#### TAX RETURN FILING INSTRUCTIONS

FORM 990-T

#### FOR THE YEAR ENDING

AUGUST 31, 2024

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

#### PREPARED BY:

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

#### **AMOUNT DUE OR REFUND:**

NO AMOUNT IS DUE.

#### MAKE CHECK PAYABLE TO:

NO AMOUNT IS DUE.

#### MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

#### **RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

#### **SPECIAL INSTRUCTIONS:**

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

## Form 8879-TF

#### **IRS E-file Signature Authorization** for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning SEP~1~, 2023, and ending AUG~31~, 20 24~

OMB No. 1545-0047

Department of the Treasury

Do not send to the IRS. Keep for your records.

Internal Revenue Service Go to www.irs.gov/Form8879TE for the latest information. EIN or SSN Name of filer PITTSBURGH SYMPHONY INC. 25-0986052 BRIDGET MEACHAM KOWALSKI Name and title of officer or person subject to tax SENIOR VP & CFO Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a 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, 7b, 8b, 9b, or 10b, 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. Form 990 check here ...... b Total revenue, if any (Form 990, Part VIII, column (A), line 12) \_\_\_\_\_ 1b 1a b Total revenue, if any (Form 990-EZ, line 9) 2b 2a Form 990-EZ check here За Total tax (Form 1120-POL, line 22) Form 1120-POL check here Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here ... Form 8868 check here ..... b Balance due (Form 8868, line 3c) 5b 5a b Total tax (Form 990-T, Part III, line 4) 6b Form 990-T check here 6a 7a Form 4720 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b Form 5227 check here ..... 8a **b** Tax due (Form 5330, Part II, line 19) 9b Form 5330 check here ..... 9a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name , (E**I**N) and that I have examined a copy of the 2023 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 IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (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) also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information processary to answer inquiries and resolve issues related to the payment. I have selected a 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. 23428 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2023 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 entity, I will enter my PIN as my signature on the tax year 2023 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. 06/15/25 **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 25716024000 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 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 Date **ERO Must Retain This Form - See Instructions** 

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA 302521 01-05-24

Form **8879-TE** (2023)

#### Form **8868**

(Rev. January 2024)

# Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or **Print** 25-0986052 PITTSBURGH SYMPHONY INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 600 PENN AVENUE instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. PITTSBURGH, PA 15222-3209 Enter the Return Code for the return that this application is for (file a separate application for each return) 07 Application Is For Return | Application Is For Return Code Code Form 4720 (other than individual) Form 990 or Form 990-EZ 01 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of BRIDGET MEACHAM KOWALSKI 600 PENN AVE - PITTSBURGH, PA 15222 Telephone No. (412)392-4809 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)
 If this is for the whole group, check this . If it is for part of the group, check this box ...... and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until  $\underline{J}ULY$   $\overline{15}$ , 20 **25** , to file the exempt organization return for the organization named above. The extension is for the organization's return for: \_\_\_ calendar year 20 \_\_\_\_ or X tax year beginning \_\_\_\_\_ SEP 1 , 20  $\,{\color{red} 23}$  , and ending  $\,{\color{red} \underline{\phantom{a}}}$ If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return ☐ Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Зс

990-T Exempt Organization Business Income Tax Return					OMB No. 1545-0047	
		(and proxy tax under section		_		<b>)</b>
	For ca	alendar year 2023 or other tax year beginning SEP 1, 2023	<del>-</del>	24	<b>ZUZ3</b>	)
Department of the Treasu Internal Revenue Service		Go to www.irs.gov/Form990T for instructions ar Do not enter SSN numbers on this form as it may be made public			Open to Public Inspecti 501(c)(3) Organizations	
A Check box it address cha		Name of organization ( Check box if name changed and so	ee instructions.)	<b>D</b> Emp	loyer identification num	ıber
<b>B</b> Exempt under sed	ction Print	PITTSBURGH SYMPHONY INC.			5-0986052	<u>}                                    </u>
X 501( <b>c</b> )(3	) 220(e) or Type	Number, street, and room or suite no. If a P.O. box, see instruct 600 PENN AVENUE	ions.		ip exemption number instructions)	
=	530(a) 529A	City or town, state or province, country, and ZIP or foreign post PITTSBURGH, PA 15222-3209	al code	F	Check box if	
0220(4)0		<u> </u>	187,593,015.		an amended ret	turn.
G Check organiz		X 501(c) corporation 501(c) trust 401(a		State	college/university	
		6417(d)(1)(A) Applicable entity				
H Check if filing	only to claim	n Credit from Form 8941 Refund shown on	Form 2439 Elective paym	ent amou	unt from Form 38	00
Check if a 501	(c)(3) organi	zation filing a consolidated return with a 501(c)(2) titleholdin	ng corporation			
		,			2	
_	-	he corporation a subsidiary in an affiliated group or a paren	t-subsidiary controlled group?		Yes X No	
		nd identifying number of the parent corporation		/ / 1 1 2	1202 4000	
L The books are Part I Tota		BRIDGET MEACHAM KOWALSKI ed Business Taxable Income	Telephone number	(412	)392- <b>4</b> 809	<u>'                                      </u>
		ness taxable income computed from all unrelated trades or	businesses (see instructions)	1	6,72	1
		·		2	0,72	
3 Add lines 1				3	6,72	21.
-		s (see instructions for limitation rules) STMT 1	STMT 2	_	- 0,72	0.
		s taxable income before net operating losses. Subtract line		5	6,72	
		ating loss. See instructions	C	6	6,72	21.
		ness taxable income before specific deduction and section				
	ne 6 from line	·		7		
		nerally \$1,000, but see instructions for exceptions)			1,00	0.
		deduction. See instructions				
		l lines 8 and 9		10	1,00	0.
		xable income. Subtract line 10 from line 7. If line 10 is gre		. 11		0.
Part II Tax 0	Computa	tion				
1 Organization	ons taxable	as corporations. Multiply Part I, line 11 by 21% (0.21)		1		0.
		trates. See instructions for tax computation. Income tax o				
Part I, line	11, from:	Tax rate schedule or Schedule D (Form 1041)	)	2		
-	See instruct			3		
		e instructions				
5 Alternative	minimum ta	х		5		
		facility income. See instructions				
7 Total. Add Part III Tax	lines 3 throu and Payr	ugh 6 to line 1 or 2, whichever applies		7		0.
		porations attach Form 1118; trusts attach Form 1116)	1a			
	its (see instru					
	•	uctions) t. Attach Form 3800 (see instructions)				
		nimum tax (attach Form 8801 or 8827)				
		s 1a through 1d	•	1e		
		Part II, line 7		2		0.
	e from Form					
<b>b</b> Amount du	e from Form					
<b>c</b> Amount du	e from Form					
d Amount du	e from Form	n 8866	3d			
e Other amou	unts due (se	e instructions)	3e			
f Total amou	ints due. Add	d lines 3a through 3e		3f		0.
4 Total tax.	Add lines 2 a	and 3f (see instructions). Check if includes tax previous	usly deferred under			
		ax amount here		4		0.
5 Current net	965 tax liah	pility paid from Form 965-A. Part II. column (k)		5		0.

Form 990-T (2023) Page 2

	30-1 (2023)						Р	age 2
Part	Tax and Payments (continued)							
6 a	Payments: Preceding year's overpayment cred	lited to the current ye	ar	6a		_		
b	Current year's estimated tax payments. Check	if section 643(g) elec	tion	_				
	applies		L	6b		_		
С						_		
d	Foreign organizations: Tax paid or withheld at	source (see instruction	ns)	6d				
е	Backup withholding (see instructions)							
f	Credit for small employer health insurance pre	miums (attach Form 8	3941)	6f				
g	Elective payment election amount from Form 3	3800		6g				
h	Payment from Form 2439			6h				
i	Credit from Form 4136			6i				
j	Other (see instructions)			. 6j				
7	Total payments. Add lines 6a through 6j					7		
8	Estimated tax penalty (see instructions). Check	k if Form 2220 is attac	hed			8		
9	Tax due. If line 7 is smaller than the total of lin	es 4, 5, and 8, enter a	amount owed			9		
10	Overpayment. If line 7 is larger than the total of	of <b>l</b> ines 4, 5, and 8, er	iter amount over	paid		10		
11	Enter the amount of line 10 you want: Credite	d to 2024 estimated	tax		Refunded	11		
Part	V Statements Regarding Certain	Activities and Of	her Informat	tion (see	e instructions)			
1	At any time during the 2023 calendar year, did	the organization hav	e an interest in o	r a signatu	ure or other authority		Yes	No
	over a financial account (bank, securities, or of	ther) in a foreign cour	try? <b>I</b> f "Yes," the	organizat	tion may have to fi <b>l</b> e			
	FinCEN Form 114, Report of Foreign Bank and	d Financial Accounts.	If "Yes," enter th	ne name of	f the foreign country			
	here							X
2	During the tax year, did the organization receive	e a distribution from,	or was it the gra	antor of, or	transferor to, a			
	foreign trust?							X
	If "Yes," see instructions for other forms the or	ganization may have	to fi <b>l</b> e.					
3	Enter the amount of tax-exempt interest receiv							
4	Enter available pre-2018 NOL carryovers here	\$ <u>1,340,6</u>	591. Do not	: inc <b>l</b> ude a	ny post-2017 NOL car	ryover		
	shown on Schedule A (Form 990-T). Don't redu	uce the NOL carryove	r shown here by	any deduc	ction reported on Part	: I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business	Activity Code and a	ailable post-201	7 NOL car	ryovers. Don't reduce			
	the amounts shown below by any NOL claimed	d on any Schedu <b>l</b> e A,	Part II, line 17 fo	or the tax y	ear. See instructions.	1		
	Business Activity Co	ode		Ava	ilable post-2017 NOL	carryover		
				\$				
				\$				
				\$				
				\$				
6 a	Reserved for future use							
	Reserved for future use							
Part '	Supplemental Information							
Provide	any additional information. See instructions.							
Sign	Under penalties of perjury, I declare that I have examined correct, and complete. Declaration of preparer (other than	this return, including accomp taxpayer) is based on all info	anying schedu <b>l</b> es and ormation of which prep	l statements, a parer has any l	and to the best of my knowled knowledge	dge and belief, it is tru	e,	
Here		1			М:	ay the IRS discuss thi	s return w	/ith
пеге	0:	Data	SENIO	R VP 8		e preparer shown belo		_
	Signature of officer	Date	Title		ins	structions)? X Y	es	No
	Print/Type preparer's name	Preparer's signature		Date	Check i	f PTIN		
Paid					self-employed			
Prepa	rer SARAH R. PIOT	SARAH R. P.				P01358		
Use C	Only Firm's name SCHNEIDER DO		INC.		Firm's EIN	25-140	870:	3
		•	1700		_			
	Firm's address PITTSBURGH	, PA 15222			Phone no. $ $	12-261-3	644	

Form **990-T** (2023)

FORM 990-T	CONTRIBUTIONS	STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CHARITABLE CONTRIBUTIONS FROM K-1S	N/A	18.
TOTAL TO FORM 990-T, PART I, LI	NE 4	18.

FORM 990-T	CONTRIBUTIONS SUMMAR	Y	STATEMENT 2
QUALIFIED CONTRIBUTION QUALIFIED CONTRIBUTION	S SUBJECT TO 100% LIMIT S SUBJECT TO 25% LIMIT		
CARRYOVER OF PRIOR YEA FOR TAX YEAR 2018 FOR TAX YEAR 2019 FOR TAX YEAR 2020 FOR TAX YEAR 2021 FOR TAX YEAR 2022	RS UNUSED CONTRIBUTIONS		
TOTAL CARRYOVER TOTAL CURRENT YEAR 10%	CONTRIBUTIONS	18	
TOTAL CONTRIBUTIONS AV		18 0	•
EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTI TOTAL EXCESS CONTRIBUT		18 0 18	•
ALLOWABLE CONTRIBUTION	S DEDUCTION		0
TOTAL CONTRIBUTION DED	UCTION		0

FORM 990-T	PRE 2018 NOL SCHEDULE	STATEMENT 3
PRE-2018 NOL CARRY FORWARD PRE-2018 NOL DEDUCTION I	RD FROM PRIOR YEAR NCLUDED IN PART I, LINE 6	1,340,691. 6,721.
SCHEDULE A PORTION OF PR SCHEDULE A ENTITY	E-2018 NOL SCHEDULE A SHARE	
50 51	0. 0.	
TOTAL SCHEDULE A SHARE CONTROL OPERATING DEDUCTION BALANCE AFTER PRE-2018 NEXPIRING NET OPERATING I	OL DEDUCTION	0. 6,721. 0. 0.
CARRY FORWARD OF NET OPE	RATING LOSS	1,333,970.

FORM 990-T	PRE-201	.8 NET OPERATING	LOSS DEDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
08/31/04	208,688.	208,688.	0.	0.
08/31/05	18,008.	18,008.	0.	0.
08/31/07	120,642.	120,642.	0.	0.
08/31/08	81,446.	81,446.	0.	0.
08/31/09	408,549.	408,549.	0.	0.
08/31/10	643,600.	103,296.	540,304.	540,304.
08/31/11	390,288.	0.	390,288.	390,288.
08/31/12	208,615.	0.	208,615.	208,615.
08/31/13	162,213.	0.	162,213.	162,213.
08/31/16	39,271.	0.	39,271.	39,271.
NOL CARRYO	VER AVAILABLE THIS	YEAR	1,340,691.	1,340,691.

# SCHEDULE A (Form 990-T)

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

OMB No. 1545-0047

2023

	Go to www.irs.gov/Form990T fo	r instruct	tions and the latest info	rmation.			•
	ment of the Treasury  Revenue Service  Do not enter SSN numbers on this form as it	may be m	ade public if your organiza	tion is a 501(c)(3).		Open to Public Inspecti 501(c)(3) Organizations	
A N	Name of the organization PITTSBURGH SYMPHONY INC.			B Employer i	identifica	tion number	
<b>c</b> (	Unrelated business activity code (see instructions) 54000	0 0		<b>D</b> Sequence	: 1	of 2	
<u>E</u> [	Describe the unrelated trade or business PROGRAM ADVI	ERTIS	ING				
Pa			(A) Income	(B) Expense	s	(C) Net	
1 a	Gross receipts or sales 80,734.						
b	Less returns and allowances c Balance	1c	80,734.				
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3	80,734.			80,7	34.
4 a	Capital gain net income (attach Schedule 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	80,734.			80,7	34.
Pa	<b>Deductions Not Taken Elsewhere.</b> See instructive directly connected with the unrelated business in		r limitations on ded	uctions. Dedu	uctions	must be	
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					5		
6	Taxes and licenses				6		
7	Depreciation (attach Form 4562). See instructions						
8	Less depreciation claimed in Part III and elsewhere on return				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)			<u></u>	13		4.0
14	Other deductions (attach statement)				14	74,0	
15					15	74,0	<u>13.</u>
16	Unrelated business income before net operating loss deduction. S	Subtract li	ne 15 from Part I, line 13	,			

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16 ......

Schedule A (Form 990-T) 2023

16

17

6,721.

Deduction for net operating loss. See instructions

	1
Page	2

Part I	II Cost of Goods Sold Enter metho	od of inventory va <b>l</b> uat	tion		Page 2
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)				
6	<b>Total.</b> Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter he	ere and in Part I, line	2	8	
9	Do the rules of section 263A (with respect to property pr				Yes No
Part I	V Rent Income (From Real Property and	Personal Proper	rty Leased With Re	eal Property)	
1	Description of property (property street address, city, sta	ate, Z <b>I</b> P code). Check	if a dual-use. See instru	ctions.	
	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				
3	Total rents received or accrued. Add line 2c, columns A	through D. Enter here	e and on Part I, line 6, co	olumn (A)	0.
	Deductions directly connected with the income				
4	in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through D. Ent	ter here and on Part I	, line 6, column (B)		0.
Part \	Unrelated Debt-Financed Income (see	e instructions)			
1	Description of debt-financed property (street address, cit	ty, state, Z <b>I</b> P code) <b>.</b> C	Check if a dual-use. See	instructions.	
	A				
	В 🗌				
	c 🗌				
	D				
		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)				
	Other deductions (attach statement)				
	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	%	%	%	9/
7	Gross income reportable. Multiply line 2 by line 6	70	70	,,	,
8	<b>Total gross income</b> (add line 7, columns A through D).	Enter here and on Pa	rt I. line 7. column (A)		0.
	J. J				<b>.</b> .
•					
	Allocable deductions. Multiply line 3c by line 6		, ,		
9	Allocable deductions. Multiply line 3c by line 6  Total allocable deductions. Add line 9, columns A thro	ugh D. Enter here an		ın (B)	0.

Part VI	Interest, Annu	uities, R	oyalties, and Re	ents Fro	m Contro	lled O	rganization	IS (se	e instruct	ions)	Page 3
	· · · · · · · · · · · · · · · · · · ·	•	- ,				Exempt Contro			,	
1.	Name of controlled organization		2. Employer identification number	incon	Net unrelated 4. Tota		al of specified ments made	5. Part of column 4 that is included in the controlling organization's gross income		in the ıniza-	Deductions directly connected with ncome in column 5
(1)											
(2)											
(3)											
(4)											
		1	No	1	Controlled O	-	ions				
<b>7.</b> Ta	axable Income	ir	Net unrelated acome (loss) e instructions)	1	otal of specif yments mad		that is inc controlling gross	luded	in the zation's	C	eductions directly onnected with ome in column 10
(1)											
(2)											
(3)											
(4)											
							Add colum Enter here line 8, c	and or	Part I,	Enter	columns 6 and 11. here and on Part I, e 8, column (B).
Totals									0.		0.
Part VII	Investment	Income	of a Section 50	1(c)(7). (	9). or (17)	Orgai	nization (s	see inst	ructions)		
		cription of		. , , , , ,	2. Amou incon	nt of	3. Deduction directly connutation (attach states	ons ected	4. Set- (attach st		5. Total deductions and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)											
Totals					Add amou column 2 here and o line 9, colu	. Enter n Part <b>I</b> ,					Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Part VII	Exploited E	xempt A	Activity Income	, Other 1	Than Adve	ertising	g Income	(see ins	structions)		
<b>1</b> De	escription of exploite	ed activity:									
<b>2</b> Gr	oss unre <b>l</b> ated busin	ess incom	e from trade or busi	ness. Ente	r here and o	n Part <b>I</b> ,	line 10, colum	n (A)		2	
<b>3</b> Ex	penses directly con	nected wit	h production of unre	elated busi	iness income	e. Enter	here and on Pa	art I,			
line	e 10, column (B)									3	
			trade or business.								
line	es 5 through 7									4	
			s not unrelated bus							5	
			entered on line 5 .							6	
			act line 5 from line 6	6, but do no	ot enter more	e than th	ne amount on I	line		_	
4.	Enter here and on F	art II, line	12							7	

Schedule A (Form 990-T) 2023

Part	IX Advertising Income				<u> </u>
1	Name(s) of periodical(s). Check box if reporting two or	r more periodica <b>l</b> s on a c	consolidated basis.		
	A				
	В 🔲				
	c				
	D				
Enter a	amounts for each periodical listed above in the correspo	onding column.			
		Α	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on Part I, li	ne 11, co <b>l</b> umn (A)			0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on Part I, li	ne 11, column (B)			0.
	Advantision mais (Issa) Codetas Alice O form line				
4	Advertising gain (loss). Subtract line 3 from line				
	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 -0- 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 -0-				
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 greater of	the line 8a columns tota	al or -0- here and on		
	Part II, line 13				0.
Part	X Compensation of Officers, Directors	s, and Trustees (se	ee instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
Total	. Enter here and on Part II, line 1				0.
Part		otione)			
	Cappionional information (See Institut	Stions)			

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 5
DESCRIPTION		AMOUNT
PRINTING AND PRODUCTION ADMINISTRATIVE PERSONNEL		34,443. 2,544.
USHER EXPENSE PROGRAM EDITOR G/A EXPENSE		19,522. 16,189. 1,315.
TOTAL TO SCHEDULE A, PART I	I, LINE 14	74,013.

#### **SCHEDULE A** (Form 990-T)

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

OMB No. 1545-0047

Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service 501(c)(3) Organizations Only B Employer identification number Name of the organization PITTSBURGH SYMPHONY INC. 25-0986052 901101 **D** Sequence: C Unrelated business activity code (see instructions) Describe the unrelated trade or business QUALIFYING PARTNERSHIP INTERESTS Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1a Gross receipts or sales **b** Less returns and allowances 1c Cost of goods sold (Part III, line 8) 2 2 Gross profit. Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D (Form 1041 or Form 110,438. 110,438. 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 6 58,476. 58,476. Rent income (Part IV) 6 Unrelated debt-financed income (Part V) 7 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 Advertising income (Part IX) 11 11 Other income (see instructions; attach statement) 12 12 13 168,914. Total. Combine lines 3 through 12 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	10,284.
3	Repairs and maintenance	3	
4	Bad debts	4	
5	Interest (attach statement). See instructions	5	
6	Taxes and licenses	6	64.
7	Depreciation (attach Form 4562). See instructions		
8	Less depreciation claimed in Part III and elsewhere on return	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 7	14	240,071.
15	Total deductions. Add lines 1 through 14	15	250,419.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,		
	column (C)	16	-81,505.
17	Deduction for net operating loss. See instructions	17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16	18	-81,505.
			/F

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Pan	

Part	III Cost of Goods Sold Enter met	hod of inventory valuation	on		<u> </u>
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)				
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	here 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	l Personal Propert	y Leased With R	eal Property)	
1	Description of property (property street address, city, s	tate, ZIP code). Check i	f a dual-use. See instr	uctions.	
	A				
	В				
	c				
	D	I			
		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				
3	Total rents received or accrued. Add line 2c, columns of Deductions directly connected with the income in lines 2a and 2b (attach statement)	A through D. Enter here	and on Part I, line 6, c	olumn (A)	0.
5	Total deductions. Add line 4, columns A through D. E	nter here and on Part I,	line 6, column (B)		0.
Part					
1	Description of debt-financed property (street address,	city, state, ZIP code). Cr	ieck if a dual-use. See	instructions.	
	A				
	B				
	C				
	D	Α	В	•	
•	Cross income from or allegable to debt financed	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				
_					
a	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)		2.1	0.4	
6	Divide line 4 by line 5		%	%	<u>%</u>
7	Gross income reportable. Multiply line 2 by line 6		. 1 15 7 1 (2)		0.
8	Total gross income (add line 7, columns A through D)	. ∟nter nere and on Part	i, line /, column (A)		<u> </u>
_	Allegable deductions Attitude by the Co. J. P. C.		Ι	Γ	
9	Allocable deductions. Multiply line 3c by line 6	revents D. Firstein?	an Danii I Bara 7	(D)	0.
10	Total allocable deductions. Add line 9, columns A the				
11	Total dividends-received deductions included in line	ιυ			<u> </u>

Part	VI Interest, Annu	iities, R	oyalties, and Re	ents Fro	m Contro	lled O	rganization	S (se	ee instruct	ions)	
						E	xempt Contro	lled Or	ganization	s	
	Name of controlled organization		2. Employer identification number			ments made that		5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with income in column 5	
<u>(1)</u>											
(2)											
(3)											
<u>(4)</u>											
	7 Tayahla Inaama			· ·	Controlled Or	•	ons 10. Part	of ook		44.0	to di coti o no alivo atti
,	'. Taxable Income	ir	Net unrelated acome (loss) e instructions)	1	ota <b>l</b> of specif yments mad		that is inc	luded	in the zation's	С	eductions directly onnected with ome in column 10
(1)											
(2)											
(3)											
<u>(4)</u>											
							Add colum Enter here line 8, c	and or	n Part I,	Enter	columns 6 and 11. here and on Part I, e 8, column (B).
Totals									0.		0.
Part	VII Investment	ncome	of a Section 50	1(c)(7), (	9), or (17)	Orgar	nization (s	ee inst	ructions)		
		cription of			2. Amou incon	nt of	3. Deduction directly connected (attach states	ons ected	4. Set- (attach st		5. Total deductions and set-asides (add cols 3 and 4)
<u>(1)</u>											
(2)											
(3)											
(4)					Add amou	ınta in					Add amounts in
					column 2. here and or line 9, colu	Enter n Part I, mn (A)					column 5. Enter here and on Part I, line 9, column (B).
Totals	\/!!! = =				<u> </u>	0.	_				0.
Part			Activity Income,	Other T	nan Adve	ertising	g Income	(see ins	structions)		
1	Description of exploite	-									
2	Gross unrelated busin							. ,		2	
3	Expenses directly con		· ·								
	line 10, column (B)									3	
4	Net income (loss) from						-			,	
5	lines 5 through 7 Gross income from ac									5	
6	Expenses attributable									6	
7	Excess exempt expen										
•	4. Enter here and on F									7	

Schedule A (Form 990-T) 2023

Part	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.		1	
		A	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on P	art I, line 11, column (A)			0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on P	art I, line 11, column (B)			0.
	Advantaine main (leas) Outstand the Office of the				
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				
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 -0-				
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 tota	al or -0- here and on		
					^
	Part II, line 13				0.
Part	X Compensation of Officers, Dire	ctors, and Trustees (se	ee instructions)		
Part	X Compensation of Officers, Dire	ctors, and Trustees (se	ee instructions)	3. Percentage	4. Compensation
Part	X Compensation of Officers, Dire  1. Name	ctors, and Trustees (se	ee instructions)	3. Percentage of time devoted	4. Compensation attributable to
	X Compensation of Officers, Dire	ctors, and Trustees (se	ee instructions)	3. Percentage of time devoted to business	4. Compensation
(1)	X Compensation of Officers, Dire	ctors, and Trustees (se	ee instructions)	3. Percentage of time devoted to business	4. Compensation attributable to
(1) (2)	X Compensation of Officers, Dire	ctors, and Trustees (se	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
(1) (2) (3)	X Compensation of Officers, Dire	ctors, and Trustees (se	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to
(1) (2) (3)	X Compensation of Officers, Dire	ctors, and Trustees (se	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
(1) (2) (3) (4)	X Compensation of Officers, Dire  1. Name	ctors, and Trustees (se	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	T. Name  1. Name  L. Name  Description of Officers, Dire	ctors, and Trustees (se	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to
(1) (2) (3) (4) Total Part	T. Name  1. Name  L. Enter here and on Part II, line 1	ctors, and Trustees (se	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	T. Name  1. Name  L. Name  Description of Officers, Dire	ctors, and Trustees (se	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	T. Name  1. Name  L. Name  Description of Officers, Dire	ctors, and Trustees (se	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	T. Name  1. Name  L. Name  Description of Officers, Dire	ctors, and Trustees (se	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	T. Name  1. Name  L. Name  Description of Officers, Dire	ctors, and Trustees (se	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	T. Name  1. Name  L. Name  Description of Officers, Dire	ctors, and Trustees (se	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	T. Name  1. Name  L. Name  Description of Officers, Dire	ctors, and Trustees (se	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	T. Name  1. Name  L. Name  Description of Officers, Dire	ctors, and Trustees (se	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	T. Name  1. Name  L. Name  Description of Officers, Dire	ctors, and Trustees (se	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	T. Name  1. Name  L. Name  Description of Officers, Dire	ctors, and Trustees (se	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	T. Name  1. Name  L. Name  Description of Officers, Dire	ctors, and Trustees (se	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	T. Name  1. Name  L. Name  Description of Officers, Dire	ctors, and Trustees (se	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	T. Name  1. Name  L. Name  Description of Officers, Dire	ctors, and Trustees (se	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	T. Name  1. Name  L. Name  Description of Officers, Dire	ctors, and Trustees (se	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	T. Name  1. Name  L. Name  Description of Officers, Dire	ctors, and Trustees (se	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	T. Name  1. Name  L. Name  Description of Officers, Dire	ctors, and Trustees (se	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 6
DESCRIPTION	NET INCOME OR (LOSS)
PARTNERSHIP 1 - ORDINARY BUSINESS INCOME (LOSS)	2,313
PARTNERSHIP 2 - ORDINARY BUSINESS INCOME (LOSS)	-481
PARTNERSHIP 3 - ORDINARY BUSINESS INCOME (LOSS)	-20,269
PARTNERSHIP 4 - ORDINARY BUSINESS INCOME (LOSS)	-38,766
PARTNERSHIP 5 - ORDINARY BUSINESS INCOME (LOSS)	-396
PARTNERSHIP 6 - ORDINARY BUSINESS INCOME (LOSS)	-10
PARTNERSHIP 7 - ORDINARY BUSINESS INCOME (LOSS)	229
PARTNERSHIP 8 - ORDINARY BUSINESS INCOME (LOSS)	-3
PARTNERSHIP 9 - ORDINARY BUSINESS INCOME (LOSS)	426
PARTNERSHIP 10 - ORDINARY BUSINESS INCOME (LOSS)	14,357
PARTNERSHIP 10 - ORDINARY BUSINESS INCOME (LOSS)	21,775
PARTNERSHIP 12 - ORDINARY BUSINESS INCOME (LOSS)	35,960
PARTNERSHIP 12 ORDINARY BUSINESS INCOME (LOSS)	48,670
PARTNERSHIP 13 - ORDINARY BUSINESS INCOME (LOSS)	4,316
PARTNERSHIP 14 - ORDINARY BUSINESS INCOME (LOSS)	5,497
PARTNERSHIP 15 - ORDINARY BUSINESS INCOME (LOSS)	-18
	-18 -72
· · · · · · · · · · · · · · · · · · ·	-72 -432
,	-432 457
,	
PARTNERSHIP 20 - ORDINARY BUSINESS INCOME (LOSS)	9,117
PARTNERSHIP 21 - ORDINARY BUSINESS INCOME (LOSS)	-33,290
PARTNERSHIP 22 - ORDINARY BUSINESS INCOME (LOSS)	-13
PARTNERSHIP 23 - ORDINARY BUSINESS INCOME (LOSS)	3,156
PARTNERSHIP 24 - ORDINARY BUSINESS INCOME (LOSS)	338
PARTNERSHIP 25 - ORDINARY BUSINESS INCOME (LOSS)	939
PARTNERSHIP 26 - ORDINARY BUSINESS INCOME (LOSS)	1,978
PARTNERSHIP 27 - ORDINARY BUSINESS INCOME (LOSS)	2,698
FOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	58,476
FORM 990-T (A) OTHER DEDUCTIONS	STATEMENT 7
DESCRIPTION	AMOUNT
	404 405
INVESTMENT ADVISORY FEES	121,485
ACCOUNTING FEES	35,488
INTANGIBLE DRILLING COSTS	83,098
TOTAL TO GOVERNUE & DART II LIVE 14	040.054
OTAL TO SCHEDULE A, PART II, LINE 14	240,071

#### **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-REIT, 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 investme					Yes X No
If "Yes," attach Form 8949 and see its instru					
Part I Short-Term Capital Ga See instructions for how to figure the amounts	Ins and Losses - Asse	ets Held One Year o	or Less		(h) Gain or (loss)
to enter on the lines below.	(d) Proceeds	<b>(e)</b> Cost	(g) Adjustments to ga or loss from Form(s) 89		Subtract column (e) from
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column		column (d) and combine the result with column (g)
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					
<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					
3 Totals for all transactions reported on		1.44			40=
Form(s) 8949 with <b>Box C</b> checked	24.	461.			-437.
4 Short-term capital gain from installment sales				4	
5 Short-term capital gain or (loss) from like-kin				5	
6 Unused capital loss carryover (attach comput	/			6	( )
7 Net short-term capital gain or (loss). Combir Part II   Long-Term Capital Gai	ne lines 1a through 6 in column b	to Hold More Then	One Veer	7	-437.
	IIIS and Losses - Asse	ts neid More Than	One rear		(h) Coin or (loca)
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	<b>(e)</b> Cost	(g) Adjustments to ga or loss from Form(s) 89		(h) Gain or (loss) Subtract column (e) from
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		column (d) and combine the 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					
10 Totals for all transactions reported on					
Form(s) 8949 with <b>Box F</b> checked	13,077.	6,627.			6,450.
				11	104,425.
12 Long-term capital gain from installment sales				12	
13 Long-term capital gain or (loss) from like-kir	•			13	
				14	110 075
15 Net long-term capital gain or (loss). Combin Part III Summary of Parts I and		n		15	110,875.
16 Enter excess of net short-term capital gain (li		loce (line 15)		16	
17 Net capital gain. Enter excess of net long-term				17	110,438.
<b>18</b> Add lines 16 and 17. Enter here and on Form				18	110,438.
Note: If losses exceed gains, see Capital Los		nousio into on other retullis			
Capital Los	5565 III allo modidollo				
LHA For Paperwork Reduction Act Notice,	, see the Instructions for Form 1	120.		5	Schedule D (Form 1120) 2023

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074

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. Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term 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)

(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 1 Adjustment, if any, to gain or (c) (d) (e) (h) 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) basis. See the Subtract column (e) (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 combine the result see *Column (*e) in Code(s) with column (g) the instructions PARTNERSHIP -402. 402. -1. PARTNERSHIP 1. 11 24. -24. PARTNERSHIP -16. PARTNERSHIP 16.

<del>-18.</del> 13 18. PARTNERSHIP 8. 8. PARTNERSHIP 18 PARTNERSHIP 16. 16.

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

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.

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

Form **8949** (2023)

C

00000000000

C

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 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)

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

X (F) Long-term transactions no	nt 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	(d) Proceeds (sales price)	(e) Cost or other basis. See the	loss. If you in column	nt, if any, to gain or ou enter an amount (g), enter a code in	(h) Gain or (loss). Subtract column (e)
(Example: 100 sn. X12 co.)	(IVIO., day, yr.)	(Mo., day, yr.)		Note below and	/£\	See instructions.	from column (d) &
		(Moi, day, yii)		see Column (e) in the instructions	(f) Code(s)	<b>(g)</b> Amount of adjustment	combine the result with column (g)
PARTNERSHIP 1			1,208.				1,208.
PARTNERSHIP 4			2,725.				2,725.
PARTNERSHIP 6			1,626.				1,626.
PARTNERSHIP 7			120.				120.
PARTNERSHIP 8				41.			-41.
PARTNERSHIP 9				202.			-202.
PARTNERSHIP 10				2,196.			-2,196.
PARTNERSHIP 11			522.				522.
PARTNERSHIP 12			1.				1.
PARTNERSHIP 13			286.				286.
PARTNERSHIP 15			4,021.				4,021.
PARTNERSHIP 18			-	41.			-41.
PARTNERSHIP 19				4,147.			-4,147.
PARTNERSHIP 20			1,885.				1,885.
PARTNERSHIP 21			683.				683.
O Tatala Add the americate in tall	  mno (d) (s) (s) =	nd (h) (authtrast					
2 Totals. Add the amounts in colu							
negative amounts). Enter each to		,					
Schedule D, line 8b (if Box D ab	•	,	13,077.	6,627.			6 450
above is checked), or <b>line 10</b> (if	Box F above is ch	пескеа)	13,0//•	0,04/.			6,450.

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 (2023)

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

Department of the Treasury Internal Revenue Service

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

Nam	e(s) shown on return						Ide	ntifying number
ΡI	TTSBURGH SYMPHONY INC	C.						25-0986052
1a	Enter the gross proceeds from sales or (or substitute statement) that you are in			2023 on Form(s) 1			1a	
b	Enter the total amount of gain that you	_	•••					
-	MACRS assets	_		•	•		1b	
С	Enter the total amount of loss that you a							
	assets				'		1c	
Pa	rt I Sales or Exchanges of P Than Casualty or Theft-N					-	ions	From Other
	Than Gasdaity of There-is	viost i Tope	ity ficialition		(e) Depreciation	(f) Cost or ot	hor	
2		<b>b)</b> Date acquired	(C) Date sold	(d) Gross sales	allowed or	basis, plus		( <b>g)</b> Gain or (loss) Subtract (f) from the
SI	of property IE STATEMENT 8	(mo., day, yr.)	(mo., day, yr.)	price	allowable since acquisition	improvements a expense of sa		sum of (d) and (e)
21	E SIAIEMENI O							
	+							
_	Online 16 ages from France 4004 line 00							
3	Gain, if any, from Form 4684, line 39						3	
4	Section 1231 gain from installment sale						4	
5	Section 1231 gain or (loss) from like-kind						5	10,691.
6	Gain, if any, from line 32, from other tha	·=					<u>6</u> 7	104,425.
7	Combine lines 2 through 6. Enter the ga	` ,		•				104,423.
	Partnerships and S corporations. Repline 10, or Form 1120-S, Schedule K, lin				r Form 1065, Sche	dule K,		
	Individuals, partners, S corporation sl from line 7 on line 11 below and skip lin 1231 losses, or they were recaptured in	es 8 and 9. If <b>I</b>	ine 7 is a gain ar	nd you didn't have	any prior year sect	ion		
	the Schedule D filed with your return an	-	_		ig-term capital gan			
8	Nonrecaptured net section 1231 losses	from prior yea	rs. See instruction	ons			8	
9	Subtract line 8 from line 7. If zero or less				e 7 on line 12 belo	w. If		
•	line 9 is more than zero, enter the amou			-				
	capital gain on the Schedule D filed with			J			9	104,425.
Pa	rt II Ordinary Gains and Lo	•						,
10	Ordinary gains and losses not included			le property held 1 y	year or less):			
	Ordinary gams and losses not moldace	2 011 111103 1 1 111	rough to (morac	le property riela 1	year or lessy.			
_								
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, lines						14	
15	Ordinary gain from installment sales from						15	
16	Ordinary gain or (loss) from like-kind exc						16	
17	0 11 11 40 11 1 40						17	
18	For all except individual returns, enter the							
	a and b below. For individual returns, co			1 1 1 2 2 2 2 2 2 2 2 2 2	,			
а	If the loss on line 11 includes a loss from	•		b)(ii), enter that par	t of the loss here.	Enter the		
_	loss from income-producing property or							
	as an employee.) Identify as from "Form	,	• •	•		· · · -	18a	
b	Redetermine the gain or (loss) on line 17							
	(Form 1040), Part I, line 4	_	·='				18b	

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2023)

Part III Gain From Disposition of Proper	ty Und	er Sections 1245	, 1250, 1252	, 125	54, and 1255	(see	instructions)	
19 (a) Description of section 1245, 1250, 1252, 1254,	or 1255	property:			(b) Date acqui (mo., day, yr		(c) Date sold (mo., day, yr.)	
A PARTNERSHIP 3		VARIOUS		VARIOUS				
B PARTNERSHIP 4	B PARTNERSHIP 4							
c PARTNERSHIP 19					VARIOUS		VARIOUS	
D PARTNERSHIP 20					VARIOUS		VARIOUS	
These columns relate to the properties on								
lines 19A through 19D.		Property A	Property		Property		Property D	
20 Gross sales price (Note: See line 1a before completing.)	20	9,003.	1,68	80.		4.	4.	
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	2 222				_		
24 Total gain. Subtract line 23 from line 20	24	9,003.	1,68	80.		4.	4.	
25 If section 1245 property:								
a Depreciation allowed or allowable from line 22	25a							
<b>b</b> Enter the <b>smaller</b> of <b>l</b> ine 24 or 25a	25b							
<b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation 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							
d 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	columne	A through D through I	ine 20h hefore (	aoina	to line 30			
	Jojunnis	A through b through	ille 23b belole (	gonig	to line 50.			
30 Total gains for all properties. Add property columns	A throu	gh D, line 24				30	10,691.	
31 Add property columns A through D, lines 25b, 26g,	27c, 28	b, and 29b. Enter here	and on line 13			31		
32 Subtract line 31 from line 30. Enter the portion from	ı casua <b>l</b> t	y or theft on Form 468	34, line 33. Ente	r the	portion			
from other than casualty or theft on Form 4797, line	6	2 10005(1)(0)	A/I			32	10,691.	
Part IV Recapture Amounts Under Section	ons 179	9 and 280F(b)(2) \	wnen Busine	ess (	Use Drops to	50%	or Less	
(see instructions)					(a) Section	า	(b) Section 280F(b)(2)	
33 Section 179 expense deduction or depreciation allo	wahla in	n prior years	ſ	33			· (/( <del>-</del> /	
				34				
35 Recapture amount. Subtract line 34 from line 33. S		structions for where to	F	35				

FORM 4797 PROPERTY HEL			LD MORE THAN	ONE YEAR	STA	ATEMENT 8
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
PARTNERSHIP 3			11,927.			11,927.
PARTNERSHIP 4			•		52,532.	-52,532.
PARTNERSHIP 7			56.		•	56.
PARTNERSHIP 10					608.	-608.
PARTNERSHIP 11			146.			146.
PARTNERSHIP 12			8,254.			8,254.
PARTNERSHIP 13			2,141.			2,141.
PARTNERSHIP 14					1,879.	-1,879.
PARTNERSHIP 15					1,565.	-1,565.
PARTNERSHIP 19					48.	-48.
PARTNERSHIP 20			2,120.			2,120.
PARTNERSHIP 23			7,339.			7,339.
PARTNERSHIP 22			118,383.			118,383.
TOTAL TO 4797, P.	ART I, LINE	2	150,366.		56,632.	93,734.

#### 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-REIT, 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	I the corporation dispose of any investme	nt(s) in a qualified opportunit	ty fund during the tax yea	r?		Yes X No
	Yes," attach Form 8949 and see its instru					
F	Part I Short-Term Capital Ga	ins and Losses - Asse	ets Held One Year o	r Less		
<b>to e</b> This	instructions for how to figure the amounts nter on the lines below. In form may be easier to complete if you nd off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part I, line 2, column (	(h) Gain or (loss) Subtract column (e) from column (d) and combine the 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					
3	Totals for all transactions reported on					
	Form(s) 8949 with <b>Box C</b> checked	24.	461.			-437.
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-kin	d exchanges from Form 8824			5	
6	Unused capital loss carryover (attach comput	ation)			6	(
7	Net short-term capital gain or (loss). Combir	e lines 1a through 6 in column l	າ		7	-437.
		ns and Losses - Asse	ts Held More Than	One Year		
Sec	e instructions for how to figure the amounts enter on the lines below.	(d)	(e)	(g) Adjustments to ga	in	(h) Gain or (loss)
This	s form may be easier to complete if you nd off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 89 Part II, line 2, column	49,	Subtract column (e) from column (d) and combine the 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					
10	Totals for all transactions reported on					
	Form(s) 8949 with <b>Box F</b> checked	13,077.	6,627.			6,450.
11	Enter gain from Form 4797, line 7 or 9				11	104,425.
12	Long-term capital gain from installment sales	s from Form 6252, line 26 or 37			12	
	Long-term capital gain or (loss) from like-kir				13	
14	Capital gain distributions				14	
15	Net long-term capital gain or (loss). Combin				15	110,875.
	Part III Summary of Parts I and					
16	Enter excess of net short-term capital gain (li	ne 7) over net long-term capital	loss (line 15)		16	
	Net capital gain. Enter excess of net long-terr				17	110,438.
	Add lines 16 and 17. Enter here and on Form				18	110,438.
	Note: If losses exceed gains, see Capital Los					•

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

Schedule D (Form 1120) 2023

## Form **8949**

Department of the Treasury Internal Revenue Service Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074
2023

Attachment Sequence No. **12A** 

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.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term 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) (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 1 Adjustment, if any, to gain or (c) (d) (e) (h) 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) basis. See the Subtract column (e) (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 combine the result see *Column (*e) in Code(s) with column (g) the instructions PARTNERSHIP <402.> 402. PARTNERSHIP 1. <1.> 11 24. <24.> PARTNERSHIP <16.> PARTNERSHIP 16. 13 18. <18.> PARTNERSHIP 8. PARTNERSHIP 18 PARTNERSHIP 16. 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.

323011 01-05-24 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** (2023)

24.

461.

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

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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)

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

X (F) Long-term transactions no	ot reported to you	on Form 1099-B		ı	T		
1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and	Adjustment, if any loss. If you enter in column (g), enter column (f). See in	r an amount ter a code in	(h) Gain or (loss). Subtract column (e) from column (d) &
		(Mo., day, yr.)		see Column (e) in the instructions		(g) nount of ustment	combine the result with column (g)
PARTNERSHIP 1			1,208.				1,208.
PARTNERSHIP 4			2,725.				2,725.
PARTNERSHIP 6			1,626.				1,626.
PARTNERSHIP 7			120.				120.
PARTNERSHIP 8				41.			<41.
PARTNERSHIP 9				202.			<202.
PARTNERSHIP 10				2,196.			<2,196.
PARTNERSHIP 11			522.				522.
PARTNERSHIP 12			1.				1.
PARTNERSHIP 13			286.				286.
PARTNERSHIP 15			4,021.				4,021.
PARTNERSHIP 18				41.			<41.
PARTNERSHIP 19				4,147.			<4,147.
PARTNERSHIP 20			1,885.				1,885.
PARTNERSHIP 21			683.				683.
2 Totals. Add the amounts in colu	ımns (d), (e), (g), a	nd (h) (subtract					
negative amounts). Enter each t	otal here and inclu	ıde on your					
Schedule D, line 8b (if Box D at	,,	`					
above is checked), or <b>line 10</b> (if	Box F above is ch	necked)	13,077.	6,627.			6,450.

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** (2023)

# Form **4797**

**Sales of Business Property** 

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) OMB No. 1545-0184

Attachment 2

Department of the Treasury Internal Revenue Service Attach to your tax return.

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

Name(s) shown on return Identifying number 25-0986052 PITTSBURGH SYMPHONY INC. 1a Enter the gross proceeds from sales or exchanges reported to you for 2023 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 1a b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of 1b c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) (e) Depreciation (f) Cost or other (g) Gain or (loss) (a) Description (C) Date sold (b) Date acquired (d) Gross sales 2 basis, plus allowed or Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) price improvements and allowable since sum of (d) and (e) SEE STATEMENT 9 acquisition expense of sale Gain, if any, from Form 4684, line 39 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 5 Gain, if any, from line 32, from other than casualty or theft 10,691 6 6 104,425. Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows 7 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. 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 9 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 104,425. capital gain on the Schedule D filed with your return. See instructions Part II Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): Loss, if any, from line 7 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 12 Gain, if any, from line 31 13 14 Net 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 or (loss) from like-kind exchanges from Form 8824 16 16 17 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines 18 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 18a 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

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2023)

Part III Gain From D	isposition 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, or 1255 property:						(b) Date acqui (mo., day, yr.		(c) Date sold (mo., day, yr.)
A PARTNERSHIP 3						VARIOUS		VARIOUS
B PARTNERSHIP 4						VARIOUS		VARIOUS
c PARTNERSHIE						VARIOUS		VARIOUS
D PARTNERSHIE						VARIOUS		VARIOUS
These columns relate	to the properties on							
lines 19A through 19D.			Property A	Property E	3	Property	С	Property D
20 Gross sales price (Note: S	See line 1a before completing.)	20	9,003.	1,68	30.		4.	4.
21 Cost or other basis plus	expense of sale	21						
22 Depreciation (or depletic	on) allowed or allowable	22						
23 Adjusted basis. Subtrac	t line 22 from line 21	23						
24 Total gain. Subtract line	23 from line 20	24	9,003.	1,68	30.		4.	4.
25 If section 1245 propert	y:							
a Depreciation allowed or	allowable from line 22	25a						
<b>b</b> Enter the <b>smaller</b> of <b>l</b> ine	24 or 25a	25b						
	y: If straight line depreciation 26g, except for a corporation							
a Additional depreciation after	r 1975. See instructions	26a						
<b>b</b> Applicable percentage r of line 24 or line 26a. Se		26b						
	ne 24. If residential rental more than line 26a, skip	26c						
d Additional depreciation after		26d						
e Enter the smaller of line	e 26c or 26d	26e						
f Section 291 amount (co	rporations on <b>l</b> y)	26f						
g Add lines 26b, 26e, and		26g						
a partnership	is form is being completed for							
a Soil, water, and land cle		27a						
<b>b</b> Line 27a multiplied by appl		27b						
c Enter the smaller of line		27c						
	lopment costs, expenditures and other natural deposits, and depletion. See instructions	28a						
b Enter the smaller of line 29 If section 1255 propert		28b						
a Applicable percentage of	y: of payments excluded ion 126. See instructions	29a						
<b>b</b> Enter the <b>smaller</b> of line		29b						
Summary of Part III G	ains. Complete property of	o <b>l</b> umns	A through D through I	ine 29b before g	going	to line 30.		
30 Total gains for all proper	ties. Add property columns	A throu	gh D, line 24				30	10,691.
Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13						oortion	31	
	32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6						32	10,691.
Part IV Recapture A (see instructions)	mounts Under Sectio	ns 179	9 and 280F(b)(2) V	When Busine	ess l	Jse Drops to		or Less
(see instructions)							1	(b) Section
								280F(b)(2)
33 Section 179 expense de	eduction or depreciation allo	wab <b>l</b> e ir	n prior years		33			
34 Recomputed depreciation	on. See instructions				34			
35 Recapture amount. Sub	5 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report 35							

Form **4797** (2023)

FORM 4797		ERTY HEI	D MORE THAN	STATEMENT 9		
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
PARTNERSHIP 3			11,927.			11,927.
PARTNERSHIP 4					52,532.	-52,532.
PARTNERSHIP 7			56.			56.
PARTNERSHIP 10					608.	-608.
PARTNERSHIP 11			146.			146.
PARTNERSHIP 12			8,254.			8,254.
PARTNERSHIP 13			2,141.			2,141.
PARTNERSHIP 14					1,879.	-1,879.
PARTNERSHIP 15					1,565.	-1,565.
PARTNERSHIP 19					48.	-48.
PARTNERSHIP 20			2,120.			2,120.
PARTNERSHIP 23			7,339.			7,339.
PARTNERSHIP 22			118,383.			118,383.
TOTAL TO 4797, P.	ART I, LINE	2	150,366.		56,632.	93,734.