Product: Exempt Category: IRS Center: Ogden e-Postmark: 7/13/2022 4:36 PM

Name: PHILADELPHIA ORCHESTRA

ASSOCIATION

FEIN: *****2289 Plan Number: Notification:

Bank Info:

Fiscal Year Begin Date: 9/1/2020 Fiscal Year End Date: 8/31/2021 eSigned:

IRS Message:

Return Information

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
07/13/2022	20X:0176701- 00001:V1	Upload Started			Heggestad,Sarah	
07/13/2022	20X:0176701- 00001:V1	Released for Transmission - Validation in Progress			Heggestad,Sarah	
07/13/2022	20X:0176701- 00001:V1	Ready to transmit - Validation Complete				
07/13/2022	20X:0176701- 00001:V1	Transmitted to FD	23695320221940352e30			
07/13/2022	20X:0176701- 00001:V1	Accepted by FD on 7/13/2022				

ID Status State/Other **FBAR** FBAR BSA ID **Status Date State Category**

** PUBLIC DISCLOSURE COPY **

SEP 1, 2020

Form **990**

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

and ending AUG 31, 2021

Open to Public Inspection

OMB No. 1545-0047

В	Check if applicable:	C Name of organization		D Employer identific	ation number
	Address	PHILADELPHIA ORCHESTRA ASSOCIATION			
F	Name			23-1352289	
F	lchange Initial	Doing business as Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
F	return Final	ONE SOUTH BROAD STREET, 14TH FLOOR	Room/suite	E Telephone number (215) 893-190	
_	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	53,799,326.
	Amende			H(a) Is this a group re	
F	Applica-	F Name and address of principal officer: MATIAS TARNOPOLSKY			?Yes X No
12	pending	SAME AS C ABOVE		H(b) Are all subordinates in	
		ppt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) o	or 527	If "No," attach a	list. See instructions
J	Website	▶ WWW.PHILORCH.ORG		H(c) Group exemption	number >
		ganization: X Corporation Trust Association Other ▶	L Year	of formation: 1903 N	State of legal domicile; PA
P		Summary			
e	1 B	iefly describe the organization's mission or most significant activities: $\frac{ ext{TO SHAB}}{ ext{SWER OF MUSIC WITH THE WIDEST AUDIENCE.}}$	RE THE TR	RANSFORMATIVE	
Governance	2 0	neck this box if the organization discontinued its operations or dispose	and of more	than 25% of its not ass	ate
Veri	3 N	umber of voting members of the governing body (Part VI, line 1a)			57
Ô	4 N	umber of independent voting members of the governing body (Part VI, line 1b)			51
•ජ ග	5 To	otal number of individuals employed in calendar year 2020 (Part V, line 2a)			457
itie	6 To	otal number of volunteers (estimate if necessary)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	450
Activities &	7 a To	otal unrelated business revenue from Part VIII, column (C), line 12	*****************		6,395.
<	b N	et unrelated business taxable income from Form 990-T, Part I, line 11			1,691.
				Prior Year	Current Year
o	8 C	ontributions and grants (Part VIII, line 1h)		27,595,567.	30,999,915.
ž	9 P	ogram service revenue (Part VIII, line 2g)		8,571,649.	1,777,942.
Revenue	10 In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		5,005,328.	7,113,942.
ď	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,647,088.	1,226,473.
_		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		42,819,632.	41,118,272
		rants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		enefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		30,389,338.	24,599,229.
Ехрепѕеѕ	16a Pi	ofessional fundraising fees (Part IX, column (A), line 11e)	164	162,254.	106,150.
X	b c	otal fundraising expenses (Part IX, column (D), line 25)		14,592,193.	9,644,878.
_	111	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		45,143,785.	34,350,257.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-2,324,153	6,768,015
100		evenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
ets o	20 To	otal assets (Part X, line 16)		165,453,713	211,538,479.
ASS	21 To	otal liabilities (Part X, line 16)	- 1	20,640,142.	27,022,788.
Net As	22 N	et assets or fund balances, Subtract line 21 from line 20		144,813,571.	184,515,691.
	art II	Signature Block			7
Unc	ler penalti	es of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is
true	, correct,	and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
		Main Mestichelle			12,2022
Sig	n 🏴	Signature of officer		Date	×
Hei	re 📗	MARIO MESTICHELLI, CFO/TREASURER		• \	
_	!	Type or print name and title	Tr	Data Lau E	TI DTIN
		rint/Type preparer's name Preparer's signature	ا ، ا'	Date Check	PTIN
Pai		rint/Type preparer's name USSLEE ARMSTRONG Preparer's signature' Preparer's signature' Preparer's signature'	mong	07/11/2022 "self-employe	
				Firm's EIN	36-6055558
use	Only	irm's address 2001 MARKET STREET, SUITE 700 PHILADELPHIA, PA 19103		Dhone no / 211	5) 561-4200
N.4-	u the IDO			Phone no. (21:	
Ma	y the IRS	discuss this return with the preparer shown above? See instructions			X Yes No

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

OMB No. 1545-0047

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). 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. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or print PHILADELPHIA ORCHESTRA ASSOCIATION 23-1352289 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your ONE SOUTH BROAD STREET, 14TH FLOOR return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. PHILADELPHIA, PA 19107 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 MARIO MESTICHELLI The books are in the care of ► ONE SOUTH BROAD ST, 14TH FLOOR - PHILADELPHIA, PA 19107 Telephone No. ► 215-893-1900 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 box 🕨 🔲 . 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 JULY 15, 2022 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or $\underline{\hspace{0.5cm}}$, and ending $\underline{\hspace{0.5cm}}$ AUG $\overline{\hspace{0.5cm}}$ 31 , $\overline{\hspace{0.5cm}}$ 2021 ► X tax year beginning SEP 1, 2020 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. 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. 3b 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. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

023841 04-01-20

instructions

LHA

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

Form 8868 (Rev. 1-2020)

	Check if Schodula O contains a response or note to any line in this Bart III		
1	Check if Schedule O contains a response or note to any line in this Part III		
'	Briefly describe the organization's mission: TO SHARE THE TRANSFORMATIVE POWER OF MUSIC WITH THE WIDEST AUDIENCE.		
	TO SHARE THE TRANSFORMATIVE FOWER OF MOSTC WITH THE WIDEST AUDIENCE.		
2	Did the organization undertake any significant program services during the year which were not lis	sted on the	
	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any progr	ram convicac?	Yes X No
3		alli selvices :	1e5 _ _140
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloc	ations to others, the tota	l expenses, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 22,777,789. including grants of \$) (Revenue \$	1,892,175.
	ORCHESTRAL MUSIC PROGRAMS: THE PHILADELPHIA ORCHESTRA TOOK PART IN		
	APPROXIMATELY 60 PERFORMANCE EVENTS THROUGHOUT THE YEAR: DIGITAL STAGE		
	CONCERTS OFFERED THROUGH ONLINE STREAMING (27), EDUCATION SERIES (3)		
	TOURS AND REGIONAL CONCERTS (21), COMMUNITY AND OTHER EVENTS (5). THE		
	PHILADELPHIA ORCHESTRA ALSO PROVIDED FREE VIRTUAL CONCERTS THROUGH ITS		
	WEBSITE.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	-		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$	<u> </u>)
4e	Total program service expenses ▶ 22,777,789.		
_			Form 990 (2020)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
•	Schedule D, Part III	- °		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	, the first control of the first tent is a second of the first tent in the first ten			

Part IV	Checklist of Required Schedules	(continued)
		1

1 0	Continued)		V	Na	
22	Did the expenization report more than \$5,000 of grants or other equiptenes to or far demostic individuals on		Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				
	Schedule J				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete				
	Schedule K. If "No," go to line 25a	24a		х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b			
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease				
	any tax-exempt bonds?	24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d			
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete				
	Schedule L, Part I	25b		X	
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	Х	 	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v	
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV				
_	instructions, for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	200		х	
h	"Yes," complete Schedule L, Part IV	28a 28b		X	
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200			
·	"Yes," complete Schedule L, Part IV	28c		x	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation				
-	contributions? If "Yes," complete Schedule M	30		х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete				
	Schedule N, Part II	32		х	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and				
	Part V, line 1	34	Х	<u> </u>	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	<u> </u>	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity				
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	— —	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?				
	If "Yes," complete Schedule R, Part V, line 2	36		X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v		
Par	Note: All Form 990 filers are required to complete Schedule 0 † V Statements Regarding Other IRS Filings and Tax Compliance	38	Х		
, ai	Check if Schedule O contains a response or note to any line in this Part V				
	Shook it Soliedule O contains a response of hote to any line in this part v		V	N _a	
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 15	2	Yes	No	
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 15 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
ŭ	(gambling) winnings to prize winners?	1c	х		
032004	ł 12-23-20	_	990	(2020)	

Form 990 (2020) PHILADELPHIA ORCHESTRA ASSOCIATION Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 457			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			x
L	any contributions that were not tax deductible as charitable contributions?	_6a_		_ A
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	G L		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
_	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against	-		
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	_		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see instructions and file Form 4720, Schedule N.	40		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.	Form	990	(2020)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	Check if Schoolule O contains a reconcess or note to any line in this Bort VI			х
Sac	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			Λ
360	tion A. Governing body and Management		V	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3_		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
Ŭ	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(mis Section B requests information about policies not required by the internal Revenue Code.)		Yes	No
10-	Did the expenientian have level chanters branches as effiliates?	10a	162	No X
	Did the organization have local chapters, branches, or affiliates?	IUa		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		v
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ▶AL,AK,AZ,AR,CA,CT,DC,FL,IL,KS,KY,LA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3));	c Only	availal	hle
10		o or ity)	avalidi	oi c
	for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website Another's website X Upon request Other (explain on Schedule O)	ı.e.		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinand	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MARIO MESTICHELLI - 215-893-1900			
	ONE SOUTH BROAD ST, 14TH FLOOR, PHILADELPHIA, PA 19107		000	
032006	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2020)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week	box	not c , unle: cer ar	Pos heck	ition	than o	one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other										
	(list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	ly employee ghest compensated nployee		iey employee lighest compensated mployee ormer		Key employee Highest compensated employee Former		Key em ployee Highest com pensated employee Former		Key employee Highest compensated employee Former		Key employee Highest compensated employee Former		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MATIAS TARNOPOLSKY	40.00																			
BOARD MEMBER/PRES AND CEO	10.00	Х		Х				534,841.	0.	55,733.										
(2) DAVID KIM	40.00																			
MUSICIAN/BOARD MEMBER	0.00	Х						377,736.	0.	41,523.										
(3) RYAN FLEUR	40.00																			
EXECUTIVE DIRECTOR	10.00				Х			363,987.	0.	54,183.										
(4) RICARDO MORALES	40.00																			
MUSICIAN	0.00					Х		293,739.	0.	39,504.										
(5) DAVID BILGER	40.00																			
MUSICIAN	0.00					Х		255,019.	0.	44,029.										
(6) KIMBERLY FISHER	40.00	1																		
MUSICIAN	0.00					Х		257,988.	0.	37,094.										
(7) JEFFREY KHANER	40.00	-							_											
MUSICIAN	0.00					Х		247,658.	0.	39,235.										
(8) JENNIFER MONTONE RESSLER	40.00	-							_											
MUSICIAN	0.00					Х		247,782.	0.	37,578.										
(9) MARIO MESTICHELLI	40.00	-																		
BD MBR(NON-VOTING)/CFO/TREAS	10.00			Х				201,569.	0.	44,698.										
(10) JEFFREY LANG	40.00																			
MUSICIAN/BOARD MEMBER	0.00	Х						156,352.	0.	44,029.										
(11) JAE DARA MORALES	40.00																			
MUSICIAN/BOARD MEMBER	0.00	Х						147,027.	0.	40,178.										
(12) DAVID FAY	40.00	-						120 014	_	25 500										
MUSICIAN/BOARD MEMBER	0.00	Х						132,014.	0.	35,590.										
(13) HOLLY BLAKE	40.00	-						120 704	_	26 274										
MUSICIAN/BOARD MEMBER	0.00	Х						139,794.	0.	26,274.										
(14) RALPH W. MULLER	10.00			ļ					,	0										
CHAIR	10.00	Х		Х				0.	0.	0.										
(15) RICHARD B. WORLEY VICE CHAIR	-	X		х				0.	0.	_										
(16) MARK DICHTER	5.00	^		^	\vdash			0.	· ·	0.										
VICE CHAIR	0.00	X		х				0.	0.	_										
(17) ALEXANDRIA T. EDSALL	5.00	^		^	\vdash			0.	· ·	0.										
VICE CHAIR	0.00	X		х				0.	0.	0.										
TOD CIMITIC	1 0.00	Λ			<u> </u>		l	1 0.	<u> </u>	Form 990 (2020)										

Form 990 (2020)	HIA ORCHESTRA	ASS	OCI	ZIT.	OIN				23-135228	Page C
Part VII Section A. Officers, Directors,	Trustees, Key Emp	oloy	ees,	and	Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	Position (do not check more than one					n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) MARTIN A. HECKSCHER	5.00									
VICE CHAIR (THRU OCT 2020)	0.00	Х		Х				0.	0.	0.
(19) OSAGIE O. IMASOGIE	5.00									
VICE CHAIR	0.00	Х		Х				0.	0.	0.
(20) BRUCE G. LETO	5.00									
VICE CHAIR	0.00	х		Х				0.	0.	0.
(21) JOSEPH M. MANKO SR.	5.00									
VICE CHAIR	0.00	х		Х				0.	0.	0.
(22) JOHN H. MCFADDEN	5.00									
VICE CHAIR	2.00	х		Х				0.	0.	0.
(23) CAROLINE B. ROGERS	5.00									
VICE CHAIR	10.00	х		Х				0.	0.	0,
(24) SARAH MILLER COULSON	5.00									
SECRETARY	0.00	х		Х				0.	0.	0.
(25) JAMES P. BRANDAU	2.00									
BOARD MEMBER	2.00	х		Х				0.	0.	0.
(26) PATRICK J. BRENNAN	2.00									
BOARD MEMBER (FROM OCT 2020)	0.00	х						0.	0.	0.
1b Subtotal							<u> </u>	3,355,506.	0.	539,648.
c Total from continuation sheets to Pa								0.	0.	0.
d Total (add lines 1b and 1c)								3,355,506.	0.	539,648.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

112

			162	INO
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3_		Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? f "Yes." complete Schedule J for such person	5		Х
_				

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
YANNICK NEZET-SEGUIN, 50 RUE DES		<u> </u>
SEIGNEURS, MONTREAL, OC, CANADA H3J 0B1	MUSIC DIRECTOR	813,479.
ADAGE TECHNOLOGIES, INC., 10 S RIVERSIDE		
PLAZA, SUITE 1500, CHICAGO, IL 60606	INFORMATION TECHNOLOGY SVCS.	291,575.
MAYOSEITZ MEDIA, 751 ARBOR WAY, SUITE 130,		
BLUE BELL, PA 19422	ADVERTISING	240,280.
CHARLIE WADE, 1301 4TH AVENUE, SUITE 1010,		
SEATTLE, WA 98101	MARKETING CONSULTANT	216,900.
CHAMBERS GROUP		
147 PENNSYLVANIA AVENUE, MALVERN, PA 19355	PRINTING	209,026.
2 Total number of independent contractors (including but not limited	to those listed above) who received more than	
\$100,000 of compensation from the organization	16	
·		000

SEE PART VII, SECTION A CONTINUATION SHEETS

ge s s k ny for set tions w	stee or director		(C Posi	C) ition			Compensated Employer (D) Reportable compensation from the organization (W-2/1099-MISC) 0. 0.	Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations 0
ge s s k k hy for ed tions w	X X X X X X X X X X X X X X X X X X X	heck	Posi all t	ition that	appl		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC) 0.	Estimated amount of other compensation from the organization and related organizations
s s k k my for ed titions w	X X X X X X X X X X X X X X X X X X X	heck	all t	that	appl		compensation from the organization (W-2/1099-MISC) 0.	compensation from related organizations (W-2/1099-MISC) 0.	amount of other compensation from the organization and related organizations
.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	X X X X X X X X X X X X X X X X X X X						from the organization (W-2/1099-MISC) 0.	from related organizations (W-2/1099-MISC) 0.	other compensation from the organization and related organizations 0
.00 .00 .00 .00 .00 .00 .00 .00 .00	x x x x x						0.	0.	0
.00 .00 .00 .00 .00 .00 .00 .00	x x x x x						0.	0.	0
.00 .00 .00 .00 .00 .00 .00 .00	x x x						0.	0.	0
.00 .00 .00 .00 .00 .00 .00	x x x						0.	0.	0
.00 .00 .00 .00 .00 .00	x x							-	
.00	x x							-	
.00	X						0.	0.	0
.00 .00 .00 .00	X						0.	0.	0
.00	х					-			
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	₩	I I							
0.0	22						0.	0.	0
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	Х						0.	0.	0
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	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 x	.00 x	.00	.00 x	.00	.00 x	.00	.00 .00 </td

Part VII Section A. Officers, Directors, (A) Name and title	Trustees, Key En (B) Average hours per week (list any hours for related			(C Pos	C)		est ((D)	(E)	(F)
	Average hours per week (list any hours for	(cl		Pos	-			1		
Name and title	hours per week (list any hours for	(cl			ition			l <u> </u>		
	per week (list any hours for	(cl	neck	all t	Position (check all that apply)		Reportable	Reportable	Estimated	
	week (list any hours for				that	app	ly)	compensation	compensation	amount of
	(list any hours for		ω					from	from related	other
	hours for	or director				loyee		the organization	organizations (W-2/1099-MISC)	compensation from the
	I	irecto				em p				
			tee			sated		(W-2/1099-MISC)		organization and related
	organizations	Individual trustee	Institutional trustee		yee	Highest compensated employee				organizations
	below	dual1	ution	J.	Key employee	st co	er			organizationio
	line)	Indivi	Instit	Officer	Key e	Highe	Former			
(47) BIN ZHANG	2.00									
BOARD MEMBER	0.00	х						0.	0.	0
(48) ROBERT E. MORTENSEN	2.00									
BOARD MEMBER	0.00	х						0.	0.	0
(49) KRISTEN PHILLIPS	2.00									
BOARD MEMBER	0.00	х						0.	0.	0
(50) AJAY RAJU	2.00									
BOARD MEMBER (THRU SEPT 2020)	0.00	х						0.	0.	0
(51) LAUREN GILCHRIST	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0
(52) DIANNE ROTWITT	2.00									
BOARD MEMBER (FROM SEPT 2020)	0.00	Х						0.	0.	0
(53) CHARLES RYAN	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0
(54) ADELE K. SCHAEFFER	2.00									
BOARD MEMBER	2.00	Х						0.	0.	0
(55) PETER L. SHAW	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0
(56) ADRIENNE SIMPSON	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0
(57) CONSTANCE S. SMUKLER	2.00									
BOARD MEMBER (THRU OCT 2020)	0.00	Х						0.	0.	0
(58) LINDY SNIDER	2.00									
BOARD MEMBER	0.00	х						0.	0.	0
(59) FABIO TERLEVICH	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0
(60) RAMONA A. VOSBIKIAN	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0
(61) ALISON YOUNG	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0
(62) JAMES W. ZUG	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0
(63) JOHN FRY	2.00									
BOARD MEMBER (FROM AUG 2021)	0.00	Х						0.	0.	0
(64) ERIKA JAMES	2.00									
BOARD MEMBER (FROM JUNE 2021)	0.00	Х						0.	0.	0
(65) NANCY ROGERS	2.00									
BOARD MEMBER (FROM JUNE 2021)	0.00	х				L_		0.	0.	0
(66) BENNETT KEISER	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0
Total to Part VII, Section A, line 1c										

Form 990 PHILADELPHIA		23-1352289								
Part VII Section A. Officers, Directors, Tru	ıstees, Key En	nplo	yee	s, a	nd F	ligh	est (Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition	1		Reportable	Reportable	Estimated
	hours	(cl			that		ly)	compensation	compensation	amount of
	per							from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				Sd w		organization	(W-2/1099-MISC)	from the organization and related
	hours for	ordi	9			ated 6		(W-2/1099-MISC)		
	related	stee	truste		e.	ben s:				
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below line)	divid	stitut	Officer	ey em	ghes	Former			
(67) TOD J. MACKENZIE		드	드	0	ž	Ξ.	7.			
BOARD MEMBER	2.00	х						0.	0.	0
(68) JON MICHAEL RICHTER	2.00	Λ	\vdash			\vdash		0.	٠.	0.
BOARD MEMBER	0.00	х						0.	0.	0.
BOARD MEMBER	0.00	Α						0.	0.	0.
			_			_				
			\vdash			\vdash				
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	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>			
Total to Part VII, Section A, line 1c										
Total to Falt VII, Occilon A, IIIle 10								l .		

Form 990 (2020) PHILADELPH.

Part VIII Statement of Revenue

		Check if Schedule O contains a r	response o	or note to any lin	e in this Part VIII			
			•	j	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						lunction revenue	business revenue	sections 512 - 514
s s	1 a	Federated campaigns	1a					
ran		Membership dues	1b					
⊋,g		Fundraising events	1c	622,396.				
ifts ar A		Related organizations	1d	1,325,363.				
nig.		Government grants (contributions)	1e	7,384,184.				
Sign		All other contributions, gifts, grants, and						
her		similar amounts not included above	1f	21,667,972.				
풀	g	The state of the s	1g \$	8,171,330.				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			30,999,915.			
				Business Code				
ø	2 a	OUT OF TOWN CONCERTS		711130	651,616.	651,616.		
Ş	b	SUMMER CONCERTS		711130	606,053.	606,053.		
Ser	С	PHILADELPHIA CONCERTS		711130	494,228.	494,228.		
am	d	EDUCATION CONCERTS		711130	26,045.	26,045.		
Program Service Revenue	е							
P.	f	All other program service revenue						
	g	Total. Add lines 2a-2f			1,777,942.			
	3	Investment income (including dividen	nds, intere	st, and				
		other similar amounts)			4,591,527.		6,395.	4,585,132.
	4	Income from investment of tax-exemp						
	5	Royalties		>	90,315.			90,315.
		(i)	Real	(ii) Personal				
	6 a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of (i) Se	ecurities	(ii) Other				
		assets other than inventory 7a 15,1	17,955.					
	b	Less: cost or other basis						
ne		and sales expenses	95,540.					
Revenue	С	Gain or (loss) 7c 2,5	22,415.					
		Net gain or (loss)		>	2,522,415.			2,522,415.
her	8 a	Gross income from fundraising events (n						
ᄚ		including \$ 622,396.	of					
		contributions reported on line 1c). Se						
		Part IV, line 18		212,710.				
		Less: direct expenses		85,514.	107 106			107, 106
		Net income or (loss) from fundraising		D	127,196.			127,196.
	9 a	Gross income from gaming activities.	I					
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gaming act		P				
	10 a	Gross sales of inventory, less returns						
		and allowances						
		Less: cost of goods sold						
\rightarrow	С	Net income or (loss) from sales of inv	entory	Business Code				
sn	11 a	SHARED SERVICES INCOME		711130	894,729.			894,729.
neo Tue	ii a b			711130	221,400.	221,400.		222,723.
ella Ven	C	WIGGELL WINGER THROWS		711130	190,500.	190,500.		
Miscellaneous Revenue	_	All other revenue		711130	-297,667.	-297,667.		
Σ		Total. Add lines 11a-11d		—	1,008,962.	,		
	12	Total revenue. See instructions			41,118,272.	1,892,175.	6,395.	8,219,787.

032009 12-23-20

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

_	Check if Schedule O contains a respons	(A)	his Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ū	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees	2,076,548.	1,016,627.	1,059,921.	
6	Compensation not included above to disqualified	, ,			
_	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	17,037,582.	13,060,428.	2,649,138.	1,328,016
8	Pension plan accruals and contributions (include				•
	section 401(k) and 403(b) employer contributions)	1,715,278.	1,445,934.	202,008.	67,336
9	Other employee benefits	2,495,957.	1,729,517.	569,917.	196,523
10	Payroll taxes	1,273,864.	892,127.	285,275.	96,462
11	Fees for services (nonemployees):				
а	Management				
b		207,508.	4,615.	192,391.	10,502
С		100,761.		100,761.	
d		48,000.			48,000
е		106,150.			106,150
f	Investment management fees	46,838.		46,838.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	1,748,368.	320,825.	666,470.	761,073
12	Advertising and promotion	177,446.	172,361.	395.	4,690
13	Office expenses	679,132.	125,879.	418,358.	134,895
14	Information technology	852,054.		852,054.	
15	Royalties	72,681.	72,681.		
16	Occupancy	1,302,960.	801,068.	495,428.	6,464
17	Travel	432,320.	382,095.	40,581.	9,644
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,690.		5,321.	2,369
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	513,716.		513,716.	
23	Insurance	294,048.	130,997.	163,051.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	ADDITATE TARREST	1,246,590.	1,246,590.		
b	MEDIA & RECORDING	812,959.	812,959.		
С	MARKETING & PROMOTION	397,061.	242,094.	154,967.	
d	MISCELLANEOUS EXPENSES	359,389.	22,474.	283,696.	53,219
е	All other expenses	345,357.	298,518.	44,018.	2,821
25	Total functional expenses. Add lines 1 through 24e	34,350,257.	22,777,789.	8,744,304.	2,828,164
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2020) Part X | Balance Sheet

Part	t X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			78,270.	1	133,373
	2	Savings and temporary cash investments			16,795,002.	2	27,896,190
	3	Pledges and grants receivable, net			5,014,549.	3	3,806,50
	4	Accounts receivable, net			335,883.	4	1,753,58
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of th	ese perso	onsL	200,000.	5	150,00
	6	Loans and other receivables from other disqua	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
ပ္	7	Notes and loans receivable, net			254.	7	
Assets	8	Inventories for sale or use				8	
₹	9	Description of the second seco			1,552,174.	9	1,398,57
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	11,706,000.			
	b	Less: accumulated depreciation	. 10b	7,716,000.	3,988,000.	10c	3,990,000
	11	Investments - publicly traded securities	130,850,691.	11	164,937,95		
	12	Investments - other securities. See Part IV, line	0.	12			
	13	Investments - program-related. See Part IV, line	192,368.	13	-105,29		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			6,446,522.	15	7,577,58
	16	Total assets. Add lines 1 through 15 (must ed	165,453,713.	16	211,538,47		
	17	Accounts payable and accrued expenses			4,487,148.	17	7,154,98
	18	Grants payable				18	
	19	Deferred revenue	4,142,376.	19	9,510,49		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete		21			
g	22	Loans and other payables to any current or for					
≝		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of th	ese perso	ons		22	
-	23	Secured mortgages and notes payable to unre	elated thin	d parties		23	
	24	Unsecured notes and loans payable to unrelate	ed third p	parties		24	
	25	Other liabilities (including federal income tax, p	payables	to related third			
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X			
		of Schedule D			12,010,618.	25	10,357,310
4	26				20,640,142.	26	27,022,78
,,		Organizations that follow FASB ASC 958, cl	neck her	e 🕨 🗓			
Š		and complete lines 27, 28, 32, and 33.					
lar lar	27	Net assets without donor restrictions	-478,000.	27	4,521,00		
2	28	Net assets with donor restrictions			145,291,571.	28	179,995,090
<u> </u>		Organizations that do not follow FASB ASC					
<u> </u>		and complete lines 29 through 33.					
13	29	Capital stock or trust principal, or current fund				29	
SSe	30	Paid-in or capital surplus, or land, building, or				30	
ا ب	31	Retained earnings, endowment, accumulated			144 012 571	31	104 545 600
	32	Total net assets or fund balances			144,813,571.	32	184,515,693
$\perp \perp$	33	Total liabilities and net assets/fund balances			165,453,713.	33	211,538,479 Form 990 (202

Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 1 41,1	. X .8,272. 50,257. 58,015.				
1 Total revenue (must equal Part VIII. column (A). line 12)	0,257.				
1 Total revenue (must equal Part VIII. column (A). line 12)	0,257.				
	8.015.				
3 Revenue less expenses. Subtract line 2 from line 1 3 6 ,7					
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 144,8	3,571.				
5 Net unrealized gains (losses) on investments 5 31,0	55,972.				
6 Donated services and use of facilities 6					
7 Investment expenses 7					
8 Prior period adjustments					
9 Other changes in net assets or fund balances (explain on Schedule O) 9 1,8	8,133.				
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	5,691.				
Part XII Financial Statements and Reporting					
Check if Schedule O contains a response or note to any line in this Part XII	<u>. </u>				
<u>_</u> Y	es No				
1 Accounting method used to prepare the Form 990: Cash X Accrual Other					
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a	Х				
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a					
separate basis, consolidated basis, or both:					
Separate basis Consolidated basis Both consolidated and separate basis					
b Were the organization's financial statements audited by an independent accountant?	:				
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,					
consolidated basis, or both:					
Separate basis X Consolidated basis Both consolidated and separate basis					
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,					
review, or compilation of its financial statements and selection of an independent accountant?					
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.					
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit					
Act and OMB Circular A-133?	Х				
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit					
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	00 (2222)				

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **Employer identification number** PHILADELPHIA ORCHESTRA ASSOCIATION 23-1352289 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						-
•	furnished by a governmental unit to						
	the organization without charge						
1	Total. Add lines 1 through 3						
5	The portion of total contributions						
J	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
_	· · · · · · · · · · · · · · · · · · ·						
	Public support. Subtract line 5 from line 4.						
	• • • • • • • • • • • • • • • • • • • •	1-1 0010	(1.) 0047	(-) 0040	(-1) 0040	(-) 0000	(6) T-1-1
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
_	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3)	
_	organization, check this box and stop						<u></u>
	ction C. Computation of Publi						
14	Public support percentage for 2020 (li					14	<u>%</u>
15	Public support percentage from 2019					15	<u>%</u>
16a	33 1/3% support test - 2020. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this bo	x and
	stop here. The organization qualifies		~				
b	33 1/3% support test - 2019. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali	fies as a publicly	supported organiz	ation			▶□
17a	10% -facts-and-circumstances test	- 2020. If the org	ganization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the facts	s-and-circumstanc	es test, check this	box and stop he	ere. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organization	on qualifies as a pu	iblicly supported o	organization		▶□
b	10% -facts-and-circumstances test	- 2019. If the org	ganization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	e facts-and-circur	nstances test, che	ck this box and s	top here. Explain	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	ne organization qu	alifies as a publicly	y supported organi	zation	>
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	nd see instructions	· >
					Sch	edule A (Form 990	or 990-F7) 2020

Page 3

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

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

Sec	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not									
	include any "unusual grants.")	31,545,145.	24,895,337.	75,132,034.	27,595,567.	30,999,915.	190,167,998.			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the	16,975,861.	15,773,331.	17,395,395.	8,571,649.	1,777,942.	60,494,178.			
2	organization's tax-exempt purpose	10,575,001.	13,773,331.	17,000,000.	0,371,013.	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	00,131,170.			
3	Gross receipts from activities that are not an unrelated trade or business under section 513									
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf									
5	The value of services or facilities furnished by a governmental unit to the organization without charge									
6	Total. Add lines 1 through 5	48,521,006.	40,668,668.	92,527,429.	36,167,216.	32,777,857.	250,662,176.			
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons	9,873,000.	9,602,000.	7,175,000.	5,382,000.	11,684,000.	43,716,000.			
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.			
	Add lines 7a and 7b	9,873,000.	9,602,000.	7,175,000.	5,382,000.	11,684,000.				
	Public support. (Subtract line 7c from line 6.)	, ,	, ,	, ,	, ,	, ,	206,946,176.			
Sec	ction B. Total Support						<u>, , , , , , , , , , , , , , , , , , , </u>			
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
	Amounts from line 6	48,521,006.	40,668,668.	92,527,429.	36,167,216.	32,777,857.	250,662,176.			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties,	2 010 570	9,832,563.	6,615,710.	4,914,808.	4 601 042	29,955,501.			
	and income from similar sources	3,910,578.	9,032,303.	0,013,710.	4,914,000.	4,681,842.	29,933,301.			
r.	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975									
c	Add lines 10a and 10b	3,910,578.	9,832,563.	6,615,710.	4,914,808.	4,681,842.	29,955,501.			
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on									
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,629,997.	2,845,002.	2,614,494.	1,773,825.	1,221,672.	11,084,990.			
13	Total support. (Add lines 9, 10c, 11, and 12.)	55,061,581.	53,346,233.	101,757,633.	42,855,849.	38,681,371.	291,702,667.			
	First 5 years. If the Form 990 is for th	ne organization's fir			ear as a section 50	01(c)(3) organizatio	on,			
						. , . ,				
Sec	ction C. Computation of Publi									
	Public support percentage for 2020 (li			olumn (f))		15	70.94 %			
16	Public support percentage from 2019	Schedule A, Part I	II, line 15			16	71.79 %			
Sec	ction D. Computation of Inves	tment Income	Percentage							
17	7 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 10.27 %									
18	Investment income percentage from 2	2019 Schedule A, I	Part III, line 17			18	9.49 %			
	33 1/3% support tests - 2020. If the					3 1/3%, and line 1				
	more than 33 1/3%, check this box ar 33 1/3% support tests - 2019. If the	nd stop here. The	organization qualif	ies as a publicly su	upported organizat	ion	▶ X			
	line 18 is not more than 33 1/3%, che	· ·				•	▶ □			
20	Private foundation. If the organization									

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
4		
1		
2		
_		
За		
3b		
3c		
4a		
4h		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
00		
9a		
9b		
5.5		
9с		
10a		
10b		

га	Gupporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and	4.4		
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
C	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	1110		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
	71 11 5 5		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
_	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0.5		
L	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
-	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgai	nizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations must	complete	e Sections A through E.					
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
_1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
_4	Add lines 1 through 3.	4						
_5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functionally	/ integrat	ed Type III supporting orga	nization (see				
	instructions).							

Schedule A (Form 990 or 990-EZ) 2020

Par	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported			
	organizations, in excess of income from activity	2		
3				
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - prior IRS approval - prior IRS approval required - prior IRS approval - prior IRS	rovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2020 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
	•	(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2020	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
с	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i_	Carryover from 2015 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Part VI

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME: SHARED SERVICES INCOME 2016 AMOUNT: \$ 1,911,439. 2017 AMOUNT: \$ 1,984,558. 2018 AMOUNT: \$ 1,842,310. 2019 AMOUNT: \$ 1,617,746. 2020 AMOUNT: \$ 894,729. SPECIAL EVENT REVENUE 2016 AMOUNT: \$ 334,696. 390,968. 2017 AMOUNT: \$ 2018 AMOUNT: \$ 357,176. 2019 AMOUNT: \$ 206,365. 2020 AMOUNT: \$ 212,710. EQUITY EARNINGS JV-TICKET PHL 2016 AMOUNT: \$ 145,030. 2017 AMOUNT: \$ 205,765. 2018 AMOUNT: \$ 104,732. 2019 AMOUNT: \$ -269,918. 2020 AMOUNT: \$ -297,667. MISCELLANEOUS INCOME 2016 AMOUNT: \$ 238,832. 2017 AMOUNT: \$ 263,711. 2018 AMOUNT: \$ 310,276. 2019 AMOUNT: \$ 219,632.

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
2020 AMOU	
2020 AHOO	M1. \$ 411,500.

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

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

OMB No. 1545-0047

Employer identification number

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

	PHILADELPHIA ORCHESTRA ASSOCIATION	23-1352289			
Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
, ,	zation is covered by the General Rule or a Special Rule. 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.			
General Rule					
-	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules	Special Rules				
sections 50 any one co	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
contributor, literary, or e	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

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

Name of organization

Employer identification number

PHILADELPHIA ORCHESTRA ASSOCIATION

23-1352289

Parti	Contributors (see instructions). Use duplicate copies of Part I if additi	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Ty	(d) /pe of contribution
1		P N (Con	erson X ayroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Ty	(d) /pe of contribution
2		P N (Con	erson X ayroll loncash nplete Part II for eash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Ty	(d) /pe of contribution
3		\$ 1,000,000. P P P P N N (Con	erson X eavroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Ty	(d) /pe of contribution
4		P P P \$ 875,000. N (Con	erson X ayroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Ty	(d) /pe of contribution
5		\$\$ 675,237.	erson X ayroll loncash nplete Part II for cash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Ty	(d) /pe of contribution
6		P N (Con	erson X ayroll loncash X nplete Part II for

	3 1
Name of organization	Employer identification number
PHILADELPHIA ORCHESTRA ASSOCIATION	23-1352289

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional copies of Part	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$510,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$	Person X Payroll

Name of organization

Employer identification number

PHILADELPHIA ORCHESTRA ASSOCIATION

23-1352289

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	Name, address, and ZiF + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 15	Name, address, and ZIP + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
16	Name, address, and ZIP + 4	* 290,250.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	INAIIIG, AUUI 655, AIIU ZIF T T	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

	3 1
Name of organization	Employer identification number
PHILADELPHIA ORCHESTRA ASSOCIATION	23-1352289

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
20		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
21		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 22	Name, address, and ZIP + 4	### Total contributions 167,223.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 23	Name, address, and ZIP + 4	\$\$	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 24	Name, address, and ZIP + 4	\$\$ 135,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
PHILADELPHIA ORCHESTRA ASSOCIATION	23-1352289

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	lditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
25		\$ 130,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
No. 26	Name, address, and ZIP + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
27		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 28	Name, address, and ZIP + 4	Total contributions Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
29	Hame, audi 655, anu Lif + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
30		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
PHILADELPHIA ORCHESTRA ASSOCIATION	23-1352289

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
31		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
No. 32	Name, address, and ZIP + 4	Total contributions Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
33		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 34	Name, address, and ZIP + 4	Total contributions Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 35	Name, address, and ZIP + 4	Total contributions Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
36	THING, MAIN COO, MIM EII TT	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
PHILADELPHIA ORCHESTRA ASSOCIATION	23-1352289

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38	Name, address, and ZIF + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39	- Humo, dudicoo, and Emily	\$\$69,477.	Person X Payroll
(a)	(b)	(c)	(d)
40	Name, address, and ZIP + 4	### Total contributions 1	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41	Haine, audi ess, and Eif + 4	\$\$65,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42	Tullio, addi coo, and Ell TT	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

	9-
Name of organization	Employer identification number
PHILADELPHIA ORCHESTRA ASSOCIATION	23-1352289

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
43		\$ 62,194. Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
44		\$S55,100. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
45		\$ 55,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
46		\$S55,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
47		\$ 52,192. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
48		\$ 51,500. Person X Payroll Noncash (Complete Part II for page as h contributions)

Name of organization	Employer identification number
PHILADELPHIA ORCHESTRA ASSOCIATION	23-1352289

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50	Name, address, and ZIP + 4	\$\$50,052.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 52	Name, address, and ZIP + 4	Total contributions 50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53	Haine, addiess, and Eir + 4	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$\$	Person X Payroll

Parti	Contributors (see instructions). Use auplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60		\$\$	Person X Payroll Noncash (Complete Part II for

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Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62	Name, address, and ZIF + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 64	Name, address, and ZIP + 4	Total contributions \$ 38,664.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65	INGINE, AUGIESS, AND ZIF + 4	\$\$ 35,208.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66	Tullio, addi coo, and Ell TT	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68	Name, address, and Zir + +	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 69	Name, address, and ZIP + 4	* \$ \$ 31,705.	Person X Payroll X (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
70	Name, address, and ZIP + 4	\$\$ 31,664.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72	Name, audiess, and Zif + +	\$\$ 31,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74	Name, audress, and Zir + 4	\$\$	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 75	Name, address, and ZIP + 4	\$ 30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
76	Name, address, and ZIP + 4	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
77		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78	Name, audi 655, and 21F + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80	wanie, address, and Zir + +	\$\$ 30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 81	Name, address, and ZIP + 4	Total contributions \$ 30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 82	Name, address, and ZIP + 4	\$ 30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
83		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
84	Nume, add 635, and Air T T	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86	Name, address, and ZIP + 4	\$\$ 26,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
88 88	Name, address, and ZIP + 4	Total contributions \$\$ \$ 26,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
89	ivalite, audi ess, aliu ZIF + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
90		\$\$ \$25,260.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92	Name, address, and ZIP + 4	\$\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
94	Name, address, and ZIP + 4	* \$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
95	Name, audi 635, anu Zir + 4	\$ \$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
96		\$\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
98	Name, address, and Zir + +	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
99	Tuine, addi coo, and Ell TT	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 100	Name, address, and ZIP + 4	Total contributions \$\$ \$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
101	raine, audi 635, anu £ir + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
102		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
104		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
105		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
106		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
107		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
108		\$\$	Person X Payroll Noncash (Complete Part II for

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
111		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
112		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
113		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
114		\$\$	Person X Payroll

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Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
116	Name, address, and ZIF + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
117		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 118	Name, address, and ZIP + 4	\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
119	Name, add ess, and EIF + 4	\$ \$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
120		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
122	Name, address, and ZIF + +	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123	Humo, audi 665, and £ii T T	\$ \$ 18,675.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 124	Name, address, and ZIP + 4	Total contributions \$\$ 18,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
125	Tunio, audi 655, una Eli TT	\$\$	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
126	Turno, audi coo, and £11 T T	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Parti	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127		\$16,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
128		\$16,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
129		\$15,250.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
130		\$15,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
131		\$15,105.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
132		\$\$	Person Payroll Noncash (Complete Part II for

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Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
133		\$ 15,050. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
134		\$ \$ \$ \$ \$ Person
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
135		\$ 15,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
136		\$ 15,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
137		\$\$ Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
138		\$ 15,000. Person X Payroll Noncash (Complete Part II for pancash contributions)

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
141		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
142		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
143		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
144		\$\$	Person X Payroll Noncash (Complete Part II for

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
146	Name, address, and Zir + +	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$13,754.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 148	Name, address, and ZIP + 4	\$13,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
149	Training additions, unto Em 1 1	\$\$13,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 150	Name, audress, and ZIP + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
151		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
152		\$ 12,540. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
153		\$ 12,500. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
154		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
155		\$ 12,500. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
156		\$ 12,500. Person X Payroll Noncash (Complete Part II for noncash contributions)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
158	Name, audress, and ZiP + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
159	. Junio, unun ces, unu Ell 1 1	\$\$12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
160	Name, address, and ZIP + 4	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
161	Name, audi 655, and ZiF + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
162	.vaino, addi 000, and £11 TT	\$\$	Person X Payroll Noncash X (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
163		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
164	Name, address, and Zir + 4	\$ 11,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
165		\$\$11,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 166	Name, address, and ZIP + 4	* \$ 11,250.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
167	rauno, addi 000, and En TT	\$\$11,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
168		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
169		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
170	Name, address, and ZIF + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
171	Hame, address, and Zn + +	\$\$10,210.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 172	Name, address, and ZIP + 4	Total contributions \$\$	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 173	Name, audress, and ZIF + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
174	Tullio, avail coo, and £II T T	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
175		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
176		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
177		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
178		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
179		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
180		\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
181		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
182	Nume, address, and Zii + +	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
183	- Nume, address, and En 1 1	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 184	Name, address, and ZIP + 4	\$ 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
185	rumo, addi 000, and £11 TT	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
186		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
187		\$\$ Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
188		\$\$ Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
189		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
190		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
191		\$\$ Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
192		\$ 10,000. Person X Payroll Noncash (Complete Part II for page 2sh contributions)		

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
193		Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
194		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
195		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
196		Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
197		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
198		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions)		

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
199		\$ \$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
200	Nume, address, and Zii + +	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
201	Nume, address, and Zii + +	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 202	Name, address, and ZIP + 4	\$ 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
203	rumo, addi 000, and £11 TT	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
204		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Typ	(d) be of contribution	
205		\$ \$ 10,000. (Com	rson X yroll oncash olete Part II for ssh contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Туր	(d) be of contribution	
206		\$ \$ 10,000. (Com	yroll oncash plete Part II for ash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(с) Total contributions Тур	(d) be of contribution	
207		\$ \$000.	yroll X yroll Oncash Olete Part II for ash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Typ	(d) be of contribution	
208		\$ \$ 10,000. (Com	yroll yroll yncash plete Part II for ash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Typ	(d) be of contribution	
209		\$ \$ 10,000. (Com	rson X yroll oncash olete Part II for ash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Typ	(d) be of contribution	
210		Pe Pa 10,000. No	rson X yroll oncash oblete Part II for	

Name of organization	Employer identification number
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Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
211		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
212	Name, address, and ZIF + +	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
213	- Humo, dudicoo, and Emily	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 214	Name, address, and ZIP + 4	\$ 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
215	Training and body direction 1	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
216		\$\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
217		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
218		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
219		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
220		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
221		\$ 9,500. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
222		\$ 9,500. Person X Payroll Noncash (Complete Part II for pancash contributions)

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
224			Person X Payroll Noncash X Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
225			Person X Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
226			Person X Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
227			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
228		 \$\$8,955.	Person X Payroll Noncash Complete Part II for

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
229		\$8,600.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
230	Name, address, and Zir + +	\$\$ 8,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 231	Name, address, and ZIP + 4	Total contributions \$8,130.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No. 232	Name, address, and ZIP + 4	\$ \$ 8,070.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
233		\$8,058.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
234	INAIIIG, AUUI 655, AIIU ZIF T T	\$ \$ 8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
235		\$ 8,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
236		\$ 7,885. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
237		\$ 7,737. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
238		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
239		\$ 7,525. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
240		\$ 7,509. Person Payroll Noncash X (Complete Part II for noncash contributions)

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
241		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
242		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
243		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
244		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
245		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
246		\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
247		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 248	Name, address, and ZIP + 4	Total contributions 7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
249		\$\$ 7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 250	Name, address, and ZIP + 4	Total contributions \$ \$ 7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
251	Name, audiess, and ZIF + 4	\$ \$ 7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
252	Humo, audi 655, and Zir T T	\$ \$ 7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
253			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
254			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
255			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
256			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
257			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
258		\$7,000.	Person X Payroll Noncash (Complete Part II for

Part I	Contributors (see instructions). Use duplicate copies of Part I if	f additional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
259		\$ 7,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
260		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
261		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
262		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
263		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
264		Person X Payroll Noncash (Complete Part II for

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Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
265		\$\$6,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
266	Name, address, and ZIP + 4	\$\$6,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
267	Tullio, and coo, and all TT	\$\$6,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 268	Name, address, and ZIP + 4	Total contributions \$ 6,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
269	ivalite, audi ess, aliu ZIF + 4	\$ \$ 6,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
270	Tullio, and coo, and all TT	\$\$6,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Name of organization	Employer identification number
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Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
271		\$6,157.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
272	Name, address, and ZIP + 4	\$\$6,150.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
273		\$6,139.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 274	Name, address, and ZIP + 4	\$ 6,128.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
275		\$\$6,108.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
276		\$\$6,075.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
277		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
278		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
279		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
280	Name, address, and Zir + +	\$ 6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
281		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
282		\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
283			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
284			Person X Payroll Noncash omplete Part II for oncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
285			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
286			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
287			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
288		\$	Person X Payroll Noncash Omplete Part II for

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
289			Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
290			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
291			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
292			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
293			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
294		\$\$	Person X Payroll Noncash (Complete Part II for

Parti	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
295		\$\$,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
296		\$\$, 5,447.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
297		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
298		\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
299		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
300		\$\$5,316.	Person X Payroll Noncash (Complete Part II for

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
301		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
302			Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
303			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
304			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
305		\$\$, 5,120.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
306		\$5,100.	Person X Payroll Noncash (Complete Part II for

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
307		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
308	Name, address, and Zir + +	\$\$ 5,050.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 309	Name, address, and ZIP + 4	Total contributions \$ 5,046.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
310	Name, address, and ZIP + 4	\$ \$ 5,040.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
311		\$\$5,012.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
312	Name, audiess, and Zif + 4	\$\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if a	idditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
313		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 314	Name, address, and ZIP + 4	\$ \$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
315		\$\$,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 316	Name, address, and ZIP + 4	Total contributions \$ \$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
317	raille, auul ess, allu ZIF + 4	\$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
318	Turne, addi ees, and Ell TT	\$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
319		\$\$ Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
320		\$\$ Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
321		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
322		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
323		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
324		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions)

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
325			Person X Payroll Noncash complete Part II for ncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
326			Person X Payroll Noncash momplete Part II for incash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
327			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
328			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
329			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
330		\$\$	Person X Payroll Noncash omplete Part II for

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
331			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
332			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
333			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
334			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
335			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
336		\$5,000.	Person X Payroll Noncash (Complete Part II for

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
337		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
338	Name, address, and Zir + +	\$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No. 340	Name, address, and ZIP + 4	\$ \$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
341	Nume, addices, and En TT	\$\$,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
342	Name, avuless, and ZIF + +	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
PHILADELPHIA ORCHESTRA ASSOCIATION	23-1352289

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
343		\$\$ Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
344		\$\$ Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
345		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
346		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
347		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
348		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions)

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
349			Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
350			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
351			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
352			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
353			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
354		\$\$,000.	Person X Payroll Noncash (Complete Part II for

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
355			Person X Payroll Noncash omplete Part II for oncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
356			Person X Payroll Noncash omplete Part II for oncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
357			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
358			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
359			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
360		\$\$	Person X Payroll Noncash Omplete Part II for

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
361			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
362			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
363			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
364			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
365			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
366		\$5,000.	Person X Payroll Noncash (Complete Part II for

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
367			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
368			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
369			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
370			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
371			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
372		 \$5,000.	Person X Payroll Noncash (Complete Part II for

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
373		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
374	Name, address, and ZIF + 4	\$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
375		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 376	Name, address, and ZIP + 4	Total contributions \$\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
377	numo, uudi ees, unu EIF T T	\$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
378		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

7 ()	9
Name of organization	Employer identification number
PHILADELPHIA ORCHESTRA ASSOCIATION	23-1352289

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
379		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
380		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	Name, audiess, and Zir + +	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	PUBLICLY TRADED SECURITIES		08/04/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	PUBLICLY TRADED SECURITIES		12/28/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
13	PUBLICLY TRADED SECURITIES		08/04/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
20	PUBLICLY TRADED SECURITIES		12/16/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
22	PUBLICLY TRADED SECURITIES		12/17/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
23	PUBLICLY TRADED SECURITIES		12/22/20
		Ψ	

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I PUBLICLY TRADED SECURITIES 32 05/27/21 59,948. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I PUBLICLY TRADED SECURITIES 43 22,194. 09/29/20 (a) (c) No. (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I PUBLICLY TRADED SECURITIES 49 12/01/20 50,344. (a) (c) No. (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I PUBLICLY TRADED SECURITIES 50 08/31/21 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I PUBLICLY TRADED SECURITIES 65 02/10/21 (a) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I PUBLICLY TRADED SECURITIES 69 09/30/20

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I PUBLICLY TRADED SECURITIES 70 12/22/20 31,664. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I PUBLICLY TRADED SECURITIES 74 25,440. 11/10/20 (a) (c) No. (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I PUBLICLY TRADED SECURITIES 125 07/15/21 16,548. (a) (c) No. (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I PUBLICLY TRADED SECURITIES 132 12/16/20 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I PUBLICLY TRADED SECURITIES 162 02/19/21 (a) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I COOKBOOKS 224 08/31/21

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD DONATED		
232			
		\$6,970.	08/31/21
(a)		(a)	
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I		(Gee manachana.)	
	PUBLICLY TRADED SECURITIES		
240			
		\$	11/02/20
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions.)	
	PUBLICLY TRADED SECURITIES		
286			
		\$ 4,020.	03/26/21
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I		(See instructions.)	
	PUBLICLY TRADED SECURITIES		
291			
		\$	11/06/20
(a)		(-)	
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I		(See Instructions.)	
	PUBLICLY TRADED SECURITIES		
297			
		\$5,164.	05/04/21
(a)		(-)	
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I	· ·	(See Instructions.)	
	PUBLICLY TRADED SECURITIES		
302			
		\$5,137.	11/16/20

Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	PUBLICLY TRADED SECURITIES		
309			
		\$5,046.	12/15/20
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I	DITHIT TOLY MEADED GEGUIDIMIEG		
311	PUBLICLY TRADED SECURITIES	_	
		-	
			11/24/20
(a)		1-3	
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I		,	
277	INSTRUMENTS	_	
373		_	
	-	_ _{\$} 5,000.	08/31/21
		_ \$ 5,000.	
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I		(See instructions.)	
		_	
		_	
		_ .	
		_ \$	
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions.)	
		_	
		_	
		_	
		_ \$	
(a) No.	<i>(</i> 15.)	(c)	(4)
from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	pescription of noneastr property given	(See instructions.)	Date Cociveu
		_	
		_	

Name of or	rganization		Employer identification number
PHILADEL	PHIA ORCHESTRA ASSOCIATION		23-1352289
Part III		through (e) and the following line ent charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_		(e) Transfer of gift	ft
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	ft
_	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_		(e) Transfer of gift	 ft
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_		(e) Transfer of giff	ft
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
ı			

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

Name of org	anization	loris. Complete Part III.		Emn	lover identification number		
PHILADELPHIA ORCHESTRA ASSOCIATION				Emp	23-1352289		
Part I-A		anization is exempt und		or is a section 527 or			
 Provide Politica 	e a description of the organiz	ation's direct and indirect politic ures gn activities	cal campaign activities i	in Part IV. ▶ 9	§		
Part I-B	Complete if the org	anization is exempt und	er section 501(c)(3).			
2 Enter th 3 If the or 4a Was a c	ne amount of any excise tax rganization incurred a sectio correction made?	incurred by the organization und incurred by organization manag n 4955 tax, did it file Form 4720	ers under section 4955 for this year?	>	Yes No Yes No		
Part I-C	Complete if the org	anization is exempt und	er section 501(c),	except section 501(d	c)(3).		
2 Enter th	ne amount of the filing organ	by the filing organization for se ization's funds contributed to ot	her organizations for se	ection 527	6		
3 Total ex	kempt function expenditures	. Add lines 1 and 2. Enter here a	and on Form 1120-POL,	,			
5 Enter the made purchased	ne names, addresses and en payments. For each organiza utions received that were pro	nployer identification number (EI tion listed, enter the amount pai tomptly and directly delivered to additional space is needed, provided to the control of	N) of all section 527 po d from the filing organiz a separate political orga	litical organizations to whic zation's funds. Also enter th anization, such as a separat	h the filing organization e amount of political		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0		

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

Par	Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).						
A CI	neck if the filing organiza	tion belon	gs to an affi	liated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
	expenses, and shar	e of exces	s lobbying (expenditures).			
B C	neck 🕨 🔲 if the filing organiza	tion check	ed box A ar	nd "limited control" pro	visions apply.		_
			oying Expe eans amou	nditures ınts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influ	ience publ	ic opinion (grassroots lobbying)			
b	Total lobbying expenditures to influ	ience a leg	islative boo	dy (direct lobbying)			
С	Total lobbying expenditures (add li	nes 1a and	d 1b)				
d	Other exempt purpose expenditure	es					
е	Total exempt purpose expenditure	s (add line	s 1c and 1d)			
f	Lobbying nontaxable amount. Ente	r the amo	unt from the	e following table in both	n columns.		
	If the amount on line 1e, column (a) o	r (b) is:	The lob	bying nontaxable am	ount is:		
	Not over \$500,000		20% of	the amount on line 1e.			
	Over \$500,000 but not over \$1,000	0,000	\$100,00	00 plus 15% of the exc	ess over \$500,000.		
	Over \$1,000,000 but not over \$1,5	00,000	\$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,	000,000	\$225,00	00 plus 5% of the exces	ss over \$1,500,000.		
	Over \$17,000,000		\$1,000,	000.			
g	Grassroots nontaxable amount (en	ter 25% of	line 1f)				
h	Subtract line 1g from line 1a. If zero	o or less, e	nter -0				
	i Subtract line 1f from line 1c. If zero or less, enter -0-						
j	If there is an amount other than zer	ro on eithe	r line 1h or	line 1i, did the organiza	ation file Form 4720	ŗ	
	reporting section 4911 tax for this	year?					Yes No
	(Some organizations th		a section 5	eraging Period Under 01(h) election do not l ate instructions for lir	nave to complete all o	of the five columns be	elow.
		Lobi	ying Expe	nditures During 4-Yea	r Averaging Period		
	Calendar year (or fiscal year beginning in)	(a)	2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
	Lobbying nontaxable amount						
	Lobbying ceiling amount (150% of line 2a, column(e))						
c	Total lobbying expenditures						
	Grassroots nontaxable amount						
	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2020

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)
of the lobbying activity.	Yes	No	Amo	unt
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:		x		
 a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? 		X X		
d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements?		X X		
f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body?		X X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?i Other activities?	Х	Х		48,000.
 j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 		Х		48,000.
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	tion	
501(c)(6).			Yes	No
Were substantially all (90% or more) dues received nondeductible by members?Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes."	"No" OR	(b) Part I		3, is
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). 		1		
 a Current year b Carryover from last year c Total 		2b		
0 4 1 1 1 1 1 0000(\(\frac{1}{2}\)\(\frac{1}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}\)\(\frac{1}{2}\)\(\fracan^2\)\(\frac{1}\)\(\frac{1}\)\(\frac{1}\)\(\frac{1}\)\(\frac{1}\	ess	3		
expenditure next year? 5 Taxable amount of lobbying and political expenditures (See instructions) Part IV Supplemental Information		4		
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART II-B, LINE 1, LOBBYING ACTIVITIES:	list); Part II-	-A, lines 1 a	nd 2 (See	
THE PHILADELPHIA ORCHESTRA ASSOCIATION PAID CONSULTING FIRM DUANE				
MORRIS \$48,000 DURING FISCAL YEAR ENDED AUGUST 31, 2021. THIS FIRM WAS				
HIRED TO SOLICIT FUNDS FROM GOVERNMENTAL ENTITIES ON BEHALF OF THE PHILADELPHIA ORCHESTRA ASSOCIATION; HOWEVER, SINCE THIS FIRM ENGAGES IN				
LOBBYING ACTIVITIES THAT INDIRECTLY BENEFIT THE ORCHESTRA, THE				

Schedule C (Form 990 or 990-EZ) 2020

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

PHILADELPHIA ORCHESTRA ASSOCIATION

Employer identification number 23-1352289

Par	t I Organizations Maintaining Donor Advised Fund	ls or Other S	imilar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.			
		(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing the	nat the assets he	ld in donor advised fur	nds
	are the organization's property, subject to the organization's exclusive	e legal control?		Yes No
6	$\mbox{\rm Did}$ the organization inform all grantees, donors, and donor advisors i	n writing that gra	ınt funds can be used	only
	for charitable purposes and not for the benefit of the donor or donor a	advisor, or for an	y other purpose confe	rring
_	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the organization	n answered "Ye	s" on Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization (chec	k all that apply).	7	
	Preservation of land for public use (for example, recreation or e	ducation)	Preservation of a his	torically important land area
	Protection of natural habitat		Preservation of a cer	tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified cons	servation contrib	ution in the form of a c	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic structure in			2c
d	Number of conservation easements included in (c) acquired after 7/25			
_	listed in the National Register			2d
3	Number of conservation easements modified, transferred, released, e	extinguished, or t	erminated by the orgai	nization during the tax
	year >			
4	Number of states where property subject to conservation easement is		ing bandling of	
5	Does the organization have a written policy regarding the periodic mo			□ Vaa □ Na
6	violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling		d opforcing consorvat	
6	Stan and volunteer hours devoted to monitoring, inspecting, handling	g of violations, ai	d emorcing conservati	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of v	iolations and en	forcing conservation e	asements during the year
•	\$\\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$	iolations, and cri	ording conscivation of	ascincing the year
8	Does each conservation easement reported on line 2(d) above satisfy	the requirement	s of section 170(h)(4)(F	R)(i)
_	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation easer			
	balance sheet, and include, if applicable, the text of the footnote to the		•	
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of Art, H	listorical Tre	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Pa	ırt IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958, not to	report in its reve	enue statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for public exhib	oition, education,	or research in furthera	ance of public
	service, provide in Part XIII the text of the footnote to its financial stat	ements that des	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to rep	ort in its revenue	statement and balance	ce sheet works of
	art, historical treasures, or other similar assets held for public exhibition	on, education, o	research in furtherand	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			• \$
	(ii) Assets included in Form 990, Part X			. .
2	If the organization received or held works of art, historical treasures, $\boldsymbol{\alpha}$	or other similar a	ssets for financial gain,	provide
	the following amounts required to be reported under FASB ASC 958 $$	relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			▶ \$
LHA	For Paperwork Reduction Act Notice, see the Instructions for For	m 990.		Schedule D (Form 990) 2020

Sche	duic D (1 01111 330) 2020	A ORCHESTRA ASS					23-135			age 2
Par	rt III Organizations Maintaining C	ollections of Art	t, Historical Tre	easures, o	r Othe	r Simila	r Assets	(contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following tha	t make s	ignificant	use of its	•	,	
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	change progra	am					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further the	ne organizatio	on's exe	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma	intained as part of th	ne organization's co	llection?				Yes		No
Par	rt IV Escrow and Custodial Arrang	gements. Comple	ete if the organization	on answered	"Yes" or	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contribution	s or other as	sets not	included				
	on Form 990, Part X?		•					Yes		No
b	If "Yes," explain the arrangement in Part XIII a									
	, ,	·	J					Amoun	t	
С	Beginning balance					1c				
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.							_		
Par						10.				
	<u> </u>	(a) Current year	(b) Prior year	(c) Two yea			years back	(e) Four	r vears	back
1a	Beginning of year balance	130,850,691.	117,055,754.	 ` 			75,219.			676.
	Contributions	6,893,980.	3,398,659.			3,0	45,632.	1	368,	710.
С	Net investment earnings, gains, and losses	34,049,936.	17,372,045.		9,548.		32,852.			937.
d	Grants or scholarships				,					
	Other expenditures for facilities									
•	and programs	6,856,648.	6,975,767.	5,56	5,446.	3,6	13,909.	3	591,	104.
f	Administrative expenses	, ,	, ,	,		,		,		
g	End of year balance	164,937,959.	130,850,691.	117,05	5,754.	70,3	39,794.	66	575.	219.
2	Provide the estimated percentage of the curre	•		•	,	,		'		
a	Board designated or quasi-endowment	1.0000	%	,,,						
b	Permanent endowment ▶ 99.0000	%	_,``							
c	. · · · · · · · · · · · · · · · · · · ·									
	The percentages on lines 2a, 2b, and 2c show									
За	Are there endowment funds not in the posses		tion that are held a	nd administer	red for th	ne organiz	ation			
	by:	3				3			Yes	No
	(i) Unrelated organizations							3a(i)	Х	
	(ii) Related organizations							3a(ii)	Х	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b	Х	
4	Describe in Part XIII the intended uses of the									
Par	rt VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990	. Part IV. line 11a. S	See Form 990	. Part X.	line 10.				
	Description of property	(a) Cost or o		t or other		ccumulat	ed	(d) Boo	k valu	е
	2 ccompaint of property	basis (investr	` '	(other)		preciation	II	(4, 500	vaia	_
1a	Land		,	. ,						
	Buildings	I	1	,723,000.		909	000.		814	000.
	Leasehold improvements			591,000.		569,				000.
	Equipment		9	,097,000.		6,238,		2		000.
u	Edaibillour			<u>, , , , , , , , , , , , , , , , , , , </u>		, ,			,	

Schedule D (Form 990) 2020

295,000.

3,990,000.

e Other

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

295,000.

Corredate B (Form 600) 2020	ESTRA ASSOCIATION	23-	-1352289 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, line (b) Book value	11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end-	of year market value
	(b) book value	(c) Method of Valuation. Cost of end-	Ji-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u> (7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description	True deer offin dee, true to.	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	>	
Part X Other Liabilities.	,		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) ACCRUED BENEFIT OBLIGATION			10,215,357
(3) DUE TO AFFILIATE			141,953

(4) (5) (6) (7) (8) (9) 10,357,310. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

Complete if the organization answered "Yes" on Form 990, I		iovonao poi mo		
1 Total revenue, gains, and other support per audited financial staten	nents		1	86,806,835.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a	36,106,589.		
b Donated services and use of facilities		461,113.		
c Recoveries of prior year grants		•		
d Other (Describe in Part XIII.)	اما	9,082,185.		
e Add lines 2a through 2d		· · · · · · · · · · · · · · · · · · ·	2e	45,649,887.
3 Subtract line 2e from line 1			3	41,156,948.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				, , -
a Investment expenses not included on Form 990, Part VIII, line 7b	1 1	46,838.		
b Other (Describe in Part XIII.)		-85,514.		
			40	-38,676.
			4c 5	41,118,272.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part XII Reconciliation of Expenses per Audited Finan	icial Statements With	Expenses per F		11,110,171
Complete if the organization answered "Yes" on Form 990, I				
Total expenses and losses per audited financial statements			1	38,547,133.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a	461,113.		
b Prior year adjustments		•		
c Other losses			•	
d Other (Describe in Part XIII.)		3,782,601.	•	
e Add lines 2a through 2d			2e	4,243,714.
			3	34,303,419.
3 Subtract line 2e from line 14 Amounts included on Form 990, Part IX, line 25, but not on line 1:				01,000,110.
	40	46,838.		
		10,000.	•	
b Other (Describe in Part XIII.)			4-	46,838.
c Add lines 4a and 4b			4c	34,350,257.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Pa Part XIII Supplemental Information.	<u>rt I, line 18.) </u>		5	34,330,237.
	and and A. Dark IV. Sugar disc	and Ohr Dout V. line 4	. Dart V 1	na O. Dart VI
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p			; Part X, II	ne 2; Part XI,
illies 20 and 40, and Part All, lines 20 and 40. Also complete this part to p	orovide arry additional inform	ation.		
PART V, LINE 4:				
ENDOWMENT FUNDS				
THE PHILADELPHIA ORCHESTRA ASSOCIATION'S (ASSOCIATION)	CONCOL TOYMED			
THE PHILADELPHIA ORCHESTRA ASSOCIATION 5 (ASSOCIATION)	CONSOLIDATED			
AUDITED FINANCIAL STATEMENTS INCLUDE ENDOWMENT FUNDS T	HAT CONSIST OF			
ENDOWMENT ASSETS HELD BY THE ASSOCIATION AND ENDOWMENT	ASSETS HELD IN			
TRUST AT PNC. THE FINANCIAL DATA REPORTED IN PART V C	F SCHEDULE D			
EXCLUDES THAT OF THE TRUST SINCE THOSE ENDOWMENT FUNDS	ARE SET UP AS A			
SEPARATE TRUST ORGANIZATION THAT REPORTS ITS OWN FORM	990 THE ENDOWMENT			
DEFINATE TROOF GROWNERS TON THE REPORTS THE OWN TOWN	JOO. THE ENDOWMENT			
FUNDS, SET UP AS A TRUST, ARE HELD AND ADMINISTERED BY	PNC BANK IN THE			
· · · · · · · · · · · · · · · · · · ·				
PHILADELPHIA ORCHESTRA ASSOCIATION ENDOWMENT (EIN: 23-	6227203). THE			
ASSOCIATION'S BOARD OF DIRECTORS CAN DRAW DOWN REVENUE	FROM THE TRUST			
ASSOCIATION'S BOARD OF DIRECTORS CAN DRAW DOWN REVENUE	FROM THE TRUST			

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

TRUST FEES

TOTAL TO SCHEDULE D, PART XI, LINE 2D

-56,001.

9,082,185.

SCHEDULE G

Department of the Treasury Internal Revenue Service

Part I

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the	organization
-------------	--------------

PHILADELPHIA ORCHESTRA ASSOCIATION

Employer identification number

23-1352289

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a X Mail solicitations	e X Solicita	tion of	non-g	overnment grants					
b X Internet and email solicitations f X Solicitation of government grants									
c X Phone solicitations g X Special fundraising events									
d X In-person solicitations									
2 a Did the organization have a written of	or oral agreement with any individual	(includ	ling of	ficers, directors, trus	tees, or				
key employees listed in Form 990, P	art VII) or entity in connection with p	rofessi	onal fu	undraising services?	X Yes	☐ No			
b If "Yes," list the 10 highest paid indi-					ne fundraiser is to be)			
compensated at least \$5,000 by the			3						
	T	1		T					
(i) Name and address of individual		(iii) fundr	Did	(iv) Gross receipts	(v) Amount paid	(vi) Amount paid			
or entity (fundraiser)	(ii) Activity	have c	ustody	from activity	to (or retained by) fundraiser	to (or retained by)			
or entity (ramaraleer)		contrib	utions?	ii oiii dolivity	listed in col. (i)	organization			
DCM INC 330 W 38TH STREET,		Yes	No						
NEW YORK, NY 10018	TELEFUNDING		х	36,494.	50,026.	0.			
RICHARD F. BOHRER CONSULTING					,				
- 7 BOLTON CT, WILMINGTON, DE	CONSULTING		x	0.	56,124.	0.			
					, -	-			
		-							
		-							
Total				36,494.	106,150.				
3 List all states in which the organization or licensing.	on is registered or licensed to solicit of	contrib	utions	or has been notified	it is exempt from re	gistration			
AL,AK,AZ,AR,CA,CT,DC,FL,IL,KS,K	Y.LA.ME.MD.MA.MI.MN.MO.MS.N	IH NJ	NY N	C ND OH					
OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,W									

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2020

Г	rτι	of fundraising events. Complete if the of fundraising event contributions and groups are supplied to the contributions.	-		· ·	
		Ţ.	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			OPENING NIGHT	OPENING NIGHT 2	1	(add col. (a) through col. (c))
a)			(event type)	(event type)	(total number)	Coi. (C))
Revenue	1	Gross receipts	189,064.	581,841.	64,201.	835,106.
_	2	Less: Contributions	169,176.	400,624.	52,596.	622,396.
	3	Gross income (line 1 minus line 2)	19,888.	181,217.	11,605.	212,710.
	4	Cash prizes				
,,	5	Noncash prizes				
shense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	104.		36,660.	36,764.
	8	Entertainment				
	9	Other direct expenses			35,907.	48,750.
	10	Direct expense summary. Add lines 4 through	. ,		_	85,514.
Pa	11 rt l	Net income summary. Subtract line 10 from li II Gaming. Complete if the organization a				127,196.
		\$15,000 on Form 990-EZ, line 6a.	answered res on Form	1 990, Fait IV, lille 19, OI	reported more triair	
		ψ.ο,οοο ο ο οοο <u></u> ,ο οα.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
	1_	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
а	ls t	ter the state(s) in which the organization condu he organization licensed to conduct gaming ac No," explain:	ctivities in each of these			Yes No
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No
	_	-25-20			Cabadula O /F	rm 990 or 990-FZ) 2020

Schedule G (Form 990 or 990-EZ) 2020 PHILADELPHIA ORCHESTRA ASSOCIATION	23-1352289	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	☐ No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
b An outside facility		%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record		
Name ▶		
Address		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount	ount	
of gaming revenue retained by the third party > \$		
c If "Yes," enter name and address of the third party:		
Name		
Address		
16 Gaming manager information:		
Name ▶		
Gaming manager compensation ▶ \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Yes	∟ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	n the	
organization's own exempt activities during the tax year > \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	and Part III, lines 9	, 9b, 10b,
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
(I) NAME OF FUNDRAISER: DCM INC.		
(I) ADDRESS OF FUNDRAISER: 330 W 38TH STREET, NEW YORK, NY 10018		
(I) NAME OF FUNDRAISER: RICHARD F. BOHRER CONSULTING		
(I) ADDRESS OF FUNDRAISER: 7 BOLTON CT, WILMINGTON, DE 19810		
SCHEDULE G PART IV SUPPLEMENTAL INFORMATION		

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

PHILADELPHIA ORCHESTRA ASSOCIATION

Employer identification number 23-1352289

Pa	art I Questions Regarding Compensation			
	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			l
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			l
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			l
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			l
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			l
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a	Х	<u> </u>
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	Х	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	X	i

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

Schedule J (Form 990) 2020

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	berients	(6)(1)-(0)	reported as deferred on prior Form 990	
(1) MATIAS TARNOPOLSKY	(i)	459,151.	75,000.	690.	22,833.	32,900.	590,574.	0.	
BOARD MEMBER/PRES AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) DAVID KIM	(i)	377,220.	0.	516.	10,588.	30,935.	419,259.	0.	
MUSICIAN/BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) RYAN FLEUR	(i)	263,537.	100,000.	450.	22,833.	31,350.	418,170.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) RICARDO MORALES	(i)	293,559.	0.	180.	8,913.	30,591.	333,243.	0.	
MUSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) DAVID BILGER	(i)	254,503.	0.	516.	12,438.	31,591.	299,048.	0.	
MUSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) KIMBERLY FISHER	(i)	257,712.	0.	276.	11,297.	25,797.	295,082.	0.	
MUSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) JEFFREY KHANER	(i)	246,866.	0.	792.	12,438.	26,797.	286,893.	0.	
MUSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) JENNIFER MONTONE RESSLER	(i)	247,662.	0.	120.	9,587.	27,991.	285,360.	0.	
MUSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) MARIO MESTICHELLI	(i)	200,879.	0.	690.	15,751.	28,947.	246,267.	0.	
BD MBR(NON-VOTING)/CFO/TREAS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(10) JEFFREY LANG	(i)	155,560.	0.	792.	12,438.	31,591.	200,381.	0.	
MUSICIAN/BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(11) JAE DARA MORALES	(i)	146,847.	0.	180.	9,587.	30,591.	187,205.	0.	
MUSICIAN/BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(12) DAVID FAY	(i)	131,498.	0.	516.	12,438.	23,152.	167,604.	0.	
MUSICIAN/BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(13) HOLLY BLAKE	(i)	139,002.	0.	792.	12,438.	13,836.	166,068.	0.	
MUSICIAN/BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 6:

THE ASSOCIATION MADE ADDITIONAL PAYMENTS TO THE ORCHESTRA'S MUSICIANS. SOME

OF WHICH ARE BOARD MEMBERS OR CERTAIN HIGHLY PAID EMPLOYEES PURSUANT TO

LANGUAGE IN THE COLLECTIVE BARGAINING AGREEMENT EFFECTIVELY ALLOCATING A

PORTION OF THE POSITIVE CHANGE IN UNRESTRICTED NET ASSETS FROM OPERATING

ACTIVITIES AS ADDITIONAL PAY DURING THE PERIOD ENDED AUGUST 31, 2021.

PART I, LINE 7:

CEO, MR. TARNOPOLSKY, HAS AN EMPLOYMENT CONTRACT CONTAINING A PERFORMANCE

BASED COMPENSATION DIRECTIVE THAT MAKES HIM ELIGIBLE TO RECEIVE A NON-FIXED

PAYMENT IN ADDITION TO HIS BASE COMPENSATION. ALL ELEMENTS OF COMPENSATION

INCLUDING THIS NON-FIXED PAYMENT ARE SUBJECT TO BOARD REVIEW AND APPROVAL.

EXECUTIVE DIRECTOR, MR. FLEUR, ACTED IN THE CAPACITY OF INTERIM CEO AND FOR

HIS SERVICE HE RECEIVED A BOARD APPROVED ONE-TIME DISCRETIONARY BONUS.

PART I, LINE 8:

MR. TARNOPOLSKY ENTERED INTO AN EMPLOYMENT CONTRACT WITH THE PHILADELPHIA

ORCHESTRA ASSOCIATION ON MAY 24, 2018. MR. TARNOPOLSKY COMMENCED HIS

EMPLOYMENT ON AUGUST 15 2018. THIS AGREEMENT WAS SUPERCEDED BY A NEW

Schedule J (Form 990) 2020

Part III Supplemental Information							
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.							
EMPLOYMENT CONTRACT EFFECTIVE DECEMBER 2, 2021.							

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open To Public Inspection

Name of the organization

PHILADELPHIA ORCHESTRA ASSOCIATION

PART | Evene Part | Even Part | Evene Part | Evene Part | Evene Part | Evene Part | Even Part | Evene Part | Evene Part | Evene Part | Evene Part | Even Part | Evene Part | Evene Part | Evene Part | Evene Part | Even Part | Evene Part | Even Part |

Part I						ion 501(c)(4), and sec							
1	Complete if the o		swered "Yes" on l			art IV, line 25a or 25b	, or Form 990-EZ, Pa	art V, I	ine 40	b.	(4)	Corro	cted?
(a) Nan	ne of disqualified p	person	person and o			(c) Description of tran	sactio	n			es	No
												_	
											+	-	
											+	+	
		•	-	-		qualified persons duri	-		> \$				
3 Enter t	the amount of tax,	if any, on line 2	2, above, reimburs	ed by	the or	ganization			> \$				
Part II	Loans to and	Vor From Ir	nterested Pers	cone									
Pail II						, Part V, line 38a or F	orm 000 Dort IV lin	o 26: 4	or if th	o oran	nizotio	'n	
	•	-	90, Part X, line 5, 6			, Fait V, lille 30a 01 F	omi 990, Fait IV, iiii	e 20, t	ווו ווו	e orga	IIIZatic	,,,,	
• •) Name of	(b) Relationshi	p (c) Purpose	(d) Lo	an to or	(e) Original	(f) Balance due		In	(h) Ap	proved ard or		/ritten
intere	ested person	with organization	on of loan		zation?	principal amount		defa	ult?		ittee?	agree	ment?
4 MADNOI	OOT GRA	DDEG /GEO	HOHETNE	То	From	250 000	150 000	Yes	No	Yes	No	Yes	No
1. TARNOE	POLSKY	PRES/CEO	HOUSING		Х	250,000.	150,000.		Х	Х		X	
Γotal						> \$	150,000.						
Part III			enefiting Inter										
			swered "Yes" on										
(a) Na	ame of interested p	person	(b) Relationship interested pers the organization	son an		(c) Amount of assistance	(d) Type assistan) Purp assista		f
									-+				

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

Schedule L (Form 990 or 990-EZ) 2020

SEE PART V FOR CONTINUATIONS

(a) Name of interested person	d "Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested	(c) Amount of	(d) Description of	(e) Sha	ring o	
(a) Name of interested person	person and the organization	transaction	transaction	organization's revenues?		
				Yes	No	
rt V Supplemental Information.		t				
Provide additional information for res	oonses to questions on Schedule L (see in	istructions).				
EDULE L, PART II, LOANS TO AND FRO	M INTERESTED PERSONS:					
,						
NAME OF PERSON: M. TARNOPOLSKY						
PURPOSE OF LOAN: HOUSING RELOCATION	МС					
TENTILE I DYDW II IOYNG WO YND EDO	M TNMEDECTED DEDCONC.					
HEDULE L, PART II, LOANS TO AND FRO	M INTERESTED PERSONS:					
E ASSOCIATION PROVIDED MATIAS TARNO	POLSKY A HOUSING RELOCATION LOA	N				
THE AMOUNT OF \$250,000. THE LOAN I	S SECURED, INTEREST BEARING AND	IS				
PAYABLE OVER FIVE YEARS. BALANCE AS	OF 8/31/21 IS \$150,000.					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization PHILADELPHIA ORCHESTRA ASSOCIATION Employer identification number

23-1352289

Par	tΙ	Types	of Property							
				(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		_	·
1	Art -	Works of a	art							
2			treasures							
3			interests							
4	Book	ks and pub	olications							
5	Cloth	ning and h	ousehold goods							
6	Cars	and other	vehicles							
7			nes							
8		ectual pro								
9	Secu	ırities - Pul	olicly traded	Х	42	8,155,160.	FMV			
10			sely held stock							
11		ırities - Paı interests	tnership, LLC, or							
12			scellaneous							
13			ervation contribution -							
	Histo	oric structu	ıres							
14	Quali	ified conse	ervation contribution - Other							
15			esidential							
16	Real	estate - C	ommercial							
17			ther							
18										
19				Х	1	6,970.	FMV			
20			dical supplies							
21										
22			cts							
23			imens							
24		eological a								
25	Othe	er 🕨 (INSTR. PURCH.	Х	1	5,000.	SELLING PRICE			
26	Othe	er 🕨 (COOKBOOKS)	X	120	4,200.	SELLING PRICE			
27	Othe	er 🕨 ()							
28	Othe	er 🕨 ()							
29	Num	ber of For	ms 8283 received by the organi	zation during	the tax year for co	ontributions				
	for w	hich the o	rganization completed Form 82	83, Part V, D	onee Acknowledge	ement 29				
									/es	No
30a	Durin	ng the yea	r, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 throu	gh 28, that it			
	must	t hold for a	it least three years from the dat	e of the initia	l contribution, and	which isn't required to be u	sed for			
	exem	npt purpos	ses for the entire holding period	?				30a	\rightarrow	Х
b	If "Ye	es," descri	be the arrangement in Part II.							
31	Does	s the orgar	nization have a gift acceptance	policy that re	equires the review of	of any nonstandard contribu	tions?	31	х	
32a		s the orgar ributions?	nization hire or use third parties		_	· ·		32a	x	
h			be in Part II.					J.La		
33		•	ion didn't report an amount in c	column (c) fo	r a type of property	for which column (a) is che	cked.			
		ribe in Par			,po or proporty	milen solumn (a) is one	J. 13.			
	4030	iii ai	·							

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

Schedule M (Form 990) 2020

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

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Department of the Treasury ▶ Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service **Employer identification number** Name of the organization PHILADELPHIA ORCHESTRA ASSOCIATION 23-1352289 FORM 990, PART VI, SECTION A, LINE 2: BUSINESS/FAMILY RELATIONSHIPS THE PHILADELPHIA ORCHESTRA ASSOCIATION HAS SEVERAL BOARD MEMBERS WITH BUSINESS RELATIONSHIPS WITH EACH OTHER, AS FOLLOWS: SECRETARY SARAH MILLER COULSON AND VICE CHAIR RICHARD WORLEY HAVE A BUSINESS RELATIONSHIP, BOARD MEMBER JOSEPH FIELD AND VICE CHAIR JOHN MCFADDEN HAVE A BUSINESS RELATIONSHIP. BOARD MEMBER FABIO TERLEVICH AND VICE CHAIR RICHARD WORLEY HAVE A BUSINESS RELATIONSHIP. ADDITIONALLY. VICE CHAIR RICHARD WORLEY AND SECRETARY SARAH MILLER COULSON HAVE A FAMILY RELATIONSHIP. FORM 990, PART VI, SECTION A, LINE 6: ORGANIZATION'S MEMBERS/STOCKHOLDERS THE MEMBERSHIP OF THE PHILADELPHIA ORCHESTRA ASSOCIATION SHALL CONSIST OF LIFE AND ANNUAL MEMBERS. LIFE MEMBERS SHALL BE THOSE PERSONS WHO ON OR BEFORE SEPTEMBER 22, PAID INTO THE ENDOWMENT FUND OR ANY OTHER FUND ESTABLISHED BY THE

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

ASSOCIATION NOT LESS THAN THE SUM OF FIVE HUNDRED DOLLARS.

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization PHILADELPHIA ORCHESTRA ASSOCIATION ANNUAL MEMBERS SHALL CONSIST OF THOSE PERSONS (INDIVIDUAL OR CORPORATE) WHO FROM TIME TO TIME SHALL CONTRIBUTE TO THE PHILADELPHIA ORCHESTRA ASSOCIATION NOT LESS THAN SUCH AMOUNT AS THE BOARD OF DIRECTORS MAY FROM TIME TO TIME DESIGNATE AS THE AMOUNT OF THE CONTRIBUTION BY WHICH A PERSON SHALL BECOME A MEMBER. A MEMBER, BY VIRTUE OF A CONTRIBUTION OF NOT LESS THAN THE AMOUNT THUS FIXED, SHALL BE A MEMBER UNTIL THE ADJOURNMENT OF THE ANNUAL MEETING NEXT FOLLOWING THE CLOSE OF THE FISCAL YEAR OF THE ASSOCIATION TO THE ACCOUNTS OF WHICH THE CONTRIBUTION WAS APPLIED.	Employer identification number 23-1352289
FROM TIME TO TIME SHALL CONTRIBUTE TO THE PHILADELPHIA ORCHESTRA ASSOCIATION NOT LESS THAN SUCH AMOUNT AS THE BOARD OF DIRECTORS MAY FROM TIME TO TIME DESIGNATE AS THE AMOUNT OF THE CONTRIBUTION BY WHICH A PERSON SHALL BECOME A MEMBER. A MEMBER, BY VIRTUE OF A CONTRIBUTION OF NOT LESS THAN THE AMOUNT THUS FIXED, SHALL BE A MEMBER UNTIL THE ADJOURNMENT OF THE ANNUAL MEETING NEXT FOLLOWING THE CLOSE OF THE FISCAL YEAR OF THE	
ASSOCIATION NOT LESS THAN SUCH AMOUNT AS THE BOARD OF DIRECTORS MAY FROM TIME TO TIME DESIGNATE AS THE AMOUNT OF THE CONTRIBUTION BY WHICH A PERSON SHALL BECOME A MEMBER. A MEMBER, BY VIRTUE OF A CONTRIBUTION OF NOT LESS THAN THE AMOUNT THUS FIXED, SHALL BE A MEMBER UNTIL THE ADJOURNMENT OF THE ANNUAL MEETING NEXT FOLLOWING THE CLOSE OF THE FISCAL YEAR OF THE	
TIME TO TIME DESIGNATE AS THE AMOUNT OF THE CONTRIBUTION BY WHICH A PERSON SHALL BECOME A MEMBER. A MEMBER, BY VIRTUE OF A CONTRIBUTION OF NOT LESS THAN THE AMOUNT THUS FIXED, SHALL BE A MEMBER UNTIL THE ADJOURNMENT OF THE ANNUAL MEETING NEXT FOLLOWING THE CLOSE OF THE FISCAL YEAR OF THE	
SHALL BECOME A MEMBER. A MEMBER, BY VIRTUE OF A CONTRIBUTION OF NOT LESS THAN THE AMOUNT THUS FIXED, SHALL BE A MEMBER UNTIL THE ADJOURNMENT OF THE ANNUAL MEETING NEXT FOLLOWING THE CLOSE OF THE FISCAL YEAR OF THE	
THAN THE AMOUNT THUS FIXED, SHALL BE A MEMBER UNTIL THE ADJOURNMENT OF THE ANNUAL MEETING NEXT FOLLOWING THE CLOSE OF THE FISCAL YEAR OF THE	
ANNUAL MEETING NEXT FOLLOWING THE CLOSE OF THE FISCAL YEAR OF THE	
ASSOCIATION TO THE ACCOUNTS OF WHICH THE CONTRIBUTION WAS APPLIED.	
IN ALL ELECTIONS AND AT ALL MEETINGS OF THE ASSOCIATION EACH MEMBER OF	
RECORD ON THE TENTH DAY PRECEDING THE DATE OF AN ELECTION OR OF A MEETING	
SHALL BE ENTITLED TO ONE VOTE AND TO NOTICE OF THE ELECTION OR MEETING.	
MEMBERS WHO ARE MEMBERS BY VIRTUE OF CONTRIBUTING TO THE ASSOCIATION AS	
PROVIDED FOR IN THIS ARTICLE AND MAKE AVAILABLE TO SUCH MEMBERS SUCH	
SPECIAL PRIVILEGES AS THE BOARD MAY DETERMINE, DEPENDING UPON THE	
CLASSIFICATION OF MEMBERSHIP.	_
VOTING BY MEMBERS SHALL BE IN PERSON OR BY PROXY.	
THE BOARD OF DIRECTORS MAY FROM TIME TO TIME ESTABLISH CLASSIFICATIONS OF	
MEMBERS WHO ARE MEMBERS BY VIRTUE CONTRIBUTING TO THE ASSOCIATION AS	
PROVIDED FOR IN THIS ARTICLE AND MAKE AVAILABLE TO SUCH MEMBERS SUCH	
SPECIAL PRIVILEGES AS THE BOARD MAY DETERMINE, DEPENDING UPON THE	
CLASSIFICATION OF MEMBERSHIP.	
FORM 990, PART VI, SECTION A, LINE 7A:	
SEE NARRATIVE UNDER FORM 990, PART VI, SECTION A, LINE 6	

Name of the organization PHILADELPHIA ORCHESTRA ASSOCIATION	Employer identification number 23–1352289
FORM 990, PART VI, SECTION A, LINE 7B:	
SEE NARRATIVE UNDER FORM 990, PART VI, SECTION A, LINE 6	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 WAS PREPARED BY AN INTERNATIONAL ACCOUNTING FIRM IN	
CONJUNCTION WITH THE ORGANIZATION'S FINANCE DEPARTMENT. A FINAL COPY OF	
THE FORM 990 IS CIRCULATED TO THE BOARD BEFORE IT IS FILED. HOWEVER,	
SCHEDULE B IS REDACTED FROM THE FORM 990 BEFORE IT IS CIRCULATED TO THE	
BOARD TO PROTECT THE IDENTITY OF CERTAIN DONORS WHO WISH TO REMAIN	
ANONYMOUS. AS SUCH, THE ORGANIZATION HAS CHECKED 'NO' TO PART VI, QUESTION	
11A. SCHEDULE B WILL BE MADE AVAILABLE TO THOSE BOARD MEMBERS WHO WISH TO	
INSPECT IT INDIVIDUALLY.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE BY FOLLOWING THESE	
PROCEDURES:	
1. ANY INTERESTED PERSON HAS A DUTY TO DISCLOSE THE TRANSACTION OR	
ARRANGEMENT;	
2. THE INTERESTED PERSON PRESENTS THIS POTENTIAL CONFLICT OF INTEREST TO	
THE BOARD/COMMITTEE;	
3. THE BOARD/COMMITTEE DETERMINES WHETHER THERE IS A CONFLICT OF INTEREST;	
4. BOARD/COMMITTEE/INTERESTED PERSON FOLLOWS PREDETERMINED PROCEDURES TO	
ADDRESS THE ISSUE IF ONE EXISTS;	
5. THE ABOVE WILL BE RECORDED IN THE MINUTES OF THE MEETINGS OF THE	
BOARD/COMMITTEE.	

Name of the organization PHILADELPHIA ORCHESTRA ASSOCIATION	Employer identification number 23-1352289
EACH DIRECTOR, OFFICER AND MEMBER OF A COMMITTEE WITH BOARD-DELEGATED	
POWERS SHALL ANNUALLY RESPOND TO A QUESTIONNAIRE AND SIGN A STATEMENT WHICH	
AFFIRMS SUCH PERSON:	
A. HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY,	
B. HAS READ AND UNDERSTANDS THE POLICY,	
C. HAS AGREED TO COMPLY WITH THE POLICY,	
D. UNDERSTANDS THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS	
FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH	
ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES; AND	
E. PROVIDES SUCH INFORMATION AS THE POA REQUIRES TO PREPARE THE POA'S	
ANNUAL IRS FORM 990.	
BOARD MEMBERS WERE REQUESTED TO COMPLETE A CONFLICT OF INTEREST	
QUESTIONNAIRE. THE REQUEST WAS MADE MULTIPLE TIMES, HOWEVER NOT ALL BOARD	
MEMBERS OR OFFICERS RESPONDED. THE ORGANIZATION FEELS THAT IT HAS MADE A	
REASONABLE EFFORT TO DISCLOSE EXISTING CONFLICTS OF INTEREST.	
FORM 990, PART VI, LINES 13 AND 14:	
PHILADELPHIA ORCHESTRA ASSOCIATION ESTABLISHED WHISTLEBLOWER AND DOCUMENT	
RETENTION POLICIES THAT ARE FOLLOWED BY THE ASSOCIATION, AS WELL AS ITS	
SUBSIDIARIES.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE PHILADELPHIA ORCHESTRA ASSOCIATION UNDERTAKES A THOROUGH PROCESS TO	
ENSURE THAT THE EXECUTIVE COMPENSATION IT PAYS TO ITS TOP MANAGEMENT	
OFFICIALS AND ALL OF ITS OFFICERS AND KEY EMPLOYEES OF THE ASSOCIATION IS	
REASONABLE GIVEN THE MARKET IN WHICH THE ASSOCIATION OPERATES. IN RELEVANT	_

Name of the organization PHILADELPHIA ORCHESTRA ASSOCIATION	Employer identification number 23-1352289
PART, THE BOARD OF DIRECTORS HAS ESTABLISHED A HUMAN RESOURCES COMMITTEE OF	
INDEPENDENT PERSONS THAT HAVE NO PERSONAL INTEREST IN THE PROPOSED	
COMPENSATION AGREEMENTS.	
WITH RESPECT TO THE CEO, THE H/R COMMITTEE CHAIR AND SEVERAL OTHER	
INDEPENDENT MEMBERS OF THE BOARD, INCLUDING THE CHAIR OF THE BOARD,	
CONTRACTED WITH A SEARCH FIRM TO ASSIST IN THE IDENTIFICATION AND SELECTION	
OF THE CEO. THE OUTCOME OF THIS PROCESS, INCLUDING COMPARABLE COMPENSATION	
DATA, GATHERED BY MEMBERS OF THE COMMITTEE WAS PRESENTED TO THE FULL BOARD.	
DOCUMENTS, EMAILS AND OTHER WRITINGS CREATED CONTEMPORANEOUSLY WERE USED AS	
THE BASIS FOR THE SELECTION AND COMPENSATION DECISIONS.	
WITH RESPECT TO HIRING AND COMPENSATION DECISIONS FOR OTHER KEY PERSONNEL,	
THE CEO CONTRACTED WITH A SEARCH FIRM TO ASSIST IN THE IDENTIFICATION AND	
SELECTION OF THE KEY PERSONNEL. THERE IS ALSO A FULL-TIME HUMAN RESOURCES	
DEPARTMENT SUPPORTING THIS FUNCTION AND THE ASSOCIATION RECEIVES REGULAR	
COMPENSATION DATA IN CONNECTION WITH ITS ONGOING MEMBERSHIP IN THE LEAGUE	
OF AMERICAN ORCHESTRA SERVICE ORGANIZATION. THE OUTCOME OF THIS PROCESS,	
INCLUDING COMPARABLE COMPENSATION DATA, GATHERED BY THE CEO WITH THE	
ASSISTANCE OF THE SEARCH FIRM WAS DESCRIBED TO THE INDEPENDENT CHAIR OF THE	
HUMAN RESOURCES COMMITTEE. DOCUMENTS, EMAILS AND OTHER WRITINGS CREATED	
CONTEMPORANEOUSLY WERE USED AS THE BASIS FOR THE SELECTION AND COMPENSATION	
DECISIONS.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AL,AK,AZ,AR,CA,CT,DC,FL,IL,KS,KY,LA,ME,MD,MA,MI,MN,MS,NH,NJ,NY,NC,ND,OK,OR	
PA,RI,SC,TN,MO,OH,UT,VA,WA,WV	

Name of the organization PHILADELPHIA ORCHESTRA ASSOCIATION	Employer identification number 23-1352289
	20 1002209
FORM 990, PART VI, SECTION C, LINE 19:	
THE TAXPAYER MAKES ITS FORM 990 AND AUDITED FINANCIAL STATEMENTS AVAILABLE	
TO THE PUBLIC BY RETAINING A COPY AT ITS PLACE OF BUSINESS AND ON ITS	
WEBSITE AT WWW.PHILORCH.ORG. THE FORM 990 IS LIKEWISE PUBLISHED ON THE	
INTERNET AT WWW.GUIDESTAR.ORG. THE ORGANIZATION'S GOVERNING DOCUMENTS AND	
CONFLICT OF INTEREST POLICY ARE NOT ORDINARILY MADE AVAILABLE TO THE	
PUBLIC, BUT, IF REQUESTED, WILL BE PROVIDED AT MANAGEMENT'S DISCRETION.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
POSTRETIREMENT ADJUSTMENT 1,903,971.	
OTHER -35,838.	
TOTAL TO FORM 990, PART XI, LINE 9 1,868,133.	
SUBSEQUENT TO YEAR END ORGANIZATIONAL INFORMATION	
THE PHILADELPHIA ORCHESTRA ASSOCIATION ("POA") AND THE KIMMEL CENTER,	
INC. ("KCI"), AFTER RECEIVING A NO OBJECTION LETTER FROM THE	_
PENNSYLVANIA ATTORNEY GENERAL DATED OCTOBER 15, 2021, ENTERED INTO A	_
PARTNERSHIP AND AFFILIATION AGREEMENT ON OCTOBER 21, 2021 THAT WILL	
ENABLE POA AND KCI TO OPERATE IN A STRATEGICALLY ALIGNED AND	
COORDINATED MANNER IN ORDER TO CREATE A MORE POWERFUL AND EXPANSIVE	
ARTISTIC FOOTPRINT BY ESTABLISHING A NEW 501(C)(3) ORGANIZATION THE	
PHILADELPHIA ORCHESTRA AND KIMMEL CENTER, INC. ("POKC") - TO SERVE AS	
THE COMMON CONTROLLING MEMBER/PARENT OF POA AND KCI, WITH FULL	
REPRESENTATION FROM THE EXISTING POA AND KCI BOARDS. THE TRANSACTION	
WAS CLOSED ON DECEMBER 2, 2021, AND ASSOCIATED FILINGS WERE MADE ON	
DECEMBER 3, 2021.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

23-1352289

	(b)	(c)	(d)		(e)		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity				ear assets			g
PHILADELPHIA ORCHESTRA EDUCATION SUPPORT, LLC - 84-1799546, ONE SOUTH BROAD ST, 14TH , PHILADELPHIA, PA 19107	FACILITATE DONORS WITH EDUCATIONAL IMPROVEMENT TAX	Y PENNSYLVANIA		0.	0.	PHILADELPHIASSOCIATION	A ORCHE	ESTRA
Identification of Related Tax-Exempt Organiza	ations. Complete if the organization a	inswered "Yes" on Form 99	0. Part IV. line 34. l	pecause it had o	ne or more	e related tax-exe	mpt	
organizations during the tax year.	The state of the s					- Tolatou tax oxol		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) ect controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))			Yes	No
PHILADELPHIA ORCHESTRA ASSOC ENDOWMENT - 23-6227203, 1600 MARKET STREET- TAX DEPT,			504 (5) (2)					
PHILADELPHIA, PA 19103 THE ACADEMY OF MUSIC PHILADELPHIA, INC 23-1501159, ONE SOUTH BROAD ST. 14TH FLOOR,	SUPPORTING	PENNSYLVANIA	501(C)(3)	LINE 12A, I	POA		Х	
PHILADELPHIA, PA 19107	RESTORATION	PENNSYLVANIA	501(C)(3)	LINE 12A, I	POA		Х	

PHILADELPHIA ORCHESTRA ASSOCIATION

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	20 of Schedule	mana partn	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No
TICKET PHILADELPHIA - 45-5625606, 1500 WALNUT ST											
17TH, PHILADELPHIA, PA 17103	TICKET SALES	PA	KIMMELCENTER	RELATED	-694,092.	2,157,345.		x	N/A	Х	30.79%

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i	i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		(i) ction b)(13) rolled tity?
		country)						Yes	No
]								
]								
	1								

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No							
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?										
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity										
	Gift, grant, or capital contribution to related organization(s)	1b		Х							
С	Gift, grant, or capital contribution from related organization(s)										
d Loans or loan guarantees to or for related organization(s)											
е	Loans or loan guarantees by related organization(s)	1e		Х							
f	Dividends from related organization(s)	1f		Х							
g	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Gift, grant, or capital contribution to related organization(s) Loans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s) Dividends from related organization(s) Sale of assets to related organization(s) Sale of assets to related organization(s) Exchange of assets from related organization(s) Lease of facilities, equipment, or other assets to related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Reimbursement paid to related organization(s) for expenses Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s)			Х							
i	Exchange of assets with related organization(s)	1i		Х							
j Lease of facilities, equipment, or other assets to related organization(s)											
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		х							
		11	х								
m		1m		Х							
n		1n	х								
		10	х								
р	Reimbursement paid to related organization(s) for expenses	1p		х							
		1q	х								
-											
r	Other transfer of cash or property to related organization(s)	1r		х							
s	Other transfer of cash or property to related organization(s)										
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.										

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PHILADELPHIA ORCHESTRA ENDOWMENT FUND	С	1,152,651.	FMV
(2) THE ACADEMY OF MUSIC OF PHILADELPHIA INC.	S	156,799.	FMV
<u>(3)</u>			
<u>(4)</u>			
<u>(5)</u>			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	Genera manag partn Yes	(k) Al or Percentage ging ownership
									000) 0000