PARTNERSHIP 21                    | 99/99/99            | 99/99/99        | 3,493.                    |                              |           |  | 3,493.                                |
| PARTNERSHIP 22                    |                     | 99/99/99        | 354.                      |                              |           |  | 354.                                  |
| PARTNERSHIP 23                    |                     | 99/99/99        | 15,175.                   |                              |           |  | 15,175                                |
| PARTNERSHIP 25                    |                     | 99/99/99        | •                         | 464.                         |           |  | <464                                  |
|                                   | , ,                 |                 |                           |                              |           |  |                                       |
|                                   |                     |                 |                           |                              |           |  |                                       |
|                                   |                     |                 |                           |                              |           |  |                                       |
|                                   |                     |                 |                           |                              |           |  |                                       |
|                                   |                     |                 |                           |                              |           |  |                                       |
|                                   |                     |                 |                           |                              |           |  |                                       |
|                                   |                     |                 |                           |                              |           |  |                                       |
|                                   |                     |                 |                           |                              |           |  |                                       |
|                                   |                     |                 |                           |                              |           |  |                                       |
|                                   |                     |                 |                           |                              |           |  |                                       |
|                                   |                     |                 |                           |                              |           |  |                                       |
|                                   |                     |                 |                           |                              |           |  |                                       |
|                                   |                     |                 |                           |                              |           |  |                                       |
|                                   |                     |                 |                           |                              |           |  |                                       |
|                                   | +                   |                 |                           |                              |           |  |                                       |
|                                   |                     |                 |                           |                              |           |  |                                       |
|                                   |                     |                 |                           |                              |           |  |                                       |
|                                   |                     |                 |                           |                              |           |  |                                       |
|                                   |                     |                 |                           |                              |           |  |                                       |
| 2 Totals. Add the amounts in col  | . ,, . ,, .         | . , .           |                           |                              |           |  |                                       |
| negative amounts). Enter each     |                     | •               |                           |                              |           |  |                                       |
| Schedule D, line 8b (if Box D a   | **                  | •               | 00 075                    | 4 2 2 4                      |           |  |                                       |
| above is checked), or line 10 (ir | f Box F above is cl | necked)         | 90,073.                   | 1,071.                       |           |  | 89,002                                |

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2020)

# Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return.

OMB No. 1545-0184

Attachment Sequence No. 27

Form **419**Department of the Treasury Internal Revenue Service
Name(s) shown on return

► Go to www.irs.gov/Form4797 for instructions and the latest information.

dentifying number

| Enter the gross proceeds from sales or exchanges reported to you for 2020 on Form(s) 1099.8 or 1099.5   1   Part   Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other (see instructions)  | PI    |   | 25-0986052          |                       |                     |                     |          |      |                         |
|--|-------|---|---------------------|-----------------------|---------------------|---------------------|----------|------|-------------------------|
| Selector   Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other (see instructions)   |       |   |                     |                       |                     |                     |          |      |                         |
| Than Casualty or Theft-Most Property Held More Than 1 Year  (a) Description (b) Date acquired (rm. dwy, yr.) (c) Date acquired (rm. dwy, yr.) (d) Gross sales price and property (d) Gross sales price and pri | (c    | 1                                       |                     |                       |                     |                     |          |      |                         |
| 2 (4) Description (b) Date accurred (c) Date acid (me., day, yr.) (d) Gross salter by the control of property (e) Date acid (me., day, yr.) (d) Gross salter by the control of property (e) Date acid (me., day, yr.) (d) Gross salter by the control of property (e) Date acid (me., day, yr.) (d) Gross salter by the control of property (e) Date acid (me., day, yr.) (d) Gross salter by the control of property (e) Date acid (me., day, yr.) (e) Date acid (me., day, yr.) (d) Gross salter by the control of property salter by the control of property salter by the control of property used as an employea) (dentify as from Prom 4684, line 3) (e) Date acid (me., day, yr.) (d) Gross salter by the control of property used as an employea; (e) Date acid (me., day, yr.) (d) Gross salter by the control of property used as an employea; (d) Control of property used as an employea; (d) Gross salter by the control of property used as an employea; (d) Gross salter by the control of property used as an employea; (d) Gross salter by the control of property used as an employea; (d) Gross salter by the control of property used as an employea; (d) Gross salter by the control of property used as an employea; (d) Gross salter by the control of property be done of property used as an employea; (d) Gross salter by the control of property used as an employea; (d) Gross salter by the control of property used as an employea; (d) Gross salter by the control of property used as an employea; (d) Gross salter by the control of property used as an employea; (d) Gross salter by the control of property used as an employea; (d) Gross salter by the control of property used as an employea; (d) Gross salter by the control of property used as an employea; (d) Gross salter by the control of property used as an employea; (d) Gross salter by the control of property used as an employea; (d) Gross salter by the control of property used as an employea; (d) Gross salter by the control of property used as an employea; (d) Gross salter by the control of property used as | Pa    |   |                     |                       |                     |                     | -        | ions | From Other              |
| (g) Date social of process your process of the proc |       | Inan Casualty or Then                   | t-Most Prope        | rty Hela Mor          | e inan 1 Year       | ·                   |          |      |                         |
| 3 Gain, if any, from Form 4884, line 39 4 Section 1231 gain from installment sales from Form 6252, line 26 or 37. 5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 Gain, if any, from line 32, from other than casualty or theft 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 8 on line 12 below. If line 9 is more than zero, enter the amount from line 7 as a long-term capital gain on the Schedule D filled with your return. See instructions  8 Nonrecaptured net section 1231 losses from prior years. See instructions  8 Subtract line 8 from line 7. If zero or less, enter 0. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filled with your return. See instructions  9 Subtract line 8 from line 7. If zero or less, enter 0. If line 9 is zero, enter the gain from line 9 as a long-term capital gain on the Schedule D filled with your return. See instructions  11 Loss, if any, from line 7  12 Gain, if any, from line 7  13 Gain, if any, from line 7 or amount from line 8, if applicable  14 Net gain or (loss) from Form 4884, lines 31 and 38a  15 Ordinary gain from installment sales from Form 6252, line 25 or 38  16 Ordinary gain  | 2     |   | and                 | Subtract (f) from the |                     |                     |          |      |                         |
| 3 Gain, if any, from Form 4884, line 39 4 Section 1231 gain from installment sales from Form 6252, line 26 or 37. 5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 Gain, if any, from line 32, from other than casualty or theft 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 8 on line 12 below. If line 9 is more than zero, enter the amount from line 7 as a long-term capital gain on the Schedule D filled with your return. See instructions  8 Nonrecaptured net section 1231 losses from prior years. See instructions  8 Subtract line 8 from line 7. If zero or less, enter 0. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filled with your return. See instructions  9 Subtract line 8 from line 7. If zero or less, enter 0. If line 9 is zero, enter the gain from line 9 as a long-term capital gain on the Schedule D filled with your return. See instructions  11 Loss, if any, from line 7  12 Gain, if any, from line 7  13 Gain, if any, from line 7 or amount from line 8, if applicable  14 Net gain or (loss) from Form 4884, lines 31 and 38a  15 Ordinary gain from installment sales from Form 6252, line 25 or 38  16 Ordinary gain  |       |   |                     |                       |                     |                     |          |      |                         |
| 3 Gain, if any, from Form 4884, line 39 4 Section 1231 gain from installment sales from Form 6252, line 26 or 37. 5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 Gain, if any, from line 32, from other than casualty or theft 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 8 on line 12 below. If line 9 is more than zero, enter the amount from line 7 as a long-term capital gain on the Schedule D filled with your return. See instructions  8 Nonrecaptured net section 1231 losses from prior years. See instructions  8 Subtract line 8 from line 7. If zero or less, enter 0. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filled with your return. See instructions  9 Subtract line 8 from line 7. If zero or less, enter 0. If line 9 is zero, enter the gain from line 9 as a long-term capital gain on the Schedule D filled with your return. See instructions  11 Loss, if any, from line 7  12 Gain, if any, from line 7  13 Gain, if any, from line 7 or amount from line 8, if applicable  14 Net gain or (loss) from Form 4884, lines 31 and 38a  15 Ordinary gain from installment sales from Form 6252, line 25 or 38  16 Ordinary gain  |       |   |                     |                       |                     |                     |          |      |                         |
| 3 Gain, if any, from Form 4884, line 39 4 Section 1231 gain from installment sales from Form 6252, line 26 or 37. 5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 Gain, if any, from line 32, from other than casualty or theft 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 8 on line 12 below. If line 9 is more than zero, enter the amount from line 7 as a long-term capital gain on the Schedule D filled with your return. See instructions  8 Nonrecaptured net section 1231 losses from prior years. See instructions  8 Subtract line 8 from line 7. If zero or less, enter 0. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filled with your return. See instructions  9 Subtract line 8 from line 7. If zero or less, enter 0. If line 9 is zero, enter the gain from line 9 as a long-term capital gain on the Schedule D filled with your return. See instructions  11 Loss, if any, from line 7  12 Gain, if any, from line 7  13 Gain, if any, from line 7 or amount from line 8, if applicable  14 Net gain or (loss) from Form 4884, lines 31 and 38a  15 Ordinary gain from installment sales from Form 6252, line 25 or 38  16 Ordinary gain  |       |   |                     |                       | 152 066             |                     | 2 02     | 1    | 140 145                 |
| 4 Section 1231 gain from installment sales from Form 6252, line 26 or 37  5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824  6 Gain, if ary, from line 32, from other than casualty or theft  7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows  Partnerships and S corporations. Report the gain or (loss) flowing the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.  Individuals, partners, S corporation shareholders, and all others. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.  8 Nonrecaptured net section 1231 losses from prior years. See instructions  9 Subtract line 8 from line 7. If zero or less, enter-0. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions  9 Subtract line 8 from line 7. If zero or less, enter-0. If line 9 is zero, enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions  10 Ordinary Gains and Losses (see instructions)  10 Ordinary Gains and losses not included on lines 11 through 16 (include property held 1 year or less):  11 Loss, if any, from line 7  12 Gain, if any, from line 7  12 Gain, if any, from line 3  13 Jan 14  14 Net gain or (loss) from Form 4684, lines 31 and 38a  15 Ordinary gain from installment sales from Form 6252, line 25 or 36  16 Ordinary gain or (loss) from Form 4684, lines 31 and 38a  14 Ordinary gain from installment sales from Form 6252, line 25 or 36  15 Ordinary gain from lines 10 through 16  16 For all except individual returns, complete lines a and b below.  a If the loss |       |   |                     |                       | •                   |                     |          |      | 149,145.                |
| 5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824. 6 Gain, if any, from line 32, from other than casualty or theft 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.  8 Nonrecaptured net section 1231 losses from prior years. See instructions 9 Subtract line 8 from line 7. If zero or less, enter 0 If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions  9 Subtract line 8 from line 7. If zero or less, enter 0 If line 9 is zero, enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions  10 Ordinary Gains and Losses (see instructions)  11 Loss, if any, from line 7  12 Gain, if any, from line 7  13 Gain, if any, from line 7  14 Net gain or (loss) from Form 4684, lines 31 and 38a  15 Ordinary gain or (loss) from Form 4684, lines 31 and 38a  16 Ordinary gain or loss) from Form 6844, lines 31 and 38a  17 Combine lines 10 through 16  18 For all except individual returns, complete lines a and b below.  18 If the loss on line 11 includes a loss from Form 4684, line 95, column (ly(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16.     |       | Gain, if any, from Form 4684, line 39   | 9                   |                       | ·····               |                     |          |      |                         |
| 6 Gain, if any, from line 32, from other than casualty or theft 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120 S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.  Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filled with your return and skip lines 8, 9, 11, and 12 below.  8 Nonrecaptured net section 1231 losses from prior years. See instructions  9 Subtract line 8 from line 7. If zero or less, enter -0. If line 9 is zero, enter the gain from line 9 as a long-term capital gain on the Schedule D filled with your return. See instructions  9 Subtract line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filled with your return. See instructions  9 166, 659.  Part II Ordinary Gains and Losses (see instructions)  10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):  11 Loss, if any, from line 7  12 Gain, if any, from line 7 or amount from line 8, if applicable  12 Is Gain, if any, from line 7 or machal, lines 31 and 38a  14 Net gain or (loss) from Form 4684, lines 31 and 38a  15 Ordinary gain from installment sales from Form 8824  16 Ordinary gain from installment sales from Form 8824  17 Combine lines 10 through 16  18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b bellow. For individual returns, complete lines a and b bellow. For individual re |       |   |                     |                       |                     |                     |          |      |                         |
| Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.  Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.  8 Nonrecaptured net section 1231 losses from prior years. See instructions  9 Subtract line 8 from line 7. If zero or less, enter -0. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions  9 Todinary Gains and Losses (see instructions)  10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):  11 Loss, if any, from line 7  12 Gain, if any, from line 7  13 Gain, if any, from line 31  14 Net gain or (loss) from Form 4684, lines 31 and 38a  15 Ordinary gain from installment sales from Form 6252, line 25 or 36  15 Ordinary gain from installment sales from Form 6252, line 25 or 36  16 Ordinary gain or (loss) from like-kind exchanges from Form 8824  17 Combine lines 10 through 16  17 In line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below. For individual returns, complete lines a and b below. For individual returns, complete lines a and b below. In the loss on line 11 includes a loss from Form 4797, line 18a. See instructions  18a  18a  18a  18a  18a  18b  |       |   |                     |                       |                     |                     |          |      | 17 511                  |
| Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.  Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.  8 Nonrecaptured net section 1231 losses from prior years. See instructions  9 Subtract line 8 from line 7. If zero or less, enter -0. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions  9 Todinary Gains and Losses (see instructions)  10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):  11 Loss, if any, from line 7  12 Gain, if any, from line 7  13 Gain, if any, from line 31  14 Net gain or (loss) from Form 4684, lines 31 and 38a  15 Ordinary gain from installment sales from Form 6252, line 25 or 36  15 Ordinary gain from installment sales from Form 6252, line 25 or 36  16 Ordinary gain or (loss) from like-kind exchanges from Form 8824  17 Combine lines 10 through 16  17 In line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below. For individual returns, complete lines a and b below. For individual returns, complete lines a and b below. In the loss on line 11 includes a loss from Form 4797, line 18a. See instructions  18a  18a  18a  18a  18a  18b  |       |   |                     |                       |                     |                     |          |      | 166 659                 |
| line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.  8 Nonrecaptured net section 1231 losses from prior years. See instructions  9 Subtract line 8 from line 7. If zero or less, enter 0 If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions  9 166,659.  Part II Ordinary Gains and Losses (see instructions)  10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):  11 Loss, if any, from line 7  12 Gain, if any, from line 7  13 Gain, if any, from line 31  14 Net gain or (loss) from Form 4884, lines 31 and 38a  14 Net gain or (loss) from installment sales from Form 6252, line 25 or 36  15 Ordinary gain from installment sales from Form 6252, line 25 or 36  16 Ordinary gain or (loss) from like-kind exchanges from Form 8824  16 Ordinary gain or (loss) from like-kind exchanges from Form 8824  17 Combine lines 10 through 16  18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.  a If the loss on line 11 includes a loss from Form 6484, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions  18a  18a  1   | ′     |   |                     |                       |                     |                     |          |      | 100,039.                |
| Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.  8 Nonrecaptured net section 1231 losses from prior years. See instructions  9 Subtract line 8 from line 7. If zero or less, enter -0. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions  10 Ordinary Gains and Losses (see instructions)  11 Loss, if any, from line 7  12 Gain, if any, from line 7  13 Gain, if any, from line 7  14 Net gain or (loss) from Form 4684, lines 31 and 38a  15 Ordinary gain from installment sales from Form 6252, line 25 or 36  16 Ordinary gain from installment sales from Form 6252, line 25 or 36  17 Combine lines 10 through 16  18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.  18 If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee) Identify as from "Form 4797, line 18a." See instructions  18 Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1  18 Porm 1040), Part I, line 4  |       |   |                     |                       |                     | or Form 1005, Sch   | edule K, |      |                         |
| from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D flied with your return and skip lines 8, 9, 11, and 12 below.  8  Nonrecaptured net section 1231 losses from prior years. See instructions  9  Subtract line 8 from line 7. If zero or less, enter -0 If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions  9  166,659.  Part II Ordinary Gains and Losses (see instructions)  10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):  11  Loss, if any, from line 7  12  Gain, if any, from line 7 or amount from line 8, if applicable  13  Gain, if any, from line 31  14  Net gain or (loss) from Form 4684, lines 31 and 38a  15  Ordinary gain from installment sales from Form 6252, line 25 or 36  16  Ordinary gain from installment sales from Form 6252, line 25 or 36  16  Ordinary gain or (loss) from like-kind exchanges from Form 8824  16  Ordinary gain or loss from like-kind exchanges from Form 8824  16  Ordinary gain from lindividual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.  18  For all except individual returns, complete lines a and b below.  2  If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions  18a   |       |   |                     |                       |                     | a loss enter the ar | mount    |      |                         |
| 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.  8 Nonrecaptured net section 1231 losses from prior years. See instructions 9 Subtract line 8 from line 7. If zero or less, enter -0. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions  10 Ordinary Gains and Losses (see instructions)  11 Loss, if any, from line 7 12 Gain, if any, from line 7 or amount from line 8, if applicable 13 Gain, if any, from line 7 or amount from line 8, if applicable 14 Net gain or (loss) from Form 4684, lines 31 and 38a 15 Ordinary gain from installment sales from Form 6252, line 25 or 36 16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 17 Combine lines 10 through 16 18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.  a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions  b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4  |       | ,, , , , , , , , , , , , , , , , , , ,  |                     |                       |                     | ,                   |          |      |                         |
| 8 Nonrecaptured net section 1231 losses from prior years. See instructions 9 Subtract line 8 from line 7. If zero or less, enter -0. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D flied with your return. See instructions  10 Ordinary Gains and Losses (see instructions)  10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):  11 Loss, if any, from line 7 12 Gain, if any, from line 7 or amount from line 8, if applicable 12 Gain, if any, from line 31 13 Net gain or (loss) from Form 4684, lines 31 and 38a 14 Net gain or (loss) from installment sales from Form 6252, line 25 or 36 15 Ordinary gain from installment sales from Form 6252, line 25 or 36 16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 To Cambine lines 10 through 16 17 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.  a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee,) Identify as from "Form 4797, line 18a." See instructions  b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4  |       | 1231 losses, or they were recapture     | d in an earlier yea | ar, enter the gair    | from line 7 as a lo | ong-term capital ga | in on    |      |                         |
| 9 Subtract line 8 from line 7. If zero or less, enter -0. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions  10 Ordinary Gains and Losses (see instructions)  10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):  11 Loss, if any, from line 7  12 Gain, if any, from line 7 or amount from line 8, if applicable  13 Gain, if any, from line 31  14 Net gain or (loss) from Form 4684, lines 31 and 38a  14 Net gain or (loss) from installment sales from Form 6252, line 25 or 36  15 Ordinary gain from installment sales from Form 8824  16 Ordinary gain or (loss) from like-kind exchanges from Form 8824  16 To Combine lines 10 through 16  For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.  a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions  b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4  |       | the Schedule D filed with your return   | n and skip lines 8  | , 9, 11, and 12 b     | elow.               |                     |          |      |                         |
| 9 Subtract line 8 from line 7. If zero or less, enter -0. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions  Part II Ordinary Gains and Losses (see instructions)  10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):  11 Loss, if any, from line 7  12 Gain, if any, from line 7 or amount from line 8, if applicable  13 Gain, if any, from line 31  14 Net gain or (loss) from Form 4684, lines 31 and 38a  14 Net gain or (loss) from installment sales from Form 6252, line 25 or 36  15 Ordinary gain from installment sales from Form 8824  16 Ordinary gain or (loss) from like-kind exchanges from Form 8824  16 To Combine lines 10 through 16  17 Combine lines 10 through 16  18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.  a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions  b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4  | 8     | Nonrecaptured net section 1231 los      | ses from prior ye   | ars. See instruct     | ions                |                     | Г        | 8    |                         |
| capital gain on the Schedule D filed with your return. See instructions  Part II Ordinary Gains and Losses (see instructions)  10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):  11 Loss, if any, from line 7  Gain, if any, from line 7 or amount from line 8, if applicable  12 Gain, if any, from line 31  Net gain or (loss) from Form 4684, lines 31 and 38a  13 14  15 Ordinary gain from installment sales from Form 6252, line 25 or 36  16 Ordinary gain or (loss) from like-kind exchanges from Form 8824  17 Combine lines 10 through 16  18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.  a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions  b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4  18b   | 9     | Subtract line 8 from line 7. If zero or | less, enter -0 If   | line 9 is zero, en    |                     |                     |          |      |                         |
| Part II Ordinary Gains and Losses (see instructions)  10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):  11 Loss, if any, from line 7 12 Gain, if any, from line 7 or amount from line 8, if applicable 13 Gain, if any, from line 31 14 Net gain or (loss) from Form 4684, lines 31 and 38a 15 Ordinary gain from installment sales from Form 6252, line 25 or 36 16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 To Combine lines 10 through 16 17 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.  a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions  b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4   |       | line 9 is more than zero, enter the ar  | mount from line 8   | on line 12 belov      | w and enter the gai | in from line 9 as a | ong-term |      |                         |
| 10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):  11 Loss, if any, from line 7 12 Gain, if any, from line 7 or amount from line 8, if applicable 13 Gain, if any, from line 31 14 Net gain or (loss) from Form 4684, lines 31 and 38a 15 Ordinary gain from installment sales from Form 6252, line 25 or 36 16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 17 Combine lines 10 through 16 18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.  a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions  b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4   |       | capital gain on the Schedule D filed    | with your return.   | See instructions      | S                   |                     |          | 9    | 166,659.                |
| 10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):  11 Loss, if any, from line 7 12 Gain, if any, from line 7 or amount from line 8, if applicable 13 Gain, if any, from line 31 14 Net gain or (loss) from Form 4684, lines 31 and 38a 15 Ordinary gain from installment sales from Form 6252, line 25 or 36 16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 17 Combine lines 10 through 16 18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.  a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions  b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4   | Pa    | rt II Ordinary Gains and                | Losses (see in      | structions)           |                     |                     |          |      |                         |
| 11 Loss, if any, from line 7  12 Gain, if any, from line 7 or amount from line 8, if applicable  13 Gain, if any, from line 31  14 Net gain or (loss) from Form 4684, lines 31 and 38a  15 Ordinary gain from installment sales from Form 6252, line 25 or 36  16 Ordinary gain or (loss) from like-kind exchanges from Form 8824  17 Combine lines 10 through 16  18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.  a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions  b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1  (Form 1040), Part I, line 4   |       |   | ` `                 | <u> </u>              |                     |                     |          |      |                         |
| 12 Gain, if any, from line 7 or amount from line 8, if applicable 13 Gain, if any, from line 31 14 Net gain or (loss) from Form 4684, lines 31 and 38a 15 Ordinary gain from installment sales from Form 6252, line 25 or 36 16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 Combine lines 10 through 16 17 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.  a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions  b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4  | 10    | Ordinary gains and losses not include   | ded on lines 11 th  | rough 16 (includ      | le property held 1  | year or less):      |          |      |                         |
| 12 Gain, if any, from line 7 or amount from line 8, if applicable 13 Gain, if any, from line 31 14 Net gain or (loss) from Form 4684, lines 31 and 38a 15 Ordinary gain from installment sales from Form 6252, line 25 or 36 16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 Combine lines 10 through 16 17 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.  a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions  b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4  |       |   |                     |                       |                     |                     |          |      |                         |
| 12 Gain, if any, from line 7 or amount from line 8, if applicable 13 Gain, if any, from line 31 14 Net gain or (loss) from Form 4684, lines 31 and 38a 15 Ordinary gain from installment sales from Form 6252, line 25 or 36 16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 Combine lines 10 through 16 17 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.  a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions  b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4  |       |   |                     |                       |                     |                     |          |      |                         |
| 12 Gain, if any, from line 7 or amount from line 8, if applicable 13 Gain, if any, from line 31 14 Net gain or (loss) from Form 4684, lines 31 and 38a 15 Ordinary gain from installment sales from Form 6252, line 25 or 36 16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 Combine lines 10 through 16 17 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.  a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions  b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4  |       |   |                     |                       |                     |                     |          |      |                         |
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| Gain, if any, from line 31  14 Net gain or (loss) from Form 4684, lines 31 and 38a  15 Ordinary gain from installment sales from Form 6252, line 25 or 36  16 Ordinary gain or (loss) from like-kind exchanges from Form 8824  17 Combine lines 10 through 16  18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.  a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions  b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1  (Form 1040), Part I, line 4   |       | Loss, if any, from line 7               |                     |                       |                     |                     | ·····    |      | (                       |
| Net gain or (loss) from Form 4684, lines 31 and 38a  14  15  Ordinary gain from installment sales from Form 6252, line 25 or 36  16  Ordinary gain or (loss) from like-kind exchanges from Form 8824  17  Combine lines 10 through 16  17  18  For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.  a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions  b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1  (Form 1040), Part I, line 4  18b   |       |   |                     |                       |                     |                     |          |      |                         |
| Ordinary gain from installment sales from Form 6252, line 25 or 36  Ordinary gain or (loss) from like-kind exchanges from Form 8824  Combine lines 10 through 16  For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.  If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions  b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1  (Form 1040), Part I, line 4   |       |   |                     |                       |                     |                     | ·····    |      |                         |
| Ordinary gain or (loss) from like-kind exchanges from Form 8824  Combine lines 10 through 16  For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.  If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions  B Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1  (Form 1040), Part I, line 4  16  17   |       |   |                     |                       |                     |                     |          |      |                         |
| 17 Combine lines 10 through 16 17  18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.  a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions  b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1  (Form 1040), Part I, line 4  18b  |       |   |                     |                       |                     |                     |          |      |                         |
| For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.  a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions  b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1  (Form 1040), Part I, line 4  18b  |       |   |                     |                       |                     |                     |          |      |                         |
| a and b below. For individual returns, complete lines a and b below.  a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions  b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1  (Form 1040), Part I, line 4  18b   |       |   |                     |                       |                     |                     |          |      |                         |
| a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions  b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1  (Form 1040), Part I, line 4  18b   | ıø    |   |                     |                       |                     |                     |          |      |                         |
| loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions  b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1  (Form 1040), Part I, line 4  18b   | · · · |   |                     |                       |                     |                     |          |      |                         |
| as an employee.) Identify as from "Form 4797, line 18a." See instructions  b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1  (Form 1040), Part I, line 4  18b   |       |   |                     |                       |                     |                     |          |      |                         |
| b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1  (Form 1040), Part I, line 4  18b  |       |   |                     |                       |                     |                     |          | 182  |                         |
| (Form 1040), Part I, line 4  | h     |   |                     |                       |                     |                     |          | 10a  |                         |
|  | J     |   |                     |                       |                     |                     |          |      |                         |
|  | LHA   |   |                     |                       |                     |                     |          |      | Form <b>4797</b> (2020) |

Form 4797 (2020) Page **2** 

| Part III Gain From Disposition of P  | roperty Und   | er Sections 1245        | 5, 1250, 1252, 12      | 254, and 1255 (see                | instructions)                    |
|--|---|-------------------------|------------------------|-----------------------------------|----------------------------------|
| 19 (a) Description of section 1245, 1250, 1252,  | 1254, or 1255                                       | property:               |                        | (b) Date acquired (mo., day, yr.) | (c) Date sold<br>(mo., day, yr.) |
| A PARTNERSHIP 4  |   |                         |                        | VARIOUS                           | VARIOUS                          |
| B PARTNERSHIP 5  |   |                         |                        | VARIOUS                           | VARIOUS                          |
| c PARTNERSHIP 17   |   |                         |                        | VARIOUS                           | VARIOUS                          |
| D PARTNERSHIP 22   |   |                         |                        | VARIOUS                           | VARIOUS                          |
| These columns relate to the properties or  | ,   |                         |                        |                                   |                                  |
| lines 19A through 19D.   | •   | Property A              | Property B             | Property C                        | Property D                       |
| 20 Gross sales price (Note: See line 1 before compl  | eting.) 20  | 3,670.                  | 12,594                 | . 1,232.                          | 17.                              |
| 21 Cost or other basis plus expense of sale  | ° / <del>                                    </del> | ,,,,,,                  |                        |                                   |                                  |
| 22 Depreciation (or depletion) allowed or allows   |   |                         |                        |                                   |                                  |
| 23 Adjusted basis. Subtract line 22 from line 21   |   |                         |                        |                                   |                                  |
| 24 Total gain. Subtract line 23 from line 20   |   | 3,670.                  | 12,594                 | . 1,232.                          | 17.                              |
| 25 If section 1245 property:   |   | 370701                  | 22,001                 | 2,2320                            |                                  |
| a Depreciation allowed or allowable from line 2  | 22 <b>25a</b>                                       |                         |                        |                                   |                                  |
|  |   |                         |                        |                                   |                                  |
| b Enter the smaller of line 24 or 25a  |   |                         |                        |                                   |                                  |
| 26 If section 1250 property: If straight line depre<br>was used, enter -0- on line 26g, except for a corp<br>subject to section 291.   |   |                         |                        |                                   |                                  |
| a Additional depreciation after 1975. See instruction  |   |                         |                        |                                   |                                  |
| <b>b</b> Applicable percentage multiplied by the <b>sm</b> of line 24 or line 26a. See instructions  | aller 26b   |                         |                        |                                   |                                  |
| c Subtract line 26a from line 24. If residential property or line 24 isn't more than line 26a, lines 26d and 26e   | skip  |                         |                        |                                   |                                  |
| d Additional depreciation after 1969 and before 197  | 6 <b>26d</b>  |                         |                        |                                   |                                  |
| e Enter the smaller of line 26c or 26d   | 26e   |                         |                        |                                   |                                  |
|  |   |                         |                        |                                   |                                  |
| f Section 291 amount (corporations only)   | 26f   |                         |                        |                                   |                                  |
| <b>g</b> Add lines 26b, 26e, and 26f   | 26g   |                         |                        |                                   |                                  |
| 27 If section 1252 property: Skip this section if you dispose of farmland or if this form is being compl a partnership.  | eted for  |                         |                        |                                   |                                  |
| a Soil, water, and land clearing expenses  |   |                         |                        |                                   |                                  |
| <b>b</b> Line 27a multiplied by applicable percentage  | 27b   |                         |                        |                                   |                                  |
| c Enter the smaller of line 24 or 27b  | 27c   |                         |                        |                                   |                                  |
| 28 If section 1254 property:  a Intangible drilling and development costs, expend for development of mines and other natural deposition mining exploration costs, and depletion. See instr | sits,   |                         |                        |                                   |                                  |
| <b>b</b> Enter the <b>smaller</b> of line 24 or 28a  | 28b   |                         |                        |                                   |                                  |
| 29 If section 1255 property:<br>a Applicable percentage of payments exclude<br>from income under section 126. See instruction  | d<br>tions <b>29</b> a                              |                         |                        |                                   |                                  |
| <b>b</b> Enter the <b>smaller</b> of line 24 or 29a. See instruc   |   |                         |                        |                                   |                                  |
| Summary of Part III Gains. Complete pro  | an autor a alleumana                                | A through D through     | line 20h hefere gein   | a to line 20                      |                                  |
| Complete pro   | operty columns                                      | A through D through     | iirie 290 belore goiri | g to line so.                     |                                  |
| 30 Total gains for all properties. Add property of   | olumns A throu                                      | igh D, line 24          |                        | 30                                |                                  |
| 31 Add property columns A through D, lines 25  |   |                         |                        | 31                                |                                  |
| 32 Subtract line 31 from line 30. Enter the porti  |   |                         | •                      | ·                                 |                                  |
| From other than casualty or theft on Form 47  Part IV Recapture Amounts Under 9  (see instructions)  | Sections 17   | 9 and 280F(b)(2)        | When Business          | Use Drops to 50%                  | or Less                          |
| (GGG IIIGHUGHGI)   |   |                         |                        | (a) Section<br>179                | (b) Section<br>280F(b)(2)        |
| 33 Section 179 expense deduction or deprecia   | tion allowable in                                   | n prior vears           | 33                     |                                   |                                  |
| 34 Recomputed depreciation. See instructions   |   |                         |                        |                                   |                                  |
| 35 Recapture amount. Subtract line 34 from lin   |   | estructions for where t |                        |                                   |                                  |
| - Hoodplare amount. Oubtract IIIIC 34 HOIII IIII   | 5 55. SEE IIIE II                                   | ion donor io i writie L | 0 100011   <b>3</b> 0  | <u> </u>                          | 4707                             |

| Part III Gain From Disposition of Propert   | ty Und    | ler Sections 1245        | , 1250, 1252      | 2, 12  | 54, and 1255                    | (see      | instructions)                 |
|---|-----------|--------------------------|-------------------|--------|---------------------------------|-----------|-------------------------------|
| <b>19</b> (a) Description of section 1245, 1250, 1252, 1254, o  | or 1255   | property:                |                   |        | (b) Date acqui<br>(mo., day, yr |           | (c) Date sold (mo., day, yr.) |
| A PARTNERSHIP 23  |           |                          |                   |        | VARIOUS                         |           | VARIOUS                       |
| В   |           |                          |                   |        |                                 |           |                               |
| С   |           |                          |                   |        |                                 |           |                               |
| D   |           |                          |                   |        |                                 |           |                               |
| These columns relate to the properties on   |           |                          |                   |        |                                 |           |                               |
| lines 19A through 19D.  | <b>•</b>  | Property A               | Property          | В      | Property                        | С         | Property D                    |
| 20 Gross sales price (Note: See line 1 before completing.)  | 20        | 1.                       |                   |        |                                 |           |                               |
| 21 Cost or other basis plus expense of sale   | 21        |                          |                   |        |                                 |           |                               |
| 22 Depreciation (or depletion) allowed or allowable   | 22        |                          |                   |        |                                 |           |                               |
| 23 Adjusted basis. Subtract line 22 from line 21  | 23        |                          |                   |        |                                 |           |                               |
| Total gain. Subtract line 23 from line 20   | 24        | 1.                       |                   |        |                                 |           |                               |
| 25 If section 1245 property:  |           |                          |                   |        |                                 |           |                               |
| a Depreciation allowed or allowable from line 22  | 25a       |                          |                   |        |                                 |           |                               |
| <b>b</b> Enter the <b>smaller</b> of line 24 or 25a   | 25b       |                          |                   |        |                                 |           |                               |
| 26 If section 1250 property: If straight line depreciation<br>was used, enter -0- on line 26g, except for a corporation<br>subject to section 291.  |           |                          |                   |        |                                 |           |                               |
| a Additional depreciation after 1975. See instructions  | 26a       |                          |                   |        |                                 |           |                               |
| <b>b</b> Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions  | 26b       |                          |                   |        |                                 |           |                               |
| c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e  | 26c       |                          |                   |        |                                 |           |                               |
| <b>d</b> Additional depreciation after 1969 and before 1976   | 26d       |                          |                   |        |                                 |           |                               |
| e Enter the smaller of line 26c or 26d  | 26e       |                          |                   |        |                                 |           |                               |
|   |           |                          |                   |        |                                 |           |                               |
| f Section 291 amount (corporations only)  | 26f       |                          |                   |        |                                 |           |                               |
| g Add lines 26b, 26e, and 26f   | 26g       |                          |                   |        |                                 |           |                               |
| 27 If section 1252 property: Skip this section if you didn't<br>dispose of farmland or if this form is being completed for<br>a partnership.  |           |                          |                   |        |                                 |           |                               |
| a Soil, water, and land clearing expenses   | 27a       |                          |                   |        |                                 |           |                               |
| <b>b</b> Line 27a multiplied by applicable percentage   | 27b       |                          |                   |        |                                 |           |                               |
| c Enter the smaller of line 24 or 27b   | 27c       |                          |                   |        |                                 |           |                               |
| <ul> <li>If section 1254 property:</li> <li>a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions</li> </ul> | 28a       |                          |                   |        |                                 |           |                               |
| <b>b</b> Enter the <b>smaller</b> of line 24 or 28a   | 28b       |                          |                   |        |                                 |           |                               |
| <ul> <li>29 If section 1255 property:</li> <li>a Applicable percentage of payments excluded<br/>from income under section 126. See instructions</li> </ul>  | 29a       |                          |                   |        |                                 |           |                               |
| <b>b</b> Enter the <b>smaller</b> of line 24 or 29a. See instructions   | 29b       |                          |                   |        |                                 |           |                               |
| Summary of Part III Gains. Complete property of   | columne   | A through D through I    | ine 20h hefore    | aoina  | to line 30                      |           |                               |
| - Complete property to  |           | A through b through      | IIIC 235 BCIOIC   | 901119 | 10 11110 00.                    |           |                               |
| 30 Total gains for all properties. Add property columns   | A throu   | ıgh D, line 24           |                   |        |                                 | 30        | 17,514                        |
| Add property columns A through D, lines 25b, 26g,   |           |                          |                   |        |                                 | 31        |                               |
| 32 Subtract line 31 from line 30. Enter the portion from  |           | ty or theft on Form 468  | 34, line 33. Ente | er the | portion                         | _         | 10 514                        |
| from other than casualty or theft on Form 4797, line  Part IV Recapture Amounts Under Section   | ons 17    | 9 and 280F(b)(2) \       | When Busin        | ess l  | Use Drops to                    | 32<br>50% | 17,514.<br>or Less            |
| (see instructions)  |           |                          |                   |        | ı                               |           |                               |
|   |           |                          |                   |        | (a) Section<br>179              | 1         | (b) Section<br>280F(b)(2)     |
| 33 Section 179 expense deduction or depreciation allo   | wable ir  | n prior years            |                   | 33     |                                 |           |                               |
| Recomputed depreciation. See instructions   |           |                          |                   | 34     |                                 |           |                               |
| 35 Recapture amount. Subtract line 34 from line 33. Se  | ee the ir | nstructions for where to | report            | 35     |                                 |           |                               |

Form 4797 (2020)

14150629 786250 23428-24000

| FORM 4797 PROPERTY HEI |                  |              | LD MORE THAN   | ONE YEAR | STA              | ATEMENT 3       |
|------------------------|------------------|--------------|----------------|----------|------------------|-----------------|
| DESCRIPTION            | DATE<br>ACQUIRED | DATE<br>SOLD | SALES<br>PRICE | DEPR.    | COST<br>OR BASIS | GAIN<br>OR LOSS |
| PARTNERSHIP 3          | VARIOUS          | VARIOUS      |                |          | 72.              | -72.            |
| PARTNERSHIP 4          | VARIOUS          | VARIOUS      | 59,320.        |          | , 2 •            | 59,320.         |
| PARTNERSHIP 5          | VARIOUS          | VARIOUS      | 82,523.        |          |                  | 82,523.         |
| PARTNERSHIP 8          | VARIOUS          | VARIOUS      | 40.            |          |                  | 40.             |
| PARTNERSHIP 11         | VARIOUS          | VARIOUS      | 6,862.         |          |                  | 6,862.          |
| PARTNERSHIP 12         | VARIOUS          | VARIOUS      | ,              |          | 2,611.           | -2,611.         |
| PARTNERSHIP 13         | VARIOUS          | VARIOUS      |                |          | 19.              | -19.            |
| PARTNERSHIP 14         | VARIOUS          | VARIOUS      | 1,517.         |          |                  | 1,517.          |
| PARTNERSHIP 16         | VARIOUS          | VARIOUS      |                |          | 219.             | -219.           |
| PARTNERSHIP 17         | VARIOUS          | VARIOUS      | 144.           |          |                  | 144.            |
| PARTNERSHIP 22         | VARIOUS          | VARIOUS      | 145.           |          |                  | 145.            |
| PARTNERSHIP 23         | VARIOUS          | VARIOUS      | 1,430.         |          |                  | 1,430.          |
| PARTNERSHIP 26         | VARIOUS          | VARIOUS      | 85.            |          |                  | 85.             |
| TOTAL TO 4797,         | PART I, LIN      | E 2          | 152,066.       |          | 2,921.           | 149,145.        |

### **Sales of Business Property**

(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

► Attach to your tax return.

OMB No. 1545-0184 **2020** 

Attachment Sequence No. 27

Form **4**/**9**/
Department of the Treasury Internal Revenue Service
Name(s) shown on return

► Go to www.irs.gov/Form4797 for instructions and the latest information.

dentifying number

| PΙ       | TTSBURGH SYMPHONY II   | NC.                               |                               |                       |  |  |       | 25-0986052  |
|----------|--|-----------------------------------|-------------------------------|-----------------------|--|--|-------|---|
| 1 E      | Enter the gross proceeds from sales or                                     | exchanges repo                    | rted to you for 2             | 020 on Form(s) 10     | 99-B or 1099-S   |  |       |   |
| <u> </u> | or substitute statement) that you are in                                   |                                   | <u>/ /</u>                    | ·····                 |  |  | 1     |   |
| Pa       | Sales or Exchanges of Than Casualty or Theft                               |                                   |                               |                       |  | •  | sions | From Other  |
|          | Than Casualty of Their   | - Wost Prope                      | Try Heid Wio                  | Te man i tea          |  | instructions)  | 1     |   |
| 2        | (a) Description of property  | (b) Date acquired (mo., day, yr.) | (C) Date sold (mo., day, yr.) | (d) Gross sales price | (e) Depreciation<br>allowed or<br>allowable since<br>acquisition | (f) Cost or o<br>basis, plus<br>improvements<br>expense of s | and   | (g) Gain or (loss)<br>Subtract (f) from the<br>sum of (d) and (e) |
|          |  |                                   |                               |                       |  |  |       |   |
|          |  |                                   |                               |                       |  |  |       |   |
|          |  |                                   |                               |                       |  |  |       |   |
|          |  |                                   |                               |                       |  |  |       |   |
| 3        | Gain, if any, from Form 4684, line 39                                      |                                   |                               |                       |  |  | 3     |   |
| 4        | Section 1231 gain from installment s                                       |                                   |                               |                       |  |  | 4     |   |
| 5        | Section 1231 gain or (loss) from like-                                     |                                   |                               |                       |  |  | 5     | 17 [14  |
| 6        | Gain, if any, from line 32, from other                                     |                                   |                               |                       |  |  | 6     | 17,514.   |
| 7        | Combine lines 2 through 6. Enter the                                       |                                   |                               |                       |  |  | 7     | 166,659.  |
|          | Partnerships and S corporations. line 10, or Form 1120-S, Schedule K       |                                   | , ,                           | •                     | or Form 1065, Scr  | edule K,   |       |   |
|          |  | ·                                 |                               |                       | a loop, optor the o  | mount  |       |   |
|          | Individuals, partners, S corporation from line 7 on line 11 below and skip |                                   |                               |                       | •  |  |       |   |
|          | 1231 losses, or they were recaptured                                       |                                   |                               |                       |  |  |       |   |
|          | the Schedule D filed with your return                                      | and skip lines 8                  | s, 9, 11, and 12 b            | oelow.                |  |  |       |   |
| 8        | Nonrecaptured net section 1231 los   | ses from prior ve                 | ars See instruc               | tions                 |  | ľ  | 8     |   |
| 9        | Subtract line 8 from line 7. If zero or                                    |                                   |                               |                       |  | F  | Ū     |   |
|          | line 9 is more than zero, enter the an                                     | •                                 | •                             | •                     |  | I  |       |   |
|          | capital gain on the Schedule D filed                                       | with your return.                 | See instructions              | s                     |  |  | 9     | 166,659.  |
| Pa       | rt II Ordinary Gains and I   | OSSES (see in                     | etructions)                   |                       |  |  |       |   |
|          | oramary dame and a   | (see iii                          | Structions,                   |                       |  |  |       |   |
| 10       | Ordinary gains and losses not includ                                       | ed on lines 11 th                 | rough 16 (includ              | de property held 1    | year or less):   | <b>T</b>   |       |   |
|          |  |                                   |                               |                       |  |  |       |   |
|          |  |                                   |                               |                       |  |  |       |   |
|          |  |                                   |                               |                       |  |  |       |   |
|          |  |                                   |                               |                       |  |  |       |   |
| 11       | Loss, if any, from line 7  |                                   |                               |                       |  |  | 11    | (   |
| 12       | Gain, if any, from line 7 or amount from                                   |                                   |                               |                       |  |  | 12    |   |
| 13       | Gain, if any, from line 31   |                                   |                               |                       |  |  | 13    |   |
| 14       | Net gain or (loss) from Form 4684, lin                                     | nes 31 and 38a                    |                               |                       |  |  | 14    |   |
| 15       | Ordinary gain from installment sales                                       |                                   |                               |                       |  |  | 15    |   |
| 16       | Ordinary gain or (loss) from like-kind                                     |                                   |                               |                       |  |  | 16    |   |
| 17       | Combine lines 10 through 16  |                                   |                               |                       |  |  | 17    |   |
| 18       | For all except individual returns, enter                                   |                                   |                               | e appropriate line o  | of your return and s   | skip lines   |       |   |
|          | a and b below. For individual returns                                      | •                                 |                               | (1) (1)               |  |  |       |   |
| а        | If the loss on line 11 includes a loss fr                                  | •                                 | •                             |                       |  |  |       |   |
|          | loss from income-producing property  |                                   |                               |                       |  |  | 40-   |   |
|          | as an employee.) Identify as from "Fo                                      |                                   |                               |                       |  |  | 18a   |   |
| K        | Redetermine the gain or (loss) on line                                     | _                                 |                               |                       |  |  | 18b   |   |
| _        | (Form 1040), Part I, line 4  |                                   |                               |                       |  |  | IOD   | Form <b>4797</b> (2020)   |

| Part III Gain From Disposition of Propert  | y Und       | er Sections 1245,         | 1250, 1252,      | , 125           | 54, and 1255                           | (see        | instructions)                 |
|--|-------------|---------------------------|------------------|-----------------|--|-------------|-------------------------------|
| <b>19 (a)</b> Description of section 1245, 1250, 1252, 1254, o   | or 1255 p   | property:                 |                  |                 | <b>(b)</b> Date acqui<br>(mo., day, yr |             | (c) Date sold (mo., day, yr.) |
| A  |             |                           |                  |                 |  |             |                               |
| В  |             |                           |                  |                 |  |             |                               |
| <u> </u>   |             |                           |                  |                 |  |             |                               |
| _ <u>D</u>   |             |                           |                  |                 |  |             |                               |
| These columns relate to the properties on lines 19A through 19D.   | <b>•</b>    | Property A                | Property I       | 3               | Property                               | С           | Property D                    |
| <b>20</b> Gross sales price ( <b>Note:</b> See line 1 before completing.)  | 20          |                           |                  |                 |  |             |                               |
| 21 Cost or other basis plus expense of sale  | 21          |                           |                  |                 |  |             |                               |
| 22 Depreciation (or depletion) allowed or allowable  | 22          |                           |                  |                 |  |             |                               |
| 23 Adjusted basis. Subtract line 22 from line 21   | 23          |                           |                  |                 |  |             |                               |
| 24 Total gain. Subtract line 23 from line 20   | 24          |                           |                  |                 |  |             |                               |
| 25 If section 1245 property:   |             |                           |                  |                 |  |             |                               |
| a Depreciation allowed or allowable from line 22   | 25a         |                           |                  |                 |  |             |                               |
| b Enter the smaller of line 24 or 25a  | 25b         |                           |                  |                 |  |             |                               |
| 26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.   |             |                           |                  |                 |  |             |                               |
| <b>a</b> Additional depreciation after 1975. See instructions  | 26a         |                           |                  |                 |  |             |                               |
| <b>b</b> Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions   | 26b         |                           |                  |                 |  |             |                               |
| c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e   | 26c         |                           |                  |                 |  |             |                               |
| <b>d</b> Additional depreciation after 1969 and before 1976  | 26d         |                           |                  |                 |  |             |                               |
| e Enter the smaller of line 26c or 26d   | 26e         |                           |                  |                 |  |             |                               |
|  |             |                           |                  |                 |  |             |                               |
| f Section 291 amount (corporations only)   | 26f         |                           |                  |                 |  |             |                               |
| g Add lines 26b, 26e, and 26f  | 26g         |                           |                  |                 |  |             |                               |
| 27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.   |             |                           |                  |                 |  |             |                               |
| a Soil, water, and land clearing expenses  | 27a         |                           |                  |                 |  |             |                               |
| <b>b</b> Line 27a multiplied by applicable percentage  | 27b         |                           |                  |                 |  |             |                               |
| c Enter the smaller of line 24 or 27b  | 27c         |                           |                  |                 |  |             |                               |
| 28 If section 1254 property:  a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions | 28a         |                           |                  |                 |  |             |                               |
| <b>b</b> Enter the <b>smaller</b> of line 24 or 28a  | 28b         |                           |                  |                 |  |             |                               |
| <ul> <li>29 If section 1255 property:</li> <li>a Applicable percentage of payments excluded from income under section 126. See instructions</li> </ul>   | 29a         |                           |                  |                 |  |             |                               |
| <b>b</b> Enter the <b>smaller</b> of line 24 or 29a. See instructions  | 29b         |                           |                  |                 |  |             |                               |
| Summary of Part III Gains. Complete property of  | olumns      | A through D through line  | e 29b before d   | noina           | to line 30.                            |             |                               |
|  |             |                           |                  | · · · · · · · · |  |             |                               |
| 30 Total gains for all properties. Add property columns  | A through   | gh D, line 24             |                  |                 |  | 30          | 17,514.                       |
|  |             |                           |                  |                 |  |             |                               |
| <b>31</b> Add property columns A through D, lines 25b, 26g,  |             |                           |                  |                 |  | 31          |                               |
| 32 Subtract line 31 from line 30. Enter the portion from   |             | y or theft on Form 4684,  | , line 33. Enter | r the p         | oortion                                |             | 45 544                        |
| from other than casualty or theft on Form 4797, line  Part IV Recapture Amounts Under Section  | 6<br>ns 179 | and 280F(b)(2) W          | hen Busine       | ess l           | Jse Drops to                           | 50%         | 17,514.<br>or Less            |
| (see instructions)   |             |                           |                  |                 | (a) Section                            | <del></del> |                               |
|  |             |                           |                  |                 |  |             | (b) Section<br>280F(b)(2)     |
| 33 Section 179 expense deduction or depreciation allo  | wable in    | prior years               |                  | 33              |  |             |                               |
|  |             |                           |                  | 34              |  |             |                               |
| 35 Recapture amount. Subtract line 34 from line 33. Se   | ee the in   | structions for where to r | eport            | 35              |  |             |                               |

Form 4797 (2020)