November 8, 2023

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

Dear Barry:

Enclosed is the organization's 2022 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, 2023.

PENNSYLVANIA FORM BCO-10:

The Pennsylvania Form BCO-10 should be mailed on or before November 15, 2023 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

2022 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, 2023.

2022 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, 2023.

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

IRS e-file Signature Authorization for a Tax Exempt Entity

2, and ending	, 20

EIN or SSN

46-0881237

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

For calendar year 2022, or fiscal year beginning

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

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

HOUSE, INC.

Name and title of officer or person subject to tax

THE PITTSBURGH FISHER

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 o	ne line in Part I.	011101 0)	. Sul, ii you ontolou o on the lottum, then ontol o on the approache line och	•
1a	Form 990 check here	X	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b250,817.
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)	
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)	
7a	Form 4720 check here		b Total tax (Form 4720, Part III, line 1)	
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	Signatu	re Authorization of Officer or Person Subject to Tax	
Under	penalties of perjury, I declare th	nat X I	am an officer of the above entity or I am a person subject to tax with re	espect to (name
of entit	ry)		, (EIN) and that I ha	ive examined a copy of the
comple intermed acknown of any entry to financial later the payment	ete. I further declare that the an ediate service provider, transmi wledgement of receipt or reasor refund. If applicable, I authorize to the financial institution accou al institution to debit the entry to lan 2 business days prior to the nt of taxes to receive confident	nount in F tter, or ele of for reject the U.S. of this acces to this acces of payments	dules and statements, and, to the best of my knowledge and belief, they are lart I above is the amount shown on the copy of the electronic return. I consectronic return originator (ERO) to send the return to the IRS and to receive fittion of the transmission, (b) the reason for any delay in processing the return Treasury and its designated Financial Agent to initiate an electronic funds we do in the tax preparation software for payment of the federal taxes owed on count. To revoke a payment, I must contact the U.S. Treasury Financial Ager (settlement) date. I also authorize the financial institutions involved in the pration necessary to answer inquiries and resolve issues related to the payment ature for the electronic return and, if applicable, the consent to electronic fundaments.	ent to allow my from the IRS (a) an nor refund, and (c) the date withdrawal (direct debit) this return, and the not at 1-888-353-4537 no rocessing of the electronic nt. I have selected a
	neck one box only K I authorize GOFF BAC	KA A	LFERA & COMPANY, LLC to enter my ERO firm name	y PIN 12345 Enter five numbers, but

PIN:	check	one	box	onl	y
------	-------	-----	-----	-----	---

as my signature on the tax year 2022 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 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Part III **Certification and Authentication**

number (EFIN) followed by your five-digit self-selected PIN.

ERO's EFIN/PIN. Enter your six-digit electronic filing identification

25298612345

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 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.

11/08/23 ERO's signature Date

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

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

Form **8879-TE** (2022)

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. 15213 PITTSBURGH, PA 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, 2023, 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 2022 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 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. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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

Form **8868** (Rev. 1-2022)

EXTENDED TO NOVEMBER 15, 2023

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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

and ending A For the 2022 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number FRIENDS OF THE PITTSBURGH FISHER Address change HOUSE, INC. Name change 46-0881237 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ 3945 FORBES AVENUE PO BOX 240 412-694-4374 termin-ated 250,817. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended PITTSBURGH, PA 15213 H(a) Is this a group return Applica-F Name and address of principal officer: JAMES W. BRUDER Yes X No for subordinates? pending 2721 STEINER STREET, PITTSBURGH, 15227 **H(b)** Are all subordinates included? Tax-exempt status: X = 501(c)(3) = 501(c)((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.PITTSBURGHFISHERHOUSE.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Association L Year of formation: 2012 M State of legal domicile: PA Part I Summary Briefly describe the organization's mission or most significant activities: FRIENDS OF THE PITTSBURGH FISHER Activities & Governance HOUSE, INC. IS DEDICATED TO FINANCIAL, VOLUNTEER AND EMOTIONAL oxdet if the organization discontinued its operations or disposed of more than 25% of its net assets. 12 Number of voting members of the governing body (Part VI, line 1a) <u>12</u> Number of independent voting members of the governing body (Part VI, line 1b) 1 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 37 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Current Year 230,230. 248,182. Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 825. 2,166. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 469. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 231,055. 250.817. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 24,171. 27,164. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 52,216. 58,454. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 76,387. 85,618. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 154,668. 165,199. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 908,794. 1.075.128. Total assets (Part X, line 16) 0. 1,135. 21 Total liabilities (Part X, line 26) 908,794. 073,993. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Signature of officer Sign BARRY P. COX, TREASURER Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature RICHARD J. ALFERA, RICHARD J. ALFERA, Cl11/08/23 P00080006 Paid CPA GOFF BACKA ALFERA & COMPANY, LLC Firm's EIN 25-1871184 Preparer Firm's name Use Only Firm's address 3325 SAW MILL RUN BLVD., SUITE 200 PITTSBURGH, PA 15227-2736 Phone no. (412)885-5045 May the IRS discuss this return with the preparer shown above? See instructions X Yes

Гоко	1990 (2022) HOUSE, INC.	46-0881237	Page 2
	rt III Statement of Program Service Accomplishments	40 0001237	Page Z
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	FRIENDS OF THE PITTSBURGH FISHER HOUSE, INC. IS DEDICA	TED TO	
	FINANCIAL, VOLUNTEER AND EMOTIONAL SUPPORT FOR THE PIT	TSBURGH FISHE	ER
	HOUSE BUILT BY THE FISHER FOUNDATION TO SUPPORT AMERIC.		
	THEIR TIME OF NEED BY PROVIDING "A HOME AWAY FROM HOME	" THAT ENABLE	ES
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	s?Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services,	• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of	thers, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 83,708. including grants of \$) (Rev PROVIDING FINANCIAL, VOLUNTEER AND EMOTIONAL SUPPORT F		TIDCU
	FISHER HOUSE BUILT BY THE FISHER FOUNDATION TO SUPPORT		OKGI
	MILITARY IN THEIR TIME OF NEED BY PROVIDING "A HOME AW.		·
	THAT ENABLES FAMILY MEMBERS TO BE CLOSE TO A LOVED ONE		
	STRESSFUL TIME - DURING HOSPITALIZATION FOR AN ILLNESS		
	INJURY. THIS MISSION RECOGNIZES THE SPECIAL SACRIFICE		AND
	WOMEN IN UNIFORM AND THEIR FAMILIES AND THE HARDSHIPS		11112
	SERVICE BY MEETING A HUMANITARIAN NEED BEYOND THAT NOR		D BY
	THE DEPARATMENTS OF DEFENSE AND VETERANS AFFAIRS.		
4b	(Code:) (Expenses \$	enue \$	
4c	(Code: _\(\Gamma\) (Furence 0 including quests of 0	anua ¢	,
40	(Code:) (Expenses \$ including grants of \$) (Rev	enue \$	
4d	Other program services (Describe on Schedule O.)		

including grants of \$

83,708.

) (Revenue \$

Total program service expenses

4e

Page 3

FRIENDS OF THE PITTSBURGH FISHER

Form 990 (2022) HOUSE, INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	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		X
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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
	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		Х	
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	х	
L	Schedule D, Parts XI and XII	12a	- 25	
D	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	125		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14a b	Did the organization maintain an onice, employees, or agents outside of the office States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1744		<u> </u>
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Page 4

FRIENDS OF THE PITTSBURGH FISHER

HOUSE, INC.

Form 990 (2022) HOUSE, INC.

Part IV Checklist of Required Schedules (continued)

			V	NI.
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	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			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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			
	Och add to L. Do H.	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
а	instructions for applicable filing thresholds, conditions, and exceptions): 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
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
24	contributions? If "Yes," complete Schedule M	30 31		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		
OZ.	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
	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	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37	
Par	Note: All Form 990 filers are required to complete Schedule O	38	Х	
га	Check if Schedule O contains a response or note to any line in this Part V			
	Chook if Conducte C contains a response of note to any line in this Fait v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a		. 50	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. filed for the calendar year ending with or within the year covered by this return Х **b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х 4a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 7 a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Х 7a **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? $\overline{\mathbf{x}}$ Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?... 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 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? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a 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 c Enter the amount of reserves on hand 13c X 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N. Х 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17

If "Yes," complete Form 6069.

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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.

	Check if Schedule O contains a response or note to any line in this Part VI					X				
Sec	tion A. Governing Body and Management									
		1 1	4.0		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12							
	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										
2										
	officer, director, trustee, or key employee?									
3	Did the organization delegate control over management duties customarily performed by or under the									
	of officers, directors, trustees, or key employees to a management company or other person? \dots		Г	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form			4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's as		Г	5		Х				
6	Did the organization have members or stockholders?			6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a									
	more members of the governing body?			7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	•								
	persons other than the governing body?			7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year									
а	The governing body?			8a	<u> </u>					
b	Each committee with authority to act on behalf of the governing body?			8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real									
	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 F	evenue Code.)							
			г		Yes	No				
	Did the organization have local chapters, branches, or affiliates?		Г	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such of the control of the con		1							
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b 11a	Х					
	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				v					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give risc			12b	Λ					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y		I	40	Х					
40	on Schedule O how this was done			12c	Λ	Х				
13	Did the organization have a written whistleblower policy?		r	13		X				
14	Did the organization have a written document retention and destruction policy?			14		-21				
15	Did the process for determining compensation of the following persons include a review and approv		dent							
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			15.		Х				
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization		r	15a 15b		X				
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			IJD						
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a								
ioa	taxable entity during the year?			16a		х				
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			IUa						
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of evaluation and take steps to safeguard the organization of evaluation and take steps to safeguard the organization of evaluation and take steps to safeguard the organization of evaluation points are steps to safeguard the organization of evaluation points are steps to safeguard the organization of evaluation points are steps to safeguard the organization of evaluation points are steps to safeguard the organization of evaluation points are steps to safeguard the organization of evaluation points are steps to safeguard the organization of evaluation points are steps to safeguard the organization of evaluation points are steps to safeguard the organization of evaluation points are steps to safeguard the organization of evaluation points are steps to safeguard the organization of evaluation points are steps to safeguard the organization of evaluation points are steps to safeguard the organization of evaluation points are steps to safeguard the organization of evaluation points are steps to safeguard the organization of evaluation of evaluat		ation							
	exempt status with respect to such arrangements?			16b						
Sec	tion C. Disclosure		I	100						
17	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, a	nd 990-T (sec	tion 501(c)(3):	s only	availa	able				
	for public inspection. Indicate how you made these available. Check all that apply.		> 5 . (0)(0)	J y	,					
	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, c		•	d finar	ncial					
	statements available to the public during the tax year.		-) , !							
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and reco	rds							
-	BARRY P COX, TREASURER - 412-694-4374									
	3945 FORBES AVE. PITTSBURGH. PA 15213									

HOUSE, INC.

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Form 990 (2022) 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) 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

Check this box if neither the organization (A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	١		Pos	ition	١ .		Reportable	Reportable	Estimated
rame and title	hours per	box	not c , unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week	offic	cer an	d a d	irecto	r/trus	tee)	from	from related	other
	(list any	or director						the	organizations	compensation
	hours for	or dir	يو			ated		organization	(W-2/1099-MISC/	from the
	related	ıstee	truste		a)	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tri	ional		ploye	t com	١. ا	1099-NEC)		and related organizations
	line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer			Organizations
(1) JAMES BRUDER	0.00	=	=		~	نه تــ	ъ.			
BOARD CHAIRMAN		Х		Х				0.	0.	0.
(2) CHARLES JOHNSTON	0.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) NICOHOLAS D. KRAWEC	0.00									
SECRETARY		Х		Х				0.	0.	0.
(4) WILLIAM DOLD	0.00									
ASST. SECRETARY		Х		Х				0.	0.	0.
(5) JACK MCMAHON	0.00							_	_	_
VP OF MARKETING		Х		Х				0.	0.	0.
(6) MARY ELLEN AUSTIN	0.00								_	
VP OF DEVELOPMENT		Х		Х				0.	0.	0.
(7) JOHN J. CORDER	0.00	ļ								
DIRECTOR OF COMMUNITY OUTR		Х		Х				0.	0.	0.
(8) BARRY P COX	0.00	ļ								
TREASURER		Х		Х				0.	0.	0.
(9) ANDREW KRULL	0.00	ļ								
ASSISTANT TREASURER		Х		Х				0.	0.	0.
(10) HOWARD FELL	0.00	ļ								
TRUSTEE	0.00	Х						0.	0.	0.
(11) MICHAEL E. MCCARTHY	0.00	١,,								_
TRUSTEE	0.00	Х						0.	0.	0.
(12) DAYNA BROWN	0.00	Į.,		7.7					_	_
DIRECTOR OF COMMUNICATIONS		Х		Х				0.	0.	0.
		4								
		ł								
		-								
		1								
			\vdash			\vdash	\vdash			
		1								
							\vdash			
		1	l		l					

Form	990 (2022) HOUSE, IN	NC.								46-08	<u> 381</u>	237	P	age 8
Par	t 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	verage Position (do not check more than one box, unless person is both an						(D) Reportable compensation from	(E) Reportable compensation from related		an	(F) timate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fr org and	pensa om th anizat d relat anizati	e ion ed
	Subtotal		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>L</u>	0.		0.			0.
c d	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	0,000 of reportable	е			
3	Did the organization list any former officer,			-	-	-		_		•	I		Yes	No
4	line 1a? If "Yes," complete Schedule J for sa For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	ation	n and	d otl	her compensation from	the organization		3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	accrue comper	nsat	ion f	rom	any	unr/	elat		idual for services		4		X
Sec	rendered to the organization? If "Yes," comparison B. Independent Contractors	plete Schedule	e J f	or si	uch	pers	son .					5		X
1	Complete this table for your five highest co the organization. Report compensation for										pens	ation f	rom	
	(A) Name and business			ONI					(B) Description of s		C	(C compe		n
2	Total number of independent contractors (ii \$100,000 of compensation from the organization)		ot lii	mite	d to		se li:)	stec	d above) who received n	nore than				

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Form 990 (2022) HOUSE, Depart VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
		'	,	(A)	(B)	(C)	_ (D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
σω							000110110 012 011
		a Federated campaigns1a					
25.5		b Membership dues 1b					
A,	•	c Fundraising events1c					
Contributions, Gifts, Grants and Other Similar Amounts	(d Related organizations 1d					
ž,	•	e Government grants (contributions) 1e					
is	1	f All other contributions, gifts, grants, and					
the		similar amounts not included above 1f	248,182.				
		g Noncash contributions included in lines 1a-1f					
a S		h Total. Add lines 1a-1f		248,182.			
			Business Code				
a l	2 8	•	Duomicoo Couc				
Š							
Ser		b					
Wen S		<u> </u>					
Re	•	d					
Program Service Revenue	•	e					
-	1	f All other program service revenue					
		g Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere	st, and				
		other similar amounts)		2,166.	2,166.		
	4	Income from investment of tax-exempt bond pr	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 :	a Gross rents 6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)	(ii) Other				
	/ 8	(7	(II) Other				
		assets other than inventory 7a					
	ı	b Less: cost or other basis					
Ď		and sales expenses 7b					
ther Revenue		c Gain or (loss)7c					
ığ	•	d Net gain or (loss)					
he	8 8	a Gross income from fundraising events (not					
₽		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
	- 1	b Less: direct expenses 8b					
		c Net income or (loss) from fundraising events					
		a Gross income from gaming activities. See					
	- •	Part IV, line 19 9a					
		b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities					
	10 6	a Gross sales of inventory, less returns					
		and allowances 10a					
		b Less: cost of goods sold 10b					
\rightarrow	(c Net income or (loss) from sales of inventory					
ရှု		OFFIED THROWS	Business Code	4.60	1.60		
Miscellaneous Revenue	11 8	a OTHER INCOME	900099	469.	469.		
lan	ı	b					
e e	(с					
ĕ₽	(d All other revenue					
		e Total. Add lines 11a-11d		469.			
	12	Total revenue. See instructions		250,817.	2,635.	0.	0.

Form 990 (2022)

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	e or note to any line in	this Part IX	<u>(C)</u>	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	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	trustees, and key employees Compensation not included above to disqualified				
Ü	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	21,447.	21,447.		
8	Pension plan accruals and contributions (include	,			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	5,717.	5,717.		
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	12,168.	12,168.		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	2 625	2 625		
12	Advertising and promotion	3,625. 369.	3,625.	369.	
13	Office expenses	309.		309.	
14	Information technology				
15 16	Royalties	722.	722.		
17	Occupancy	4,429.	4,429.		
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				
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	11,707.	11,707.		
b	DUES AND SUBSCRIPTIONS	7,402.	7,402.		
c	MEALS AND ENTERTAINMENT	6,544.	6,544.		
d	OTHER BUSINESS EXPENSE	5,260.	5,260.		
е	All other expenses	4,729.	4,687.	42.	
25	Total functional expenses. Add lines 1 through 24e	85,618.	83,708.	1,910.	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 (2022)

Part X | Balance Sheet

Pa	πλ	Balance Sneet			
		Check if Schedule O contains a response or note to any line in the	nis Part X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	523,525.	1	737,339
	2	Savings and temporary cash investments		2	337,789
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, d			
		trustee, key employee, creator or founder, substantial contributo	r, 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	3(c)(3)(B)	6	
t2	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	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	47,829.	11	0
	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)		16	1,075,128
	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 Schedu	ule D	21	
es	22	Loans and other payables to any current or former officer, director	or,		
Ě		trustee, key employee, creator or founder, substantial contributo	r, or 35%		
Liabilities		controlled entity or family member of any of these persons		22	
_	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). Complet			
		of Schedule D	0.	25	1,135
	26	Total liabilities. Add lines 17 through 25		26	1,135
w		Organizations that follow FASB ASC 958, check here			
Š		and complete lines 27, 28, 32, and 33.			
<u>la</u>	27	Net assets without donor restrictions	908,794.	27	1,073,993
Ř	28	Net assets with donor restrictions		28	
Ĕ		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
ls o	29	Capital stock or trust principal, or current funds		29	
Se	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other fu	unds	31	
Š	32	Total net assets or fund balances	908,794.	32	1,073,993
	33	Total liabilities and net assets/fund balances		33	1,075,128

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		0,8	
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,6	
3	Revenue less expenses. Subtract line 2 from line 1	3			99.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	90	8,7	94.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	L,07	3,9	93.
Pa	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				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	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	e audit,			
	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	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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.

Open to Public Inspection

Name of the organization FRIENDS OF THE PITTSBURGH FISHER

HOUSE, INC.

Employer identification number 46-0881237

OMB No. 1545-0047

Pa	rt I	Reason for Public	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organ	nization is not a private found						
1		A church, convention of ch			•	•		
2		A school described in sect	•				-NN-1-	
3	一	A hospital or a cooperative				//h//1//Δ//ii	ii)	
4	一	A medical research organiz					-	the hospital's name
_	ш		ation operated in co	rijuriction with a nospital	described	a iii Sectio	ii iro(b)(i)(A)(iii). Liitei	the nospital s hame,
-		city, and state:	ar the benefit of a co	llaga ar university avenue	d ar anara	tod by a a	avaramantal unit dagarik	and in
5		An organization operated for		niege or university owner	or opera	ted by a g	overnmental unit descrit	pea in
_		section 170(b)(1)(A)(iv). (C						
6	37	A federal, state, or local go						
7	X	An organization that norma		intial part of its support f	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C						
8	Щ	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	: II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college
		or university or a non-land-o	grant college of agric	culture (see instructions).	Enter the	name, city	y, and state of the colleg	e or
		university:						
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	port from o	contributio	ons, membership fees, a	nd gross receipts from
		activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more than	n 33 1/3% of its support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)			·		
11		An organization organized a		ively to test for public sa	fety. See	section 50	09(a)(4).	
12		An organization organized	·	•	•			e purposes of one or
		more publicly supported or	•	•	•		•	• •
		lines 12a through 12d that	-					
а		Type I. A supporting orga	* *			•	· · · · · ·	, aivina
_		the supported organization	· ·	•				
		organization. You must o			. majority	or tine dire		apporting
b		Type II. A supporting org	-		tion with it	e eunnort	ed organization(s), by ha	wing
~	, <u> </u>	control or management o	· · · · · · · · · · · · · · · · · · ·					-
		organization(s). You mus			arrie perso	JIIS IIIAI CC	ontrol of manage the sup	ported
		7			in connoc	tion with	and functionally integrat	ad with
C			-				• •	eu wiiii,
	. —	its supported organizatio		•				!+!(-)
C								• •
		that is not functionally int	-	• •	-		•	iveness
		requirement (see instruct	•					
e	•	□ Check this box if the organization in the control of th					a Type I, Type II, Type III	
	_	functionally integrated, or		nally integrated supporti	ing organiz	zation.		
f		er the number of supported o						
		vide the following information (i) Name of supported	n about the supporte	ed organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) American of many atoms	(vi) Amount of other
	'	organization	(11) E114	(described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		organization.		above (see instructions))	Yes	No	support (see mediations)	Support (SSS motifications)
Tota	al							

46-0881237 Page 2

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

(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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	93,541.	158,285.	227,747.	230,230.	248,182.	957,985.
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	93,541.	158,285.	227,747.	230,230.	248,182.	957,985.
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)						77,380.
6	Public support. Subtract line 5 from line 4.						880,605.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total 957,985.
7	Amounts from line 4	93,541.	158,285.	227,747.	230,230.	248,182.	957,985.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,178.	5,765.	2,596.	825.	2,166.	12,530.
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.)	350.				469.	819.
11	Total support. Add lines 7 through 10						971,334.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop						
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2022 (I					14	90.66 %
	Public support percentage from 2021					15	92.28 %
16a	33 1/3% support test - 2022. If the o	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	r e. Explain in Part '	VI how the organiz	zation
	meets the facts-and-circumstances to	-			•		
b	10% -facts-and-circumstances tes	t - 2021. If the orga	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the		•		•		
	organization meets the facts-and-circle						
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	ıs 🗀

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

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

Se	ction A. Public Support	elow, please com	piete Fart II.)				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(3.7 = 3 : 5	(3) 23 13	(0) _ 0 _ 0	(4, 252)	(5) = 5 = =	(1)
-	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	in						
1	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
_	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						

	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	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						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1	1		1	1
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ie organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
	check this box and stop here						<u></u>
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2022 (I	ine 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
Se	ction D. Computation of Inves	stment Incom	ne Percentage)			
	Investment income percentage for 20					17	%
18	Investment income percentage from 2	2021 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2022. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box as						
k	33 1/3% support tests - 2021. If the						and
	line 18 is not more than 33 1/3%, che	ck this box and s f	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organizatio						

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
90		
9c		
46		
10a		
10b		
	n 990)	

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	e organization accepted a gift or contribution from any of the following persons?			
а	A pers	on who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c be	elow, the governing body of a supported organization?	11a		
b	A fami	ly member of a person described on line 11a above?	11b		
С	A 35%	controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		n Part VI.	11c		
Sec	tion E	B. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) vely operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		zation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	suppo	rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the	e organization operate for the benefit of any supported organization other than the supported			
	•	zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		tees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
600		oported organization(s).	1		Щ_
sec	lion L	D. All Type III Supporting Organizations			
	5			Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
		zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•		zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
2		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		son of the relationship described on line 2, above, did the organization's supported organizations have a			
		cant voice in the organization's investment policies and in directing the use of the organization's e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		rted organizations played in this regard.	2		
Sec		. Type III Functionally Integrated Supporting Organizations	3		
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
a		The organization satisfied the Activities Test. Complete line 2 below.	•		
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2		ies Test. Answer lines 2a and 2b below.	1	Yes	No
а	Did su	bstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		pported 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,			
		ne organization was responsive to those supported organizations, and how the organization determined			
		ese activities constituted substantially all of its activities.	2a		
b	Did the	e 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 V	I the reasons for the organization's position that its supported organization(s) would have engaged in			
	these a	activities but for the organization's involvement.	2b		
3	Parent	of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustee	es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the	e 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.

Schedule A (Form 990) 2022

Part V Type III Non-

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1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI\ See instructions
'		•	, , ,	rant vij. See mstructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	Sections A through E.	(D) Current Veer
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		
e	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-functional		ed Type III supportina ora	anization (see
	instructions).	, 5), II J9	,

Schedule A (Form 990) 2022

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Par	t v Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ıed)	
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe		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	ıs	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

FRIENDS OF THE PITTSBURGH FISHER

46-0881237 Page 8 HOUSE, INC. Schedule A (Form 990) 2022

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

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2022

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
34 LUMBER	45,000.	25,573
HARRY G AND MARY AUSTIN	71,234.	51,807
otal Excess Contributions to Schedule A, Part II, Line 5		77,380

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

2022

Name of the organization
FRIENDS OF THE PITTSBURGH FISHER
HOUSE, INC.
Employer identification number
46-0881237

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

Employer identification number

Parti	Contributors (see instructions). Use duplicate copies of Part 1 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	\$ <u>13,050.</u>	Person X Payroll
(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	\$ <u>14,500</u> .	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	\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	84 LUMBER 1019 ROUTE 519 EIGHTY FOUR, PA 15330	\$\$	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
5	PNC INSTITUTIONAL ASSET MANAGEMENT 300 FIRTH AVENUE, FLOOR 29 PITTSBURGH, PA 15222	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	PITTSBURGH STEELERS, LLC 3400 S WATER STREET PITTSBURGH, PA 15203	\$	Person X Payroll

Employer identification number

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional copies of Part	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	HARRY G AND MARY AUSTIN 107 GREENBRIAR DRIVE WEXFORD, PA 15090	\$10,000.	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	\$15,598. 	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	\$6,800.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	GEN. MICHAEL V. HAYDEN 6512 CHESTERFIELD AVE MCLEAN, VA 22101	\$5,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	PIRATES CHARITIES 115 FEDERAL STREET PITTSBURGH, PA 15212		Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	ROBERT AND VALORIE FULTON 38610 BRUSHY FORK RD CADIZ, OH 43907	\$6,588 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	THE GUYAUX FUND FOR GIVING P.O. BOX 15203 ALBANY, NY 12212	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	THE PNC CHARITABLE TRUST COMMITTEE 2249 FIFTH AVENUE PITTSBURGH, PA 15219	\$	Person X Payroll
(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.)
(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.)

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from 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

Pa	TI Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds or	Accounts. Complete if the	
		(a) Donor advise	d funds	(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in w	riting that the assets he	eld in donor advised fu	nds	
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No	
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that gra	ant funds can be used	only	
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for ar	y other purpose confe	erring	
	impermissible private benefit?				
Pa	t II Conservation Easements. Complete if the orga	anization answered "Yes	s" on Form 990, Part I	V, line 7.	
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	1		
	Preservation of land for public use (for example, recreating	on or education)	Preservation of a his	torically important land area	
	Protection of natural habitat		Preservation of a cer	tified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contrib	ution in the form of a o		
	day of the tax year.			Held at the End of the Tax Year	
	Total number of conservation easements				
	Total acreage restricted by conservation easements				
	Number of conservation easements on a certified historic stru-			2c	
d	Number of conservation easements included in (c) acquired at	•			
	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or t	erminated by the orga	anization during the tax	
	year				
4	Number of states where property subject to conservation ease				
5	Does the organization have a written policy regarding the period		ion, handling of		
	violations, and enforcement of the conservation easements it				
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, ar	nd enforcing conserva	tion easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and en	forcing conservation e	easements during the year	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requiremen	ts of section 170(h)(4)	(B)(i)	
	and section 170(h)(4)(B)(ii)?	·			
9	In Part XIII, describe how the organization reports conservatio				
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the				
	organization's accounting for conservation easements.				
Pa	t III Organizations Maintaining Collections of	Art, Historical Tre	easures, or Other	Similar Assets.	
	Complete if the organization answered "Yes" on Form 9				
1a	If the organization elected, as permitted under FASB ASC 958	, ,			
	of art, historical treasures, or other similar assets held for publ			ance of public	
	service, provide in Part XIII the text of the footnote to its finance				
b	If the organization elected, as permitted under FASB ASC 958	•			
	art, historical treasures, or other similar assets held for public of	exhibition, education, or	r research in furtheran	ce of public service,	
	provide the following amounts relating to these items:			_	
	(i) Revenue included on Form 990, Part VIII, line 1				
2	If the organization received or held works of art, historical trea			ı, provide	
	the following amounts required to be reported under FASB AS	-			
а	Revenue included on Form 990, Part VIII, line 1			"	
b	Assets included in Form 990, Part X			\$	

FRIENDS OF THE PITTSBURGH FISHER

Schedule D (Form 990) 2022

HOUSE, INC.

46-0881237 Page 2

Pai	t III Organizations Maintaining C	Collections of A	rt, Hist	orical Tr	reasures,	or Other	Similar A	ssets(contin	ued)
3	Using the organization's acquisition, accessi	ion, and other record	ls, check	any of the	following that	at make sig	nificant use	of its	
	collection items (check all that apply):								
а	Public exhibition	d	ı 🔲 ı	Loan or exc	change progr	am			
b	Scholarly research	е	. 🔲 (Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how th	ey further t	the organizat	ion's exem	ot purpose ir	n Part XIII.	
5	During the year, did the organization solicit of	•		-	-	-			
	to be sold to raise funds rather than to be m				•			Yes	☐ No
Pai	t IV Escrow and Custodial Arran							rt IV, line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.		-					
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contributio	ns or other as	ssets not in	cluded		
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII								
		•	_					Amount	
С	Beginning balance						1c		
	Additions during the year						1d		
	Distributions during the year						1e		
f	Ending balance						1f		
	Did the organization include an amount on F						$\overline{}$	Yes	No
	If "Yes," explain the arrangement in Part XIII.	·	•						
Pai									
	'	(a) Current year		rior year			Three years	back (e) Four	years back
1a	Beginning of year balance	, ,							
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
	Other expenditures for facilities								
-									
	and programs								
	Administrative expenses								
_	End of year balance	wont voor and balance	o (lino 1	a saluman (a)) hold oo:				
2	Provide the estimated percentage of the cur			g, column (a)) neid as:				
	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С		%							
•	The percentages on lines 2a, 2b, and 2c sho	•							
за	Are there endowment funds not in the posse	ession of the organiz	ation tha	it are neid a	and administe	erea for the		Г	Yes No
	organization by:								Yes No
	(i) Unrelated organizations								
	(ii) Related organizations								
_	If "Yes" on line 3a(ii), are the related organization				?			3b	
4	Describe in Part XIII the intended uses of the		owment 1	funds.					
Pai	t VI Land, Buildings, and Equipm		0 D-+ N	/ 10 /	0 5 00/	0 D-+1 / E-	- 10		
	Complete if the organization answere	1				1		1	
	Description of property	(a) Cost or o			t or other	, , ,	umulated	(d) Book	value
		basis (investr	ment)	basis	(other)	aepre	eciation		
	Land								
	Buildings								
	Leasehold improvements								
	Equipment								
	Other								
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colun	nn (B), line	10c.)			1	0.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 HOUSE, INC.		4	6-0881237 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" (
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-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" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-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.	on Form 000 Dort IV line	11d Coo Form 000 Port V line 15	
Complete if the organization answered "Yes" (a) [Description	Trd. See Form 990, Part X, line 15.	(b) Book value
	эсэсприон		(b) Book value
<u>(1)</u> (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	: 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			4 405
(2) PAYROLL LIABILITIES			1,135.
(3)			
(4)			
(5)			1
(6)			1
(7)			
(8)			1
(9)	. 05 \		1,135.
Total. (Column (b) must equal Form 990, Part X, col. (B) line	: 25.)		1,133.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

_	rt XI Reconciliation of Revenue per Audited Financia	Statements With Dayenu		OID Page
Fai			e per neturn.	
1	Complete if the organization answered "Yes" on Form 990, Part		1	250,817.
2	Total revenue, gains, and other support per audited financial statement Amounts included on line 1 but not on Form 990, Part VIII, line 12:	is	······	250,017
a		2a		
b				
c				
d				
e			2e	0.
3	Subtract line 2e from line 1			250,817.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			, .
a		4a		
b		- I		
	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lir			250,817.
	rt XII Reconciliation of Expenses per Audited Financia			
	Complete if the organization answered "Yes" on Form 990, Part		•	
1	Total expenses and losses per audited financial statements		1	85,618.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b				
С				
d				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			85,618.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		_
С	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,	line 18.)	5	85,618.
Pai	rt XIII Supplemental Information.			
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov		rt V, line 4; Part X, I	line 2; Part XI,
PAI	RT X, LINE 2:			
FR	IENDS OF FISHER HOUSE TAX FILINGS AR	E SUBJECT TO AUDI	r beginnin	G WITH
THE	E YEAR ENDING DECEMBER 31, 2019. THE	ORGANIZATION BELI	IEVES THAT	' ITS TAX
POS	SITIONS ARE BASED ON CLEAR UNAMBIGUO	IIS TAX LAW AND THI	REFORE. H	AVE A
			•	
RE/	ASONABLE CHANCE (GREATER THAN 50%) O	F BEING SUSTAINED	UPON EXAM	ITNATION.
AS	A RESULT, NO TAX LIABILITY OR EXPEN	SE PROVISION FOR U	JNCERTAIN	TAX
POS	SITIONS IS INCLUDED IN THESE FINANCI	AL STATEMENTS.		

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

HOUSE, INC.

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.

FRIENDS OF THE PITTSBURGH FISHER

OMB No. 1545-0047 Open to Public Inspection

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 least one of the following must apply:
Fiscal	year ended: 12/31/2022 MM DD YYYY	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, unincorpo NON-PROFIT CORPORATION	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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о.	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
J	§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	dated.			
A copy of the IRS 990/990EZ/990PF/990N Return and required schedules, signed and dated by an authorized officer				
Public Disclosure Form BCO-23 (if required)				
X Applicable Financial Statements (audited, reviewed, co	Applicable Financial Statements (audited, reviewed, compiled or internally prepared)			
X Registration fee and any late filing fees	Registration fee and any late filing fees			
Initial Registrants Only: IRS determination letter, article by-laws.	es of incorporation or charter and			
See Instructions for more information on completing this form	n 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	

FORM BCO-10	PROFESSIONAL FUNDRAISING COUNSELS	STATEMENT 2
NAME AND ADDRESS		PHONE NUMBER
N/A		
CONTRACT BEGIN DATE	CONTRACT END DATE SERVICE DATE	

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

NAME AND ADDRESS

TITLE

JOHN J. CORDER

3945 FORBES AVENUE PO BOX 240

PITTSBURGH, PA 15213

NAME AND ADDRESS

BARRY P COX

TREASURER

TITLE

DIRECTOR OF COMMUNITY OUTR

ASSISTANT TREASURER

3945 FORBES AVENUE PO BOX 240

PITTSBURGH, PA 15213

NAME AND ADDRESS TITLE

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

3945 FORBES AVENUE PO BOX 240 PITTSBURGH, PA 15213