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2021 Tax Return(s)

Prepared for FRIENDS OF THE PITTSBURGH FISHER

HOUSE, INC.

CLIENT CODE: FRI1167:V1

Account Number 748919

Release Number 2021.05000

Prepared by GOFF BACKA ALFERA & COMPANY, LLC

3325 SAW MILL RUN BLVD., SUITE 200

PITTSBURGH, PA

15227-2736

(412)885-5045

Processing Date: 11/11/2022

Time: 12:56:17

Special Instructions

Messages

100071 04-01-21

November 11, 2022

Friends of the Pittsburgh Fisher House, Inc. 3945 Forbes Avenue PO Box 240 Pittsburgh, PA 15213

Dear Barry:

Enclosed is the organization's 2021 Exempt Organization return. The state Exempt Organization Annual Report is also enclosed.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by November 15, 2022.

PENNSYLVANIA FORM BCO-10:

The Pennsylvania Form BCO-10 should be mailed on or before November 15, 2022 to:

Bureau of Charitable Organizations 207 North Office Building Harrisburg, PA 17120

Enclose a check or money order for \$150.00, payable to Commonwealth of Pennsylvania.

The report should be signed and dated by the authorized individual(s).

A completed and signed copy of federal Form 990 (and all applicable attachments) must be included with Form BCO-10.

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Sincerely,

Richard J. Alfera, CPA

Filing Instructions

Prepared for:

Friends of the Pittsburgh Fisher House, Inc. 3945 Forbes Avenue PO Box 240 Pittsburgh, PA 15213

Prepared by:

GOFF BACKA ALFERA & COMPANY, LLC 3325 SAW MILL RUN BLVD., SUITE 200 PITTSBURGH, PA 15227-2736

2021 FORM 990

Electronic Filing:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by November 15, 2022.

2021 PENNSYLVANIA FORM BCO-10

You have a balance due of\$ 150.00

Enclose a check or money order for \$150.00, payable to Commonwealth of Pennsylvania.

The report should be signed and dated by the authorized individual(s).

A completed and signed copy of federal Form 990 (and all applicable attachments) must be included with Form BCO-10.

Please mail on or before November 15, 2022.

Mail to - Bureau of Charitable Organizations 207 North Office Building Harrisburg, PA 17120

50m 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No.	1545-0047

For calendar year 2021, or fiscal year beginning , 2021, and

, 2021, and ending _____ , 20___

2021

Department of the Treasury Internal Revenue Service

Name of filer

▶ Do not send to the IRS. Keep for your records.
 ▶ Go to www.irs.gov/Form8879TE for the latest inform

► Go to www.irs.gov/Form8879TE for the latest information.

FRIENDS OF THE PITTSBURGH FISHER

EIN or SSN 46-0881237

Name and title of officer or person subject to tax

HOUSE, INC.

BARRY P. COX TREASURER

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

ian on	ie iii ie ii i Fait i.		
1a	Form 990 check here ► X	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>231,055</u>
2a	Form 990-EZ check here	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a	Form 1120-POL check here	b Total tax (Form 1120-POL, line 22)	3b
4a	Form 990-PF check here >	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a	Form 8868 check here	b Balance due (Form 8868, line 3c)	5b
6a	Form 990-T check here >	b Total tax (Form 990-T, Part III, line 4)	6b
7a	Form 4720 check here	b Total tax (Form 4720, Part III, line 1)	7b
8a	Form 5227 check here	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here	b Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b
Part	II Declaration and Signati	ure Authorization of Officer or Person Subject to Tax	
Jnder p	penalties of perjury, I declare that X	I am an officer of the above entity or 🔲 I am a person subject to tax with I	respect to (name
f entity	y)	, (EIN) and that I h	ave examined a copy of the
		edules and statements, and, to the best of my knowledge and belief, they are	

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PΙ	N:	check	one	box	only
----	----	-------	-----	-----	------

L▲ I authorize	GOFF	BACKA	ALFERA	٥c	COMPANY,	ппс	to enter my PIN	14343
					ERO firm name		•	Enter five numbers, b
								do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the

return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

25298612345
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for

Business Returns. ER0's signature ▶

Date > 11/11/22

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

Form **8868**

(Rev. January 2022)

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.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the 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. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or FRIENDS OF THE PITTSBURGH FISHER print 46-0881237 HOUSE, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 3945 FORBES AVENUE PO BOX 240 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. PITTSBURGH, PA 15213 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) BARRY P COX, TREASURER The books are in the care of ► 3945 FORBES AVE - PITTSBURGH, PA 15213 Telephone No. ▶ 412-694-4374 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this 」. If it is for part of the group, check this box ▶ 🔛 and attach a list with the names and TINs of all members the extension is for. NOVEMBER 15, 2022 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or ___ tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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

using EFTPS (Electronic Federal Tax Payment System). See instructions.

b 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.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2022)

3b

EXTENDED TO NOVEMBER 15, 2022

Form **991**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

A For the 2021 calendar year, or tax year beginning

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

and ending

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

Open to Public

B 0	heck if pplicable:	C Name of organization	D Employer identifica	ntion number
_	□Address	FRIENDS OF THE PITTSBURGH FISHER		
	_change _Name	HOUSE, INC.	46 000100	-
	_change _Initial	Doing business as	46-088123	<u>/</u>
	return _Final	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephone number $412-694-4$	271
	⊒return/ termin-	3945 FORBES AVENUE PO BOX 240	 	231,055.
	ated ∏Amended	City or town, state or province, country, and ZIP or foreign postal code PITTSBURGH, PA 15213	G Gross receipts \$	
	⊒return ⊒Applica- _tion	F Name and address of principal officer: JAMES W. BRUDER	H(a) Is this a group retue for subordinates?	
	pending	2721 STEINER STREET, PITTSBURGH, PA 15227	H(b) Are all subordinates incl	····· — —
	ax-exen	npt status: $X = 501(c)(3) = 501(c)(1)$ (insert no.) $= 4947(a)(1)$ or $= 52$	7 ' '	st. See instructions
		► WWW.PITTSBURGHFISHERHOUSE.ORG	H(c) Group exemption	
		<u> </u>	of formation: 2012 M	
		Summary		<u> </u>
_	1 B	riefly describe the organization's mission or most significant activities: FRIENDS O	F THE PITTSBU	RGH FISHER
Governance	<u> </u>	OUSE, INC. IS DEDICATED TO FINANCIAL, VOLUNT	EER AND EMOTI	ONAL
ern;	2 C	heck this box 🕨 📖 if the organization discontinued its operations or disposed of mor	e than 25% of its net ass	
ŏ		umber of voting members of the governing body (Part VI, line 1a)		12
∞ಶ		umber of independent voting members of the governing body (Part VI, line 1b)		12
ies		otal number of individuals employed in calendar year 2021 (Part V, line 2a)		1
Activities		otal number of volunteers (estimate if necessary)		58
Ac		otal unrelated business revenue from Part VIII, column (C), line 12		0.
	b N	et unrelated business taxable income from Form 990-T, Part I, line 11	Prior Year	
		ontributions and grants (Part VIII, line 1h)	227,747.	230,230.
Jue		rogram service revenue (Part VIII, line 2g)	0.	0.
Revenue		vestment income (Part VIII, column (A), lines 3, 4, and 7d)	2,596.	825.
æ		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	230,343.	231,055.
		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.
S		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	24,171.
Expenses		rofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.
xbe	l .	otal fundraising expenses (Part IX, column (D), line 25)		
Ш	17 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	43,833.	52,216.
	18 To	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	43,833.	76,387.
	19 R	evenue less expenses. Subtract line 18 from line 12	186,510.	154,668.
s or			eginning of Current Year	End of Year
Net Assets or Fund Balances	20 To	otal assets (Part X, line 16)	754,126.	908,794.
etA	21 To	otal liabilities (Part X, line 26)	754 126	0.00 704
		et assets or fund balances. Subtract line 21 from line 20	754,126.	908,794.
		es of perjury, I declare that I have examined this return, including accompanying schedules and stater	nents, and to the hest of my l	nowledge and helief it is
		and complete. Declaration of preparer (other than officer) is based on all information of which prepare		thowleage and boller, it is
,	<u> </u>			
Sigi	n	Signature of officer	Date	
Her	Ι.	BARRY P. COX, TREASURER		
		Type or print name and title		
	F	Print/Type preparer's name Preparer's signature	Date Check] PTIN
Paid	_	ICHARD J. ALFERA, CPA RICHARD J. ALFERA, C		₽00080006
		irm's name GOFF BACKA ALFERA & COMPANY, LLC	Firm's EIN ▶ 2	5-1871184
Use	Only F	irm's address 3325 SAW MILL RUN BLVD., SUITE 200	,	0.005 5045
		PITTSBURGH, PA 15227-2736	Phone no. (41	2)885-5045
May	the IRS	6 discuss this return with the preparer shown above? See instructions		Yes No

Other program services (Describe on Schedule O.)

including grants of \$

Total program service expenses

70,090.

FRIENDS OF THE PITTSBURGH FISHER

Form 990 (2021) HOUSE, INC.

Part IV Checklist of Required Schedules HOUSE, INC.

			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? See instructions	2	Х	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		122
8	Schedule D, Part III	8		х
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?			۱
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			\ _{3,7}
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			. v
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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		X
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,			۱
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			٠,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			٦,
•	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	21		x
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Page 4

FRIENDS OF THE PITTSBURGH FISHER HOUSE, INC.

Form 990 (2021) HOUSE, INC.

Part IV Checklist of Required Schedules (continued)

			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		Х				
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			1				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			77				
	Schedule J	23		Х				
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			77				
	Schedule K. If "No," go to line 25a	24a		X				
	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	.		1				
	any tax-exempt bonds?	24c						
	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			x				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a						
D	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	051		X				
00	Schedule L, Part I	25b						
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current							
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	000		X				
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26						
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled							
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x				
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21						
20	instructions for applicable filing thresholds, conditions, and exceptions):							
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>							
а	"Yes," complete Schedule L, Part IV	28a		х				
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X				
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	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	F				
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?// "Yes," complete	<u> </u>						
-	Schedule N, Part II	32		x				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>						
-	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				
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х				
	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		1				
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		Х				
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	F							
	Note: All Form 990 filers are required to complete Schedule O	38	Х					
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance							
	Check if Schedule O contains a response or note to any line in this Part V							
			Yes	No				
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable							
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?	1c						

FRIENDS OF THE PITTSBURGH FISHER

1021) HOUSE, INC.
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	2a 1			37					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns a second of the control of the		2b		Х					
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.									
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?									
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other and the organization have an interest in the calendar year.		3b							
4a	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		Х					
h	If "Yes," enter the name of the foreign country	account)?	T a							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR)								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the									
	any contributions that were not tax deductible as charitable contributions?		6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts								
	were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•			7.7					
	to file Form 8282?	 	7с		X					
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_		Х					
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e 7f		X					
f										
g h	h If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C?									
8										
_	sponsoring organization have excess business holdings at any time during the year?									
9	Sponsoring organizations maintaining donor advised funds.									
а	a Did the sponsoring organization make any taxable distributions under section 4966?									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b							
10	Section 501(c)(7) organizations. Enter:									
а	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	10b								
11	Section 501(c)(12) organizations. Enter:	1								
а		11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	146								
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b 10/12	12a							
		12b	ıza							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
	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	13b								
С	Enter the amount of reserves on hand	13c								
l4a	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 Schedu		14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		15		х					
excess parachute payment(s) during the year?										
If "Yes," see the instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		Х					
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	anv								
'	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17							
	If "Yes," complete Form 6069.		.,							
	, opening the second of the se									

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Creck it Scriedule O contains a response or note to any line in this Part VI			77
Sec	tion A. Governing Body and Management			
	1 1 10		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 1b 12			
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		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or 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:			
а	The governing body?	8a	Х	
b	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			
Ū	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.)			
	tion Dividios (mis section b requests information about policies not required by the internal revenue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	114		
12a		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
		120		
·	on Schedule O how this was done	12c	Х	
13		13		X
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14		X
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?			
2	The organization's CEO, Executive Director, or top management official	15a		Х
h	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	.55		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
·Ju	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
-	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		
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed ▶PA			
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)	s only) avails	able
	for public inspection. Indicate how you made these available. Check all that apply.	iny	, availe	
	X Own website Another's website X Upon request X Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finar	ncial	
13	statements available to the public during the tax year.	u midi	ioiai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	BARRY P COX, TREASURER - 412-694-4374			
	3945 FORBES AVE, PITTSBURGH, PA 15213			

HOUSE, INC.

46-0881237

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Form 990 (2021) 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average		Position (do not check more than one box, unless person is both an officer and a director/trustee)					Reportable	Reportable	Estimated
	hours per week	box						compensation from	compensation from related	amount of other
	(list any	for						the	organizations	compensation
	hours for	direc				pa		organization	(W-2/1099-MISC/	from the
	related	tee or	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	altrus	nal tr		loyee	o mp		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JAMES BRUDER	line) 0 • 0 0	Ĕ	Ë	₽	ağ.	当	호			
BOARD CHAIRMAN	0.00	X		x				0.	0.	0
(2) CHARLES JOHNSTON	0.00	125		1				0.	0.	0
PRESIDENT	0.00	\mathbf{x}		x				0.	0.	0
(3) NICOHOLAS D. KRAWEC	0.00	╁╾								
SECRETARY		x		x				0.	0.	0
(4) WILLIAM DOLD	0.00	 								
ASST. SECRETARY		X		х				0.	0.	0
(5) JACK MCMAHON	0.00									
VP OF MARKETING		X		Х				0.	0.	0
(6) MARY ELLEN AUSTIN	0.00									
VP OF DEVELOPMENT		X		Х				0.	0.	0 .
(7) JOHN J. CORDER	0.00									
DIRECTOR OF COMMUNITY OUTR		Х		Х				0.	0.	0
(8) BARRY P COX	0.00									
TREASURER		X		Х				0.	0.	0
(9) ANDREW KRULL	0.00							_	_	_
ASSISTANT TREASURER		Х		Х				0.	0.	0
(10) HOWARD FELL	0.00									_
TRUSTEE		Х						0.	0.	0
(11) MICHAEL E. MCCARTHY	0.00	↓								
TRUSTEE	0.00	Х						0.	0.	0
(12) DAYNA BROWN	0.00	١,,		,,						
DIRECTOR OF COMMUNICATIONS		Х		Х				0.	0.	0
		-								
		1								
		_	\vdash							
		+								
		\vdash					-			
		1								
		\vdash	\vdash							
		1								
	1	1	1		1			1	1	

Form 990 (2021) HOUSE, II	NC.								46-088	<u> 1237</u>	<u></u> Р	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week	Pos (do not check box, unless pe			osition osk more than one person is both an a director/trustee)			(D) Reportable compensation from	(E) Reportable compensation from related	(F Estima amou oth		
	(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/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	-MISC/ from		e tion ted
1b Subtotal								0.	0			0.
c Total from continuation sheets to Part VI								0.	0			0.
d Total (add lines 1b and 1c) Total number of individuals (including but n										<u>•</u> 1		0
compensation from the organization											Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			•		•		•		•	3		Х
 For any individual listed on line 1a, is the su and related organizations greater than \$150 	ım of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization	4		Х
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue compe	nsat	ion f	from	any	unr/	elat			5		Х
Section B. Independent Contractors	<u> </u>			,								
Complete this table for your five highest co the organization. Report compensation for										nsation	from	
(A) Name and business			ONI					(B) Description of s		Compe	C) ensatio	n
Total number of independent contractors (i \$100,000 of compensation from the organic)		ot lii	mite	d to		se li:)	stec	d above) who received n	nore than			

FRIENDS OF THE PITTSBURGH FISHER 46-0881237 HOUSE, INC. Page 9 Form 990 (2021) Part VIII Statement of Revenue

			Check if Schedule O contains a response	or note to any iir	ie in this Part VIII 👑			
			·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue excluded
						lanction revenue	business revenue	sections 512 - 514
इ इ	1	<u> </u>	Federated campaigns 1a					
au								
اع ق								
Ę,ţ	(Fundraising events1c					
⊟ੁੜ		d	Related organizations 1d					
Si Si	•	е	Government grants (contributions) 1e					
흔띪	1	f	All other contributions, gifts, grants, and					
흑			similar amounts not included above 1f	230,230.				
담임		g	Noncash contributions included in lines 1a-1f	47,829.				
Contributions, Gifts, Grants and Other Similar Amounts	-	h	Total. Add lines 1a-1f		230,230.			
				Business Code				
o l	2	a	•					
i ki		ս b						
Ser Jue		-						
ž a		C						
gra Re	'	d						
Program Service Revenue	•	е						
ъ	1	f	All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, intere	est, and				
			other similar amounts)	>	825.	825.		
	4		Income from investment of tax-exempt bond p	roceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
	_		Less: rental expenses 6b					
			Rental income or (loss) 6c					
				•				
			` 1	(ii) Other				
	/ 3	а		(ii) Oti lei				
			assets other than inventory 7a					
	ı	b	Less: cost or other basis					
ng			and sales expenses 7b					
, ve		С	Gain or (loss) 7c					
ığ		d	Net gain or (loss)					
Other Revenue	8	а	Gross income from fundraising events (not					
₽			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
		b	Less: direct expenses 8b					
			Net income or (loss) from fundraising events	•				
			Gross income from gaming activities. See					
	5	u	Part IV, line 19 9a					
		L						
			Net income or (loss) from gaming activities	P				
	10	а	Gross sales of inventory, less returns					
			and allowances10a					
	ı	b	Less: cost of goods sold10b					
		С	Net income or (loss) from sales of inventory					
<u>s</u>				Business Code				
Miscellaneous Revenue	11 :	а						
an	- 1	b						
ĕ,g		С						
ĭš ¤		d	All other revenue					
2			Total. Add lines 11a-11d	>				
	12		Total revenue. See instructions		231,055.	825.	0.	0.

FRIENDS OF THE PITTSBURGH FISHER HOUSE, INC.

Form 990 (2021)

Part IX Statement of Functional Expenses

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	se or note to any line in (A)	this 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		САРСПЗСЗ	general expenses	схрензез
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	10 004	10 004		
7	Other salaries and wages	19,084.	19,084.		
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	5,087.	5,087.		
10	Payroll taxes	3,007.	3,007.		
11	Fees for services (nonemployees):				
a b	Management				
C	Legal	14,699.	14,699.		
d	Lobbying	22,0330	21,000		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
q	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	1,420.	1,420.		
13	Office expenses	4,781.		4,781.	
14	Information technology				
15	Royalties				
16	Occupancy	749.	749.		
17	Travel	1,258.	1,258.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,499.		1,499.	
23	Insurance	1,499.		1,499.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	FOOD & HOUSEHOLD ITEMS	15,120.	15,120.		
a b	OTHER BUSINESS EXPENSE	5,200.	5,200.		
C	DUES AND SUBSCRIPTIONS	3,985.	3,985.		
d	PREPARED FOOD & CATERIN	1,331.	1,331.		
_	All other expenses	2,174.	2,157.	17.	
25	Total functional expenses. Add lines 1 through 24e	76,387.	70,090.	6,297.	0.
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 (2021)
Part X Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	417,103.	1	523,525.
	2	Savings and temporary cash investments	337,023.	2	337,440.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ĕ	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	47,829.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1 751106	16	908,794.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
ij		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
ij	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	0.
		Organizations that follow FASB ASC 958, check here ▶ X			
ces		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	754,126.	27	908,794.
Ba	28	Net assets with donor restrictions		28	
nd		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
s or	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		32	908,794.
2	33	Total liabilities and net assets/fund balances	== 4 4 4 4 4	33	908,794.
	1 00	rotal habilities and not associs/fully balances	, , , , , , , , , , , , , , , , , , , ,	_ JJ	5001154

FRIENDS OF THE PITTSBURGH FISHER

46-0881237 Page **12** HOUSE, INC. Form 990 (2021)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Ш
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)	1 2 3 4 5 6 7 8 9	23 7 15	1,0 6,3 4,6 4,1	87. 68.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		0.0	0 7	0.4
Do	column (B))	10	90	8,7	94.
Га	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		·····	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			100	110
0-	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule		0-		х
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				v
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
_	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	-	3a		х
h	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit	Sa	-+	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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. FRIENDS OF THE PITTSBURGH FISHER

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

HOUSE, INC. 46-0881237 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) 8 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 university: 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

46-0881237 Page 2

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	117,393.	93,541.	158,285.	227,747.	230,230.	827,196.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	117,393.	93,541.	158,285.	227,747.	230,230.	827,196.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						52,662. 774,534.
	Public support. Subtract line 5 from line 4.						774,534.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total 827,196.
7	Amounts from line 4	117,393.	93,541.	158,285.	227,747.	230,230.	827,196.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,043.	1,178.	5,765.	2,596.	825.	11,407.
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.)	335.	350.				685.
11	Total support. Add lines 7 through 10						839,288.
12	Gross receipts from related activities,	•	,			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
_	organization, check this box and stor						>
	ction C. Computation of Publ		-			l I	00 00
	Public support percentage for 2021 (14	92.28 % 97.12 %
	Public support percentage from 2020					15	,,,
16a	33 1/3% support test - 2021. If the o						ox and ► X
	stop here. The organization qualifies						······································
b	33 1/3% support test - 2020. If the						nis box
4-	and stop here. The organization qual						▶□
1/a	10% -facts-and-circumstances tes						
	and if the organization meets the fact		*		•	•	. .
,	meets the facts-and-circumstances to	~		• • •			
b	10% -facts-and-circumstances tes						10% Or
	more, and if the organization meets the				-		▶□
10	organization meets the facts-and-circ		-	•			
ıδ	Private foundation. If the organization	ni dia not check a	DOX ON HITE 13, 16	a, 100, 1/a, 0r 1/b	o, check this box a	ina see instruction:	s

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	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(a) 2017	(b) 2018	(6) 2019	(u) 2020	(e) 2021	(i) iotai
'	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4							
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						
	Total. Add lines 1 through 5						
16	Amounts included on lines 1, 2, and						
ŀ	3 received from disqualified persons Amounts included on lines 2 and 3 received						
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2017	(h) 0010	(a) 2010	(4) 2020	(a) 2021	(f) Total
	· · · · · · · · · · · · · · · · · · ·	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
106	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
Ľ	Unrelated business taxable income (less section 511 taxes) from businesses						
	on quired ofter June 20 1075						
	Add lines 10a and 10b Net income from unrelated business						
••	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
12	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	o organization's f	irat accord third	fourth or fifth toy	Voor oo o costion	[F01/a)/(2) arganizat	<u> </u>
14	First 5 years. If the Form 990 is for the	•			•	. , . ,	lion,
50	check this box and stop here ction C. Computation of Publi						<u></u>
	Public support percentage for 2021 (li	• •		oolumn (f)\		15	
						16	<u>%</u>
	Public support percentage from 2020 ction D. Computation of Inves					16	<u>%</u>
						17	
17						18	<u>%</u>
18	Investment income percentage from 2						% 17 is not
198	33 1/3% support tests - 2021. If the						I / IS HOT
	more than 33 1/3%, check this box ar						
r	33 1/3% support tests - 2020. If the						
20	line 18 is not more than 33 1/3%, chec						
∠∪	20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

,		Yes	No
	1		
	2		
	3a		
	3b		
	0-		
	3с		
	4a		
	Ta		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	U		
	7		
	8		
	9a		
	9b		
	อม		
	9с		
	10a		
	10b		
alub	A (Forr	n 990)	2021

Pa	rt IV Supporting Organizations (continued)			
	(definition)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		<u> </u>
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		<u> </u>
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	7 7 7			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
ı a	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on 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	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

FRIENDS OF THE PITTSBURGH FISHER

Schedule A (Form 990) 2021

46-0881237 Page 6 HOUSE, INC.

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	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 mu	st complete	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-function	ally integrat	ed Type III supporting org	anization (see	
	instructions).				

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

HOUSE, INC.

46-0881237 Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	Section D - Distributions Current Year						
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1			
2	Amounts paid to perform activity that directly furthers exemp						
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	าร	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	ne organization is responsiv	е				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2021 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
		(i)	(ii)		(iii)		
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributior Pre-2021	ıs	Distributable Amount for 2021		
1	Distributable amount for 2021 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2021 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2021						
a	From 2016						
b	From 2017						
c	From 2018						
d	From 2019						
е	From 2020						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2021 distributable amount						
<u>i</u> _	Carryover from 2016 not applied (see instructions)						
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2021 from Section D,						
	line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2021 distributable amount						
c	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2022. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
a	Excess from 2017						
	Excess from 2018						
c	Excess from 2019						
d	Excess from 2020						
е	Excess from 2021						

Schedule A (Form 990) 2021

FRIENDS OF THE PITTSBURGH FISHER

46-0881237 Page 8 HOUSE, INC. Schedule A (Form 990) 2021 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 B, Part VI 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 (Form 990) 2021

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2021

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
84 LUMBER	25,000.	8,214
HARRY G AND MARY AUSTIN	61,234.	44,448
otal Excess Contributions to Schedule A, Part II, Line 5		52,662

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Organization type (check one):

Schedule of Contributors

Attach to Form 990 or Form 990-PF.Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

FRIENDS OF THE PITTSBURGH FISHER

HOUSE, INC.

Employer identification number

46-0881237

Filers of:	Section:				
Form 990 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (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				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	tion is covered by the General Rule or a Special Rule. i01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Rule					
-	zation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or nany one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
sections 509(contributor, d	zation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under (a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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; 00-EZ, line 1. Complete Parts I and II.				
contributor, d literary, or edu	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.				
year, contribu is checked, e purpose. Don	zation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the utions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box need that contributions that were received during the year for an exclusively religious, charitable, etc., or to complete any of the parts unless the General Rule applies to this organization because it received nonexclusively ritable, 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), 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).					

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

Schedule B (Form 990) (2021)

Name of organization
FRIENDS OF THE PITTSBURGH FISHER
HOUSE, INC.

Employer identification number

46-0881237

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional	il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE PITTSBURGH FOUNDATION FIVE PPG PLACE NO 250 PITTSBURGH, PA 15222-5401	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NORTHWOOD REALTY CHARITABLE FOUNDATION 9840 OLD PERRY HIGHWAY WEXFORD, PA 15090	\$9,440.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MILTON G HULME CHARITABLE FOUNDATION 1146 OLD FREEPORT ROAD PITTSBURGH, PA 15238-3109	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	PNC FOUNDATION 300 FIRTH AVENUE, FLOOR 29 PITTSBURGH, PA 15222	\$ 22,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	STEELERS CHARITIES 3400 S WATER STREET PITTSBURGH, PA 15203	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	HARRY G AND MARY AUSTIN 107 GREENBRIAR DRIVE WEXFORD, PA 15090	\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Name of organization
FRIENDS OF THE PITTSBURGH FISHER
HOUSE, INC.

Employer identification number

46-0881237

Parti	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 contribut			
7	INTER-NATIONAL FOUNDATION CORPORATION 4449 EASTON WAY COLUMBUS, OH 43219	\$15,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8	PITTSBURGH PENGUINS FOUNDATION ONE CHATHAM CENTER, SUITE 300 PITTSBURGH, PA 15219	\$ 24,156.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9	PENNSYLVANIA STATE SOCIETY DAUGHTERS OF THE AMERICAN REVOLUTION 2 MULBERRY CT BOILING SPRINGS, PA 17007	\$ 10,000.	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		
10	FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	\$5,500.	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		
		\$	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.)		

Name of organization
FRIENDS OF THE PITTSBURGH FISHER
HOUSE, INC.

Employer identification number

46-0881237

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	f additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	125 SHARES OF ACCENTURE (ACN)	- - - \$ 46,234.	11/12/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - _ \$	

Employer identification number

Name of organization

FRIENDS OF THE PITTSBURGH FISHER 46-0881237 HOUSE, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and 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 Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE 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

FRIENDS OF THE PITTSBURGH FISHER HOUSE, INC.

Employer identification number 46-0881237

Pai	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
	organization anowored 100 or 1000, 1 are 10, iii	(a) Donor advised 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		nor advised fur	nds		
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No		
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other	purpose confe	rring		
	impermissible private benefit?			Yes No		
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Fo	orm 990, Part IV	, line 7.		
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).				
	Preservation of land for public use (for example, recrea	ation or education) 🔲 Presei	vation of a histo	orically important land area		
	Protection of natural habitat	Prese	vation of a cert	ified historic structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in	the form of a co			
	day of the tax year.			Held at the End of the Tax Year		
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements			2b		
С	Number of conservation easements on a certified historic str	ructure included in (a)		2c		
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a histo	ric structure			
	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminate	ted by the orgar	nization during the tax		
	year					
4	Number of states where property subject to conservation ea					
5	Does the organization have a written policy regarding the pe		ndling of			
	violations, and enforcement of the conservation easements					
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enfor	cing conservati	on easements during the year		
_	<u> </u>					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing	conservation ea	asements during the year		
•	> \$		470(1)(4)(6	2) (2)		
8	Does each conservation easement reported on line 2(d) above and easting 170(h)(4)(f)(iii)2					
•	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservat		•			
	balance sheet, and include, if applicable, the text of the foot	note to the organization's linanci	ai statements tr	lat describes the		
Pai	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	f Art. Historical Treasure	s or Other	Similar Assets		
	Complete if the organization answered "Yes" on Form	·	,0,0,0,0,			
	If the organization elected, as permitted under FASB ASC 95		atement and ha	lance sheet works		
ıu	, .	,				
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
h	If the organization elected, as permitted under FASB ASC 95			se sheet works of		
~						
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1			. • \$		
				k		
2	If the organization received or held works of art, historical tre					
_	the following amounts required to be reported under FASB A			E		
а	Revenue included on Form 990, Part VIII, line 1			. ▶ \$		
	Assets included in Form 990, Part X			. > \$		

FRIENDS OF THE PITTSBURGH FISHER

Sche	dule D (Form 990) 2021 HOUSE,	INC.			4	46-08	8123'	7 P	age 2
Pai	rt III Organizations Maintaining C		rt, Historical Ti	reasures, or Ot					
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its								
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	change program					
b	Scholarly research	е							
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further	the organization's e	xempt purpo	se in Par	XIII.		
5	During the year, did the organization solicit of								
	to be sold to raise funds rather than to be ma		•	•			Yes		No
Pai	t IV Escrow and Custodial Arran								
	reported an amount on Form 990, Pa	•	· ·				,		
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contributio	ns or other assets n	ot included				
	on Form 990, Part X?		•				Yes		No
b	If "Yes," explain the arrangement in Part XIII								
	, ,		3				Amount		
С	Beginning balance				1c				
	Additions during the year								
e	Distributions during the year								
f	Ending balance								
	Did the organization include an amount on F						Yes		No
	If "Yes," explain the arrangement in Part XIII.							F	j
Pai									
	· ·	(a) Current year	(b) Prior year	(c) Two years back		ears back	(e) Four	years	back
1a	Beginning of year balance								
b	Contributions								
c	Net investment earnings, gains, and losses								
q	Grants or scholarships								
۵	Other expenditures for facilities								
·									
4									
f	Administrative expenses								
g	End of year balance Provide the estimated percentage of the cur		o (lino 1 a poluma /	(a)) hold as:					
2		rent year end baland		a)) Helu as.					
a	Board designated or quasi-endowment	0/	%						
b	Permanent endowment	%							
С		%							
0-	The percentages on lines 2a, 2b, and 2c sho	•	-4: 414 11-1						
Зa	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	and administered to	r the organiz	ation	Г	Yes	No
	by:							162	NO
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations						3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza			?			3b		
_	4 Describe in Part XIII the intended uses of the organization's endowment funds.								
Pal	Part VI Land, Buildings, and Equipment.								
	Complete if the organization answere								
	Description of property	(a) Cost or o			Accumulate	d	(d) Bool	k valu	е
		basis (investr	nent) basis	(other) c	depreciation				
	Land								
	Buildings								
С	I easehold improvements	I	I						

Schedule D (Form 990) 2021

0.

d Equipment
e Other

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

Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990, Part IV. line	11b. See Form 990, Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-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	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(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"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	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)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)	>	
2. 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			

	t VI Decemblistics of December was Audited Financial Otat	and and a With Davis		O 1 2 3 7 Fage 4
Pa	Reconciliation of Revenue per Audited Financial Stat		nue per Return.	
_	Complete if the organization answered "Yes" on Form 990, Part IV, line		1	231,055.
1				231,033.
2 a	Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments	2a		
a b				
C				
d	1 7 3			
u e			2e	0.
3				231,055.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a		4a		
b				
		· · · · · · · · · · · · · · · · · · ·	4c	0.
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12</i> .)			231,055.
	rt XII Reconciliation of Expenses per Audited Financial Sta			
	Complete if the organization answered "Yes" on Form 990, Part IV, line		nicco por rictarii	-
1	Total expenses and losses per audited financial statements		1	76,387.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			,
a		2a		
b				
c	Other losses			
d				
	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			76,387.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			,
а		4a		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	0.
5				76,387.
	rt XIII Supplemental Information.	,		•
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any		Part V, line 4; Part X,	line 2; Part XI,
PA	RT X, LINE 2:			
FR	IENDS OF FISHER HOUSE TAX FILINGS ARE SU	JBJECT TO AUD	IT BEGINNIN	G WITH
TH	E YEAR ENDING DECEMBER 31, 2018. THE ORG	SANIZATION BE	LIEVES THAT	' ITS TAX
PO	SITIONS ARE BASED ON CLEAR UNAMBIGUOUS T	TAX LAW AND T	HEREFORE, H	AVE A
RE	ASONABLE CHANCE (GREATER THAN 50%) OF BE	EING SUSTAINE	D UPON EXAM	INATION.
AS	A RESULT, NO TAX LIABILITY OR EXPENSE I	PROVISION FOR	UNCERTAIN	TAX
PO	SITIONS IS INCLUDED IN THESE FINANCIAL S	STATEMENTS.		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► 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.

FRIENDS OF THE PITTSBURGH FISHER HOUSE, INC.

Employer identification number 46-0881237

Par	tΙ	Types	of Property								
				(a) Check if	(b) Number of	(c) Noncash contr	ibution	(d		ina	
				applicable	contributions or	amounts repor		Method of d noncash contrib		•	s
				цррпоцью	items contributed	Form 990, Part VI	II, line 1g	Tioriodori contrib			
1			art								
2			treasures								
3			l interests								
4			blications								
5			ousehold goods								
6			r vehicles								
7	Boat	s and plar	nes								
8	Intell	ectual pro	pperty								
9	Secu	ırities - Pu	blicly traded	X	2	47	<u>,829.</u>	FMV AT TIMI	OF	SA	LE_
10	Secu	ırities - Clo	osely held stock								
11	Secu	ırities - Pa	rtnership, LLC, or								
	trust	interests									
12	Secu	ırities - Mi	scellaneous								
13	Qual	ified cons	ervation contribution -								
	Histo	oric structi	ures								
14			ervation contribution - Other								
15	Real	estate - R	lesidential								
16	Real	estate - C	commercial								
17			ther								
18											
19			/								
20			dical supplies								
21											
22			acts								
23			cimens								,
24			artifacts								,
25		er 🕨	(,
26	Othe	er 🕨	(
27	Othe	er 🕨	(
28	Othe	er 🕨	(
29	Num	ber of For	ms 8283 received by the organi	ization durin	g the tax year for c	ontributions					
	for w	hich the c	organization completed Form 82	83, Part V, D	Donee Acknowledg	ement	29				
						•	-			Yes	No
30a	Durir	ng the yea	ır, did the organization receive b	y contributio	on any property rep	oorted in Part I, line	es 1 throu	gh 28, that it			
	must	t hold for a	at least three years from the dat	e of the initia	al contribution, and	l which isn't requir	ed to be u	ised for			
	exen	npt purpos	ses for the entire holding period	?					30a		X
b			ibe the arrangement in Part II.								
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?						31		X		
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash										
		ributions?	•		_	· ·			32a		X
b	If "Ye	es," descr	ibe in Part II.								
33		•	tion didn't report an amount in o	column (c) fo	r a type of propert	y for which columr	n (a) is che	cked,			
		ribe in Pa		()	71 1 1	,	.,	,			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

FRIENDS OF THE PITTSBURGH FISHER

Schedule M	l (Form 990) 2021	HOUSE,	INC.					46-088123	7 Page 2
Part II	Supplementa	l Information	on. Provide the	e information re contributions,	equired by Pa the number o	rt I, lines 30b, of items receiv	32b, and 33, ed, or a comb	and whether the orgoination of both. Also	anization
	. ,								

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

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 Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

OMB No. 1545-0047

Name of the organization

FRIENDS OF THE PITTSBURGH FISHER HOUSE, INC.

Employer identification number 46-0881237

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SUPPORT FOR THE PITTSBURGH FISHER HOUSE BUILT BY THE FISHER FOUNDATION
TO SUPPORT AMERICA'S MILITARY IN THEIR TIME OF NEED BY PROVIDING "A
HOME AWAY FROM HOME" THAT ENABLES FAMILY MEMBERS TO BE CLOSE TO A LOVED
ONE AT THE MOST STRESSFUL TIME - DURING HOSPITALIZATION FOR AN ILLNESS,
DISEASE OR INJURY.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FAMILY MEMBERS TO BE CLOSE TO A LOVED ONE AT THE MOST STRESSFUL TIME -
DURING HOSPITALIZATION FOR AN ILLNESS, DISEASE OR INJURY.
FORM 990, PART VI, SECTION B, LINE 11B:
COPY OF FORM 990 PROVIDED TO GOVERNING BODY FOR REVIEW BEFORE IT IS FILED.
FORM 990, PART VI, SECTION B, LINE 12C:
ANY POTENTIAL CONFLICT OF INTEREST FOR A BOARD MEMBER ARE BROUGHT TO THE
ATTENTION OF THE BOARD AT ITS MONTHLY BOARD MEETING, AND ANNUAL DISCLOSURE.
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. PREVIOUS
FILED FORM 990S ARE POSTED ON THE ORGANIZATION'S WEBSITE AND GUIDESTAR.

Mail to:

Pennsylvania Department of State Bureau of Corporations and Charitable Organizations 207 North Office Building Harrisburg, PA 17120

See www.dos.pa.gov/charities for more information

Charitable Organization Registration Statement

BCO-10 (rev. 2/2022)

Fee: See instructions

Certifi	cate number: 101130 (N/A if initial registration)	If this is a voluntary registration, check and complete the applicable box(es). For a registration to be voluntary, at
Fiscal	year ended: 12/31/2021 MM DD YYYY	least one of the following must apply: Organization is exempt from registration because
FEIN:	46-0881237	Organization does not solicit contributions in Pennsylvania
1.	Legal name of organization: FRIENDS OF THE P	ITTSBURGH FISHER HOUSE, INC.
	Check if name change and give previous name	
2.	All other names used to solicit contributions:	
3.	Contact person: BARRY COX	Contact's E-mail: BARRY.COX@RIVERTECHTAX.COM
4.	Principal address of organization:	Mailing address: (if different than principal address):
	3945 FORBES AVENUE PO BOX 240	
	PITTSBURGH	
	PA 15213	
	County: ALLEGHENY	Phone number: 412-694-4374
	800 number:	Fax number:
	Email (if different than Contact's email):	
	Website: WWW.PITTSBURGHFISHERHOUSE.O	RG
5.	Type of organization (e.g. non-profit corporation, unincorporation)	rated association, etc.):
	Where established: PENNSYLVANIA	Date established:* 09/21/2012

*Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution or other organizational instrument and by-laws.

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6.	Name and addresses of all offices, chapters, branches, auxiliaries, affiliates or other subordinate units located in Pennsylvania, which share in the contributions or other revenue raised in the Commonwealth: (Attach a separate sheet if necessary)
7.	Short form registration applicability - Specified types of charitable organizations described in 1/4 62.7(a) of the Act may file a short form registration, which permits the organization to register without filing a financial report. Check the section that describes the organization. If the organization does not meet any of the criteria below for short form registration, check "Not Applicable":
	§162.7(a)(1) - Persons or organizations which solicit contributions for the relief of a specific individual, when all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust
	§162.7(a)(2) - Organizations which only solicit within the membership of the organization by other members of the organization. The term "membership" shall not include those persons who are granted a membership solely upon making a contribution as the result of solicitation. "Member" means a person having membership in a nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation, bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations.
	§162.7(a)(3) - Organizations which receive gross contributions of no more than \$25,000 per fiscal year whose fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities
	§162.7(a)(4) - Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not receive gross contributions in excess of \$100,000 and did not use a professional solicitor.
	X Not Applicable
	Charitable organizations which check boxes §162.7(a)(1) - §162.7(a)(4) are not required to file a financial report with this registration. If "Not Applicable" is checked, the charitable organization must submit financial reports which are audited, reviewed, compiled or internally prepared. See Instructions.
	Items 8 and 9 are required to be completed by initial registrants only
8.	Date organization first solicited contributions from Pennsylvania residents: MM DD YYYY Other
9.	If organization solicited Pennsylvania residents and received gross* contributions totaling more than \$25,000 in any given fiscal year, provide the date the organization first received contributions totaling more than \$25,000.
	Other*Includes contributions received both within and outside Pennsylvania before any deductions or expenses.

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10.	FRIENDS OF THE PITTSBURGH FISHER HOUSE, INC. Has the organization been granted IRS tax-exempt status? X Yes No
	A. If "Yes," under which IRS code section: 501(C)(3) and attach a copy of the IRS exemption letter if not previously submitted.
	B. Has the organization's tax-exempt status ever been denied, revoked or modified? Yes X No (If "Yes," attach a copy of the denial, revocation or modification and subsequent reinstatement, if any, and if not previously submitted.
11.	Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicable schedules, for its most recently completed fiscal year? X Yes No (If "Yes," attach a copy of the most recently filed 990, 990EZ, 990PF or 990N and include all schedules. DO NOT INCLUDE SCHEDULE B UNLESS YOU FILE 990 PF.
	If "No," attach an explanation of why the organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return or an organization that files a 990N, 990EZ or 990PF, must file a Pennsylvania public disclosure form (BCO-23).)
12.	Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):
	FRIENDS OF THE PITTSBURGH FISHER HOUSE, INC. SOLICIT CONTRIBUTIONS IN ANY MANNER DEEMED APPROPRIATE; INCLUDING DIRECT MAIL, TELEPHONE, AND INTERNET SOLICITATIONS.
13.	A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.
	FINANCIAL, VOLUNTEER, AND EMOTIONAL SUPPORT FOR THE PITTSBURGH FISHER HOUSE BUILT BY THE FISHER FOUNDATION TO SUPPORT AMERICA'S MILITARY IN THEIR TIME OF NEED BY PROVIDING "A HOME AWAY FROM HOME" THAT ENABLES FAMILY MEMBERS TO BE CLOSE TO A LOVED ONE AT THE MOST STRESSFUL TIME - DURING HOSPITALIZATION, ILLNESS, DISEASE, OR INJURY.
14.	Is the organization registered to solicit contributions in any other state or municipality? Yes X No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.)
15.	Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in
	Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organizations only uses or intend to only use a professional fundraising counsel.) Yes X No
	If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania residents:
16.	Names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited: (Attach a separate sheet if necessary)
	SEE STATEMENT 1

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17.	Names, addresses, and telephone numbers of all professional fundraising counsel the organization uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach a separate sheet if necessary)						
	SEE STATEMENT 2						
18.	Names, addresses, and telephone numbers of any commercial coventurers under contract with the organization: (Attach a separate sheet if necessary)						
	N/A						
19.	If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined registration covering all of its Pennsylvania affiliates? (See note "Affiliate and Parent Organization") Yes No X Not Applicable						
	If "Yes," give all names and certificate numbers of the affiliate organizations: (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)						
20.	Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes No X Not Applicable						
	If "Yes," provide the name and, if available, certificate number of the parent organization. (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)						
	Legal name of parent organization Pennsylvania certificate number						
21.	Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)						
	SEE STATEMENT 3						

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22. Names of the individuals or officers of the organization who: (Attach a separate sheet if necessary)

A. Are in charge of solicitation activities: BOARD OF DIRECTORS OF THE FRIENDS OF THE PITTSBURGH FISHER HOUSE, INC B. Have final responsibility for the custody of contributions: BOARD OF DIRECTORS OF THE FRIENDS OF THE PITTSBURGH FISHER HOUSE, INC C. Have final responsibility for final distribution of contributions: BOARD OF DIRECTORS OF THE FRIENDS OF THE PITTSBURGH FISHER HOUSE, INC D. Are responsible for custody of financial records: BOARD OF DIRECTORS OF THE FRIENDS OF THE PITTSBURGH FISHER HOUSE, INC 23. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to: Yes X No A. Any other officer, director, trustee, or employee? B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? ** Yes C. Any officers, agents or employees of any supplier or vendor providing goods or services? ** Yes X No **(this includes any officer, director, trustee, or employee of the charitable organization who is also an officer, director, trustee, employee or owner of a professional fundraising counsel, professional solicitor, supplier or vendor) If "Yes" is checked to any of the above, attach a list of related individuals including names, business, and residence addresses of related parties. 24. Has the organization or any of its present officers, directors, executive personnel or trustees ever: A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other Yes X No jurisdiction? B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency? Yes X No C. Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency? Yes (If "Yes" is checked in response to any of the above, attach a written explanation, including the reasons for actions, and copies of all relevant documents.)

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Certification - This registration statement must be signed by two different officers of the organization, one of whom shall be the chief fiscal officer or the equivalent.

I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities) and 10 P.S. §162.17 (relating to administrative enforcement and penalties).

Signature of Chief Fiscal Officer	Date		
BARRY P. COX, TREASURER			
Type or print name and title of Chief Fiscal Officer			
Signature of Other Authorized Officer	Date		
CHARLES K. JOHNSTON, PRESIDENT			
Type or print name and title of Other Authorized Officer			
Checklist for registration:			
Completed registration statement properly signed and	d dated.		
A copy of the IRS 990/990EZ/990PF/990N Return and required schedules, signed and dated by an authorized officer			
Bublic Dicelecture Form BCO 23 (if required)			
Public Disclosure Form BCO-23 (if required)			
Applicable Financial Statements (audited, reviewed, c	Applicable Financial Statements (audited, reviewed, compiled or internally prepared)		
Registration fee and any late filing fees			
Initial Registrants Only: IRS determination letter, articles by-laws.	les of incorporation or charter and		
See Instructions for more information on completing this for	rm and attachments.		

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FORM BCO-10	ALL PROFESSIONAL SOLICITORS	STATEMENT 1
NAME AND ADDRESS		PHONE NUMBER
N/A		
CONTRACT BEGIN DATE	CONTRACT END DATE SOLICIT DATE	

CONTRACT BEGIN DATE CONTRACT END DATE SERVICE DATE

FORM BCO-10 PROFESSIONAL FUNDRAISING COUNSELS STATEMENT 2

NAME AND ADDRESS

N/A

FORM BCO-10 OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES STATEMENT 3 NAME AND ADDRESS TITLE JAMES BRUDER BOARD CHAIRMAN 3945 FORBES AVENUE PO BOX 240 PITTSBURGH, PA 15213 NAME AND ADDRESS TITLE CHARLES JOHNSTON PRESIDENT 3945 FORBES AVENUE PO BOX 240 PITTSBURGH, PA 15213 NAME AND ADDRESS TITLE NICOHOLAS D. KRAWEC SECRETARY 3945 FORBES AVENUE PO BOX 240 PITTSBURGH, PA 15213 NAME AND ADDRESS TITLE WILLIAM DOLD ASST. SECRETARY 3945 FORBES AVENUE PO BOX 240 PITTSBURGH, PA 15213 NAME AND ADDRESS TITLE VP OF MARKETING JACK MCMAHON 3945 FORBES AVENUE PO BOX 240 PITTSBURGH, PA 15213 NAME AND ADDRESS TITLE MARY ELLEN AUSTIN VP OF DEVELOPMENT 3945 FORBES AVENUE PO BOX 240 PITTSBURGH, PA 15213

NAME AND ADDRESS TITLE

JOHN J. CORDER DIRECTOR OF COMMUNITY OUTR

3945 FORBES AVENUE PO BOX 240 PITTSBURGH, PA 15213

NAME AND ADDRESS TITLE

BARRY P COX TREASURER

3945 FORBES AVENUE PO BOX 240

PITTSBURGH, PA 15213

NAME AND ADDRESS TITLE

ASSISTANT TREASURER ANDREW KRULL

3945 FORBES AVENUE PO BOX 240

PITTSBURGH, PA 15213

NAME AND ADDRESS TITLE

HOWARD FELL TRUSTEE

3945 FORBES AVENUE PO BOX 240

PITTSBURGH, PA 15213

NAME AND ADDRESS TITLE

MICHAEL E. MCCARTHY TRUSTEE

3945 FORBES AVENUE PO BOX 240

PITTSBURGH, PA 15213

NAME AND ADDRESS TITLE

DAYNA BROWN DIRECTOR OF COMMUNICATIONS

PITTSBURGH, PA 15213

3945 FORBES AVENUE PO BOX 240