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Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2008
Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization PITTSBURGH OPERA INC		D Employer identification number 25-1073139
		Doing Business As		E Telephone number (412) 281-0912
		Number and street (or P O box if mail is not delivered to street address) Room/suite 2425 LIBERTY AVENUE		G Gross receipts \$ 9,758,841
		City or town, state or country, and ZIP + 4 PITTSBURGH, PA 15222		
F Name and address of Principal Officer CHRISTOPHER HAHN 2425 LIBERTY AVENUE PITTSBURGH, PA 15222			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list See instructions) H(c) Group Exemption Number	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Web site: http //www pittsburghopera org				
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> trust <input type="checkbox"/> association <input type="checkbox"/> other			L Year of Formation 1955	M State of legal domicile PA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PRODUCE A RANGE OF ARTISITIC AND EDUCATIONAL PROGRAMS TO ENGAGE AND ENRICH THE COMMUNITY		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	91
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	88
	5 Total number of employees (Part V, line 2a)	5	333
	6 Total number of volunteers (estimate if necessary)	6	122
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	25,625
b Net unrelated business taxable income from Form 990-T, line 34	7b	-7,294	
Revenue	8 Contributions and grants (Part VIII, line 1h)	8,961,459	5,187,209
	9 Program service revenue (Part VIII, line 2g)	2,497,865	2,005,740
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,470,656	38,541
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-3,125	-146,032
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,926,855	7,085,458
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		100,300
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)		1,500
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,692,204	4,869,296
	16a Professional fundraising fees (Part IX, column (A), line 11e)		105,095
	b (Total fundraising expenses, Part IX, column (D), line 25 497,555)		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	2,679,342	2,391,769
	18 Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	7,371,546	7,467,960
19 Revenue less expenses Subtract line 18 from line 12	5,555,309	-382,502	
Net Assets or Fund Balances		Beginning of Year	End of Year
	20 Total assets (Part X, line 16)	25,923,470	21,830,054
	21 Total liabilities (Part X, line 26)	4,917,282	5,014,396
22 Net assets or fund balances Subtract line 21 from line 20	21,006,188	16,815,658	

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

Please Sign Here	Signature of officer _____	Date 2010-05-11		
	CHRISTOPHER HAHN GENERAL DIRECTOR Type or print name and title			
Paid Preparer's Use Only	Preparer's signature Susan M Kirsch	Date	Check if self-employed <input type="checkbox"/>	Preparer's PTIN (See Gen Inst)
	Firm's name (or yours if self-employed), address, and ZIP + 4 SCHNEIDER DOWNS & CO INC 1133 PENN AVENUE PITTSBURGH, PA 15222			EIN
				Phone no (412) 261-3644

May the IRS discuss this return with the preparer shown above? (See instructions) Yes No

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

See Additional Data Table

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 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? Yes No
 If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 4,457,800 including grants of \$) (Revenue \$ 1,931,166)
 PITTSBURGH OPERA'S CORE PROGRAMMING INITIATIVE IS THE FOSTERING, DEVELOPMENT AND SUPPORT OF MUSIC AND OPERA ALONG WITH THE DIRECTION AND PRESENTATION OF FOUR PRODUCTIONS IN A VARIETY OF MUSICAL AND DRAMATIC STYLES, DRAWN FROM THE COMPLETE OPERATIC REPERTOIRE. CASTS INCLUDE INTERNATIONALLY RENOWNED ARTISTS PERFORMING WITH THE PITTSBURGH OPERA CHORUS AND ORCHESTRA IN PRODUCTIONS FROM AROUND THE WORLD. PITTSBURGH OPERA ATTRACTS A DIVERSE AUDIENCE OF MORE THAN 30,000 MUSIC-LOVERS TO THESE PERFORMANCES, MAKING A SIGNIFICANT CONTRIBUTION TO THE ECONOMIC HEALTH AND SOCIAL VITALITY OF PITTSBURGH'S CULTURAL DISTRICT.

4b (Code) (Expenses \$ 266,748 including grants of \$) (Revenue \$ 18,552)
 PITTSBURGH OPERA'S OUTREACH AND EDUCATION PROGRAMS ARE DESIGNED TO BRING THE COMMUNITY CLOSER TO THE OPERA AND TO BROADEN UNDERSTANDING OF, AND ENTHUSIASM FOR, THE ART FORM AMONG PEOPLE OF ALL AGES. PROGRAMMING INCLUDES LECTURES, DEMONSTRATIONS, STAGED PERFORMANCES, WORKSHOPS, CONCERTS AND RECITALS THAT INTRODUCE OPERA TO CHILDREN FROM GRADES PRE-K TO COLLEGE AND THAT ENHANCE APPRECIATION OF OPERA AMONG ADULT LIFELONG LEARNERS. OTHER ACTIVITIES MAKE OPERA ACCESSIBLE TO PEOPLE WITH DISABILITIES AND PROVIDE EDUCATORS WITH THE RESOURCES THEY NEED TO INTEGRATE THE STUDY OF OPERA WITH COMMUNITY-DEVELOPED CURRICULUM STANDARDS IN OTHER SUBJECT AREAS.

4c (Code) (Expenses \$ 540,289 including grants of \$ 100,300) (Revenue \$ 56,022)
 PITTSBURGH OPERA'S RESIDENT ARTIST TRAINING PROGRAM IS AN INTENSIVE PROGRAM DESIGNED TO DEVELOP THE TALENTS OF EMERGING VOCAL ARTISTS. THE PROGRAM INCLUDES PRACTICAL EXPERIENCE THROUGH PERFORMANCES IN MAINSTAGE PRODUCTIONS (BOTH LARGE AND SMALL ROLES) AND AN ANNUAL RESIDENT ARTIST PRODUCTION. THE PROGRAM INCLUDES A COURSE OF STUDY DESIGNED TO ESTABLISH A COMPREHENSIVE FOUNDATION FOR THE YOUNG OPERA SINGER'S BURGEONING CAREER, INCLUDING MOVEMENT CLASSES, VOCAL COACHING, CAREER MANAGEMENT COUNSELING, MEDIA COACHING AND MASTER CLASSES WITH OPERATIC EXPERTS, ALL DELIVERED IN AN ENVIRONMENT THAT IS SUPPORTIVE AND NURTURING SO THAT SINGERS CAN EXPERIMENT, LEARN AND GROW AS INTERPRETIVE ARTISTS.







4d Other program services (Describe in Schedule O)
 (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 5,264,837 Must equal Part IX, Line 25, column (B).

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)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? <input checked="" type="checkbox"/>	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> <input checked="" type="checkbox"/>	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> <input checked="" type="checkbox"/>	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? <i>If "Yes," complete Schedule F, Part I</i>		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> <input checked="" type="checkbox"/>	Yes	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> <input checked="" type="checkbox"/>	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> <input checked="" type="checkbox"/>		No
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> <input checked="" type="checkbox"/>		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> <input checked="" type="checkbox"/>	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> <input checked="" type="checkbox"/>	Yes	
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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> <input checked="" type="checkbox"/>		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i> <input checked="" type="checkbox"/>		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> <input checked="" type="checkbox"/>		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> <input checked="" type="checkbox"/>		No

Part IV Checklist of Required Schedules *(Continued)*

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> 	Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> 	Yes	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> 		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> 		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> 		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable		
	1a 107		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return		
	2a 333		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?		
6a	Did the organization solicit any contributions that were not tax deductible?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<i>Organizations that may receive deductible contributions under section 170(c).</i>		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		No
8	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	<i>Section 501(c)(7) organizations.</i> Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	<i>Section 501(c)(12) organizations.</i> Enter		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	Yes	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	the governing body?	Yes	
8b	each committee with authority to act on behalf of the governing body?	Yes	
9a	Does the organization have local chapters, branches, or affiliates?		No
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990		No
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
15a	The organization's CEO, Executive Director, or top management official?	Yes	
15b	Other officers or key employees of the organization? Describe the process in Schedule O		No
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 own website another's website upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 JENNIE BROCK LEGHART DIR OF FINANCE
 2425 Liberty Avenue
 PITTSBURGH, PA 152223681
 (412) 281-0912

Part VIII Statement of Revenue

		(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . . . 1a					
	b Membership dues 294,372					
	1b					
	c Fundraising events 437,853					
	1c					
	d Related organizations . . . 1d					
	e Government grants (contributions) 1e 1,264,065					
	f All other contributions, gifts, grants, and similar amounts not included above 1f 3,190,919					
g Noncash contributions included in lines 1a-1f \$ 678,423						
h Total (Add lines 1a-1f)	5,187,209					
Program Service Revenue	2a PERFORMANCE REVENUE	541,800	1,931,166	1,905,541	25,625	
	b RESIDENT ARTIST PROG	711,190	56,022	56,022		
	c OUTREACH & EDUCATION	711,190	18,552	18,552		
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f \$ 2,005,740					
Other Revenue	3 Investment income (including dividends, interest other similar amounts)		431,565		431,565	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross Rents	(i) Real	2,350			
		(ii) Personal				
	b Less rental expenses					
	c Rental income or (loss)	2,350				
	d Net rental income or (loss)		2,350	2,350		
	7a Gross amount from sales of assets other than inventory	(i) Securities	1,999,618			
		(ii) Other				
		b Less cost or other basis and sales expenses	2,392,642			
		c Gain or (loss)	-393,024			
d Net gain or (loss)		-393,024		-393,024		
8a Gross income from fundraising events (not including \$ 132,337 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 a					437,853	
	b Less direct expenses . . . b				280,741	
	c Net income or (loss) from fundraising events		-148,404	-148,404		
9a Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 a						
	b Less direct expenses . . . b					
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances a					22	
	b Less cost of goods sold . . . b					
	c Net income or (loss) from sales of inventory		22	22		
Miscellaneous Revenue	Business Code					
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d \$						
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		7,085,458	1,834,083	25,625	38,541	

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) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22	100,300	100,300		
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members	1,500	1,500		
5	Compensation of current officers, directors, trustees, and key employees	317,602		317,602	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,062,856	3,640,290		244,615
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	26,016	3,671	19,042	3,303
9	Other employee benefits	177,166	10,820	117,528	48,818
10	Payroll taxes	285,656	182,058	80,048	23,550
11	Fees for services (non-employees)				
a	Management				
b	Legal	72,819		72,819	
c	Accounting	61,697		58,086	3,611
d	Lobbying				
e	Professional fundraising See Part IV, line 17	105,095			105,095
f	Investment management fees				
g	Other	98,386	23,760	74,569	57
12	Advertising and promotion	553,521	502,028	36,854	14,639
13	Office expenses	70,588	1,570	67,375	1,643
14	Information technology	55,002		55,002	
15	Royalties				
16	Occupancy	178,354	811	177,543	
17	Travel	63,438	40,966	21,103	1,369
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	2,255	55	702	1,498
20	Interest	119,323		119,323	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	133,954		133,954	
23	Insurance	66,521	4,935	61,586	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	PRODUCTION SETS/COSTUME	692,402	666,281	26,121	
b	CAST HOUSING	65,548	65,548		
c	ADVOCACY EXPENSES	48,100			48,100
d	EVENTS	35,911	1,461	34,288	162
e	AUDITION/INTERVIEW	22,682	18,583	3,664	435
f	All other expenses	51,268	200	50,408	660
25	Total functional expenses. Add lines 1 through 24f	7,467,960	5,264,837	1,705,568	497,555
26	Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	51,918	1	753,069
	2 Savings and temporary cash investments	657,049	2	610,000
	3 Pledges and grants receivable, net	5,235,479	3	2,904,855
	4 Accounts receivable, net	39,372	4	93,891
	5 Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	214,259	9	186,821
	10a Land, buildings, and equipment cost basis	10a 5,695,416		
	b Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b 401,807	4,042,924	10c 5,293,609
	11 Investments—publicly traded securities	14,895,076	11	11,349,613
	12 Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>	787,393	12	638,196
	13 Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	25,923,470	16	21,830,054	
Liabilities	17 Accounts payable and accrued expenses	1,192,129	17	178,483
	18 Grants payable		18	
	19 Deferred revenue	1,314,022	19	1,099,782
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability <i>Complete Part IV of Schedule D</i>		21	
	22 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,411,131	23	3,736,131
	24 Unsecured notes and loans payable		24	
	25 Other liabilities <i>Complete Part X of Schedule D</i>		25	
	26 Total liabilities. Add lines 17 through 25	4,917,282	26	5,014,396
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,383,375	27	3,785,498
	28 Temporarily restricted net assets	5,388,390	28	3,592,119
	29 Permanently restricted net assets	13,234,423	29	9,438,041
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	21,006,188	33	16,815,658	
34 Total liabilities and net assets/fund balances	25,923,470	34	21,830,054	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
2b	Were the organization's financial statements audited by an independent accountant?	Yes	
2c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits?		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization
PITTSBURGH OPERA INC

Employer identification number

25-1073139

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

- 1 A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i)**.
- 2 A school described in **Section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii)**. (Attach Schedule H)
- 4 A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **Section 509(a)(4)**. (See instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally Integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization'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 line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total Support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	4,580,916	3,475,135	4,872,172	9,227,107	4,941,392	27,096,722
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,452,679	2,294,209	2,217,475	2,518,861	2,075,687	11,558,911
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total Add lines 1-5	7,033,595	5,769,344	7,089,647	11,745,968	7,017,079	38,655,633
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Total of lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						38,655,633

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	7,033,595	5,769,344	7,089,647	11,745,968	7,017,079	38,655,633
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	404,147	513,823	700,445	917,287	431,565	2,967,267
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b	404,147	513,823	700,445	917,287	431,565	2,967,267
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	43,903	35,903	34,385	35,705	25,625	175,521
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total Support (Add lines 9, 10c, 11 and 12)						41,798,421

14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	92.480 %
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16	92.790 %

Computation of Investment Income Percentage

17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	7.100 %
18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	18	7.080 %

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2008

Open to Public Inspection

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Department of the Treasury Internal Revenue Service

Name of the organization PITTSBURGH OPERA INC

Employer identification number 25-1073139

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, acreage, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain why in Part XIV and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	13,311,000				
b Contributions					
c Investment earnings or losses	-2,910,000				
d Grants or scholarships					
e Other expenditures for facilities and programs	690,000				
f Administrative expenses	50,000				
g End of year balance	9,661,000				

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶ 0 %
- b** Permanent endowment ▶ 90 610 %
- c** Term endowment ▶ 9 390 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		324,239		324,239
b Buildings		4,982,979	209,364	4,773,615
c Leasehold improvements				
d Equipment		388,198	192,443	195,755
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				5,293,609

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,085,458
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,467,960
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-382,502
4	Net unrealized gains (losses) on investments	4	-3,139,953
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	-641,502
8	Other (Describe in Part XIV)	8	-26,573
9	Total adjustments (net) Add lines 4 - 8	9	-3,808,028
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-4,190,530

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	3,941,292
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-3,139,953
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	22,360
e	Add lines 2a through 2d	2e	-3,117,593
3	Subtract line 2e from line 1	3	7,058,885
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	26,573
c	Add lines 4a and 4b	4c	26,573
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	7,085,458

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	7,490,320
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	22,360
e	Add lines 2a through 2d	2e	22,360
3	Subtract line 2e from line 1	3	7,467,960
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	7,467,960

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	THE PRINCIPAL OBJECTIVE OF THE INVESTMENT POLICY IS TO PROVIDE A SECURE SOURCE OF INCOME TO SUPPORT OPERATIONS AND NEW INITIATIVES ON AN ONGOING BASIS INVESTMENTS ARE MANAGED FOR "TOTAL RETURN" TO PROVIDE, IN ADDITION TO CURRENT INCOME FOR OPERATIONS, GROWTH OF PRINCIPAL MODESTLY GREATER THAN INFLATION INCOME AND APPRECIATION ON THE INVESTED FUNDS ARE AVAILABLE TO SUPPORT CURRENT OPERATIONS AND NEW INITIATIVES AS RECOMMENDED BY THE FINANCE COMMITTEE AND APPROVED BY THE BOARD OF DIRECTORS
Part XI, Line 8 - Other Adjustments		LOSS ON DONATED SECURITIES -\$26,573
Part XII, Line 2d - Other Adjustments		SPECIAL EVENT EXPENSES \$22,360
Part XII, Line 4b - Other Adjustments		LOSS ON DONATED SECURITIES \$26,573
Part XIII, Line 2d - Other Adjustments		SPECIAL EVENT EXPENSES \$22,360
		PART XI, RECONCILIATION OF CHANGE IN NET ASSETS FROM FORM 990 TO FINANCIAL STATEMENTS IN THE FISCAL YEAR ENDED JUNE 30, 2008, THE OPERA RECEIVED A \$700,000 CONDITIONAL GRANT FROM A FOUNDATION TOWARD THE PURCHASE AND RENOVATION OF ITS BUILDING FOR USE AS REHEARSAL AND ADMINISTRATIVE SPACE THE GRANT IS CONDITIONAL IN THE YEAR ENDED JUNE 30, 2008, THE OPERA RECORDED THE GRANT AS TEMPORARILY RESTRICTED SUPPORT AND RECOGNIZED A RECEIVABLE OF \$700,000, NET OF PRESENT VALUE DISCOUNT DURING THE CURRENT YEAR, THE OPERA MANAGEMENT DETERMINED THAT THIS RECOGNITION WAS PREMATURE, AS THE SPECIFIC CONDITIONS HAD NOT BEEN MET AND COULD NOT BE MET UNTIL FISCAL 2010 AS SUCH, MANAGEMENT REMOVED THE TRANSACTION FROM THE FINANCIAL STATEMENTS OF THE OPERA FOR THE YEAR ENDED JUNE 30, 2008

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization
PITTSBURGH OPERA INC

Employer identification number
25-1073139

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? **Yes** **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
TAYLAR DEVELOPMENT LLC	CAMPAIGN TELEFUNDING		No	86,730	33,950	52,780
AL BROURMAN ASSOC INC	CAPITAL CAMPAIGN CONSULTANT		No	25,000	60,000	-35,000
Total						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.
PA

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>MAECENAS DINNER</u> (event type)	<u>DIAMOND HORSESHOE BALL</u> (event type)	<u>3</u> (total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	277,078	215,235	77,877	570,190
	2 Less Charitable contributions	216,328	190,035	31,490	437,853
	3 Gross revenue (line 1 minus line 2)	60,750	25,200	46,387	132,337
Direct Expenses	4 Cash Prizes				
	5 Non-cash Prizes				
	6 Rent/Facility costs	58,500	2,500		61,000
	7 Other direct expenses	98,430	88,468	32,843	219,741
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				280,741
9 Net income summary Combine lines 3 and 8 in column (d) ▶				-148,404	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in

- a** The organization's facility **13a**
- b** An outside facility **13b**

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Yes No

15a

17a

Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

2008

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization PITTSBURGH OPERA INC

Employer identification number

25-1073139

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

- 2 Enter total number of section 501(c)(3) and government organizations
3 Enter total number of other organizations

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
RESIDENT ARTIST PROGRAM	7	100,300			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.
See Additional Data Table

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 EACH YEAR, EXCEPTIONAL YOUNG SINGERS FROM AROUND THE WORLD ARE SELECTED TO ENTER THE RESIDENT ARTIST PROGRAM FROM A POOL OF MORE THAN 600 APPLICANTS THROUGH NATIONAL AUDITIONS HELD IN NEW YORK CITY, CINCINNATI AND PITTSBURGH EACH APPLICANT MUST DEMONSTRATE SIGNIFICANT OPERATIC POTENTIAL AND THOROUGH MUSICAL AND THEATRICAL TRAINING APPLICANTS WHO ARE GRANTED AN AUDITION MUST DEMONSTRATE THEIR VERSATILITY AND PROFICIENCY IN VARIOUS MUSICAL STYLES AND FOREIGN LANGUAGES BY PERFORMING FIVE CONTRASTING ARIAS IN AT LEAST TWO FOREIGN LANGUAGES STUDENTS RECEIVING GRANTS FROM THE OPERA ARE MONITORED THROUGH THE EXPENDITURE APPROVAL PROCESS SINCE THE OPERA ADMINISTERS THIS PROGRAM IN-HOUSE

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2008

Open to Public Inspection

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Department of the Treasury
Internal Revenue Service

Name of the organization
PITTSBURGH OPERA INC

Employer identification number
25-1073139

Part I Questions Regarding Compensation

	Yes	No
1a		
1b	Yes	
2	Yes	
3		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items
- | | |
|---|---|
| <input type="checkbox"/> First class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a

a Receive a severance payment or change of control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.

5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
CHRISTOPHER HAHN	(i)	204,480		7,028	10,750	5,552	227,810	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Name of the organization PITTSBURGH OPERA INC

Employer identification number 25-1073139

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 3 main columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

Table with 3 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of transaction, (d) Description of transaction, (e) Sharing of organization's revenues?

SCHEDULE M (Form 990)

Non-Cash Contributions

OMB No 1545-0047

2008

Open to Public Inspection

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Department of the Treasury Internal Revenue Service

Name of the organization PITTSBURGH OPERA INC

Employer identification number 25-1073139

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions, (c) Revenues reported on Form 990, Part VIII, line 1g, (d) Method of determining revenues. Row 9 is filled with X, 6, 678,423, FAIR MARKET VALUE.

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 0

Table with 3 columns: Question, Yes, No. Contains questions 30a, 31, 32a, 33 regarding contribution reporting and policies.

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization
PITTSBURGH OPERA INC

Employer identification number

25-1073139

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		A FAMILY RELATIONSHIP EXISTS BETWEEN KENNETH BRAND, VICE PRESIDENT AND ROBERT BRAND, BOARD MEMBER

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		THE PRESIDENT OF THE PITTSBURGH OPERA ASSOCIATION AS WELL AS THE CHAIRMAN OF THE GUILD COUNCIL SHALL BECOME MEMBERS OF THE PITTSBURGH OPERA BOARD OF DIRECTORS AUTOMATICALLY UPON TAKING OFFICE, AND EACH SHALL CONTINUE AS A MEMBER OF THE BOARD AS LONG AS HE OR SHE SERVES IN THAT CAPACITY THE GENERAL DIRECTOR IS ALSO A BOARD MEMBER EX-OFFICIO

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		A FULL COPY OF THE FORM 990 WAS REVIEWED IN DETAIL BY THE BOARD MEMBERS OF THE FINANCE AND EXECUTIVE COMMITTEE ALL OTHER BOARD MEMBERS WERE PROVIDED TWO METHODS TO REVIEW THE FORM 990 A COMPLETE COPY WAS MADE AVAILABLE TO ALL BOARD MEMBERS AT THE PITTSBURGH OPERA OFFICES AND A COPY WITHOUT SCHEDULE B WAS PRESENTED VIA THE ORGANIZATION'S WEBSITE THIS APPROACH WAS TAKEN IN ORDER TO PROTECT THE PRIVACY OF THE ORGANIZATION'S DONORS

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		BOARD MEMBERS COMPLETE A CONFLICT OF INTEREST FORM ON AN ANNUAL BASIS TO IDENTIFY POTENTIAL OR ACTUAL CONFLICTS THE GOVERNANCE COMMITTEE REVIEWS THE COMPLETED FORMS AND MONITORS COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		COMPARABILITY DATA REGARDING THE GENERAL DIRECTOR'S COMPENSATION IS DISCUSSED DURING EXECUTIVE SESSIONS AT APPROPRIATE BOARD MEETINGS THE COMPENSATION PACKAGE IS APPROVED BY AN INDEPENDENT BOARD COMMITTEE

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE PITTSBURGH OPERA MAKES ITS GOVERNANCE DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
FORM 990, PART XI, QUESTION 2	OVERSIGHT OF FINANCIAL STATEMENT AUDIT	THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AUDITED BY AN INDEPENDENT ACCOUNTING FIRM IN ADDITION, THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND ITS SELECTION OF THE INDEPENDENT ACCOUNTANT THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

Identifier	Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B	A L BROURMAN ASSOCIATES, INC	THE OVERALL RESULTS OF THIS MULTI-YEAR CAPITAL CAMPAIGN WERE EXTREMELY SUCCESSFUL DUE, IN A SUBSTANTIAL PART, TO THE A L BROURMAN ACTIVITIES ASSOCIATED WITH SETTING UP THE INITIAL CAMPAIGN THE \$25,000 ITEM REPRESENTS ONLY THE RECEIPTS WHICH CAN BE DIRECTLY ATTRIBUTED TO THEIR ACTIVITIES DURING THE FISCAL YEAR ENDED JUNE 30, 2009

Additional Data

Software ID:
Software Version:
EIN: 25-1073139
Name: PITTSBURGH OPERA INC

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHRISTOPHER HAHN , GENERAL DIRECTOR	50 00	X		X			211,508	0	16,302	
MICHELE FABRIZI , CO-CHAIR	2 00	X		X			0	0	0	
DAVID R WILLIAMS , CO-CHAIR	2 00	X		X			0	0	0	
H WOODRUFF TURNER , PRESIDENT	2 00	X		X			0	0	0	
KENNETH BRAND , VICE PRESIDENT	2 00	X		X			0	0	0	
MARYANN DEPALMA BURNETT , VICE PRESIDENT	2 00	X		X			0	0	0	
SHELLY LIPTON , VICE PRESIDENT	2 00	X		X			0	0	0	
RICHARD A PAGLIARI , VICE PRESIDENT	2 00	X		X			0	0	0	
ROBERT C DENOVE , TREASURER	2 00	X		X			0	0	0	
THOMAS M MULROYEXIT , 3/11/09) SECRETARY	2 00	X		X			0	0	0	
FRANK MCD FISCHERENTER , 6/10/09) SECRETARY	50	X		X			0	0	0	
JOHN TRAINAENTER , 3/11/09)BOARD MEMBER	2 00	X					0	0	0	
NADINE E BOGNAR , BOARD MEMBER	2 00	X					0	0	0	
JAMES R AGRAS , BOARD MEMBER	50	X					0	0	0	
MICHELE ATKINS , BOARD MEMBER	50	X					0	0	0	
DR JOHN BARBER , BOARD MEMBER	50	X					0	0	0	
NEIL BARCLAY , BOARD MEMBER	50	X					0	0	0	
FRANCOIS J BITZ , BOARD MEMBER	50	X					0	0	0	
SUSAN BLOCK , BOARD MEMBER	50	X					0	0	0	
JEFFREY S BLUMEXIT , 10/15/08) BOARD MEMBER	50	X					0	0	0	
ANDREW BONNEWELLEENTER , 12/3/08) BOARD MEMBER	50	X					0	0	0	
GLENN E BOST II , BOARD MEMBER	50	X					0	0	0	
ROBERT N BRAND , BOARD MEMBER	50	X					0	0	0	
ROBERT G BROWN , BOARD MEMBER	50	X					0	0	0	
MARILYN BRUSCHI , BOARD MEMBER	50	X					0	0	0	
WILLIAM R CAROSELLI , BOARD MEMBER	50	X					0	0	0	
BARBARA RICHEY CHAIT , BOARD MEMBER	50	X					0	0	0	
FRANK J CLEMENTS , BOARD MEMBER	50	X					0	0	0	
DR ALFONSO COSTA , BOARD MEMBER	50	X					0	0	0	
J ALAN CRITTENDEN , BOARD MEMBER	50	X					0	0	0	

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARK S DADAY , BOARD MEMBER	50	X						0	0	0
VIRGINIA DI PUCCI ENTER , 12/3/08) BOARD MEMBER	50	X						0	0	0
KENNETH DUNN , BOARD MEMBER	50	X						0	0	0
ANDREW EVANS , BOARD MEMBER	50	X						0	0	0
ALVIN FILSTRUP ENTER , 12/3/08) BOARD MEMBER	50	X						0	0	0
SHEILA FINE EXIT , 3/11/09)BOARD MEMBER	50	X						0	0	0
ALAN FLETCHER , BOARD MEMBER	50	X						0	0	0
DEBORA FOSTER , BOARD MEMBER	50	X						0	0	0
PETER J GERMAIN , BOARD MEMBER	50	X						0	0	0
PAUL J GITNIK , BOARD MEMBER	50	X						0	0	0
CHARLES H HARFF , BOARD MEMBER	50	X						0	0	0
JEAN ANNE HATTLER PHD , BOARD MEMBER	50	X						0	0	0
JOHN H HILL , BOARD MEMBER	50	X						0	0	0
NATALIE D HOFFMAN , BOARD MEMBER	50	X						0	0	0
MARJORIE HUGHES , BOARD MEMBER	50	X						0	0	0
S MANOJ JEGASOTHYENTER , 3/11/09) BOARD MEMBER	50	X						0	0	0
CLYDE JONES III , BOARD MEMBER	50	X						0	0	0
MARSHALL P KATZ , BOARD MEMBER	50	X						0	0	0
FRANKLIN H KELLY , BOARD MEMBER	50	X						0	0	0
ARTHUR KERR JR , BOARD MEMBER	50	X						0	0	0
BONNIE LEVINE KRISTOFIC , ENT 3/11/09)BOARD MEMBER	50	X						0	0	0
LAURA PENROD KRONK , BOARD MEMBER	50	X						0	0	0
ROSE KUTSENKOW , BOARD MEMBER	50	X						0	0	0
GLORIA LEY , BOARD MEMBER	50	X						0	0	0
JEAN LOVE , BOARD MEMBER	50	X						0	0	0
DR ROBERT A LOWENSTEIN , BOARD MEMBER	50	X						0	0	0
DAVID J MALONE , BOARD MEMBER	50	X						0	0	0
JOSEPH A MANICH , BOARD MEMBER	50	X						0	0	0
DR JOSEPH A MARASCO JR , BOARD MEMBER	50	X						0	0	0
JOSEPH A MASSARO , BOARD MEMBER	50	X						0	0	0

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DOUGLAS MILLAR , BOARD MEMBER	50	X						0	0	0
STUART M MILLER , BOARD MEMBER	50	X						0	0	0
PATRICIA MOLNAR , BOARD MEMBER	50	X						0	0	0
STEVE MOSITES JRENTER , 12/3/08) BOARD MEMBER	50	X						0	0	0
NATE NORMAN , BOARD MEMBER	50	X						0	0	0
JILL M ONDOS , BOARD MEMBER	50	X						0	0	0
MARY ANNE PAPALE , BOARD MEMBER	50	X						0	0	0
MARK E PASQUERILLA , BOARD MEMBER	50	X						0	0	0
DEMETRIOS T PATRINOS , BOARD MEMBER	50	X						0	0	0
CLAUDIA PINZA , BOARD MEMBER	50	X						0	0	0
STEPHEN I RICHMAN , BOARD MEMBER	50	X						0	0	0
KATHY RISKO , BOARD MEMBER	50	X						0	0	0
PATRICK W RITCHEY ESQ , BOARD MEMBER	50	X						0	0	0
EDWARD S ROSENTHAL , BOARD MEMBER	50	X						0	0	0
ELLEN ROTH , BOARD MEMBER	50	X						0	0	0
DAVID SAVARD , BOARD MEMBER	50	X						0	0	0
ROBERT J SCLABASSI , BOARD MEMBER	50	X						0	0	0
JEREMY SHAPIRA , BOARD MEMBER	50	X						0	0	0
GRACIA SHEPTAK , BOARD MEMBER	50	X						0	0	0
CAROLE HIRSHMAN SKOLNICK , BOARD MEMBER	50	X						0	0	0
DAVID SMITH , BOARD MEMBER	50	X						0	0	0
GENE SACHS SMITH , BOARD MEMBER	50	X						0	0	0
JUDGE MANNY H SMITH , BOARD MEMBER	50	X						0	0	0
TERI LYNN SOFFER , BOARD MEMBER	50	X						0	0	0
JACK STABILE , BOARD MEMBER	50	X						0	0	0
SAUNDRA KISKI STOUT PH , BOARD MEMBER	50	X						0	0	0
DR WILLIAM M SWARTZ , BOARD MEMBER	50	X						0	0	0
DOROTHEA THOMPSON , BOARD MEMBER	50	X						0	0	0
JOHN TIPPINS , BOARD MEMBER	50	X						0	0	0
DR SIDNEY K WOLFSONJR , BOARD MEMBER	50	X						0	0	0

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CAROL WORD , BOARD MEMBER	50	X					0	0	0	
KEN TARASIXIT 409 , DIRECTOR OF FINANCE	40 00			X			90,246	0	9,791	
JENNIE LEGHARTENTER , 5/09) DIRECTOR OF FINANCE	40 00			X			0	0	0	