		s. #	>		TENDED TO M			=			, ,
٧	Form	_. 990-T	E	Exempt Orga				Tax Returr	ı İ	OMB No 15	45-0687
				(a	nd proxy tax und	ler se	ction 6033(e))	V	M	00	40
4	٠ _ ـ	7	For ca	lendar year 2018 or other tax yea	ar beginning JUL 1, 2	018	, and ending JU	N 30, 2019 14	UQ	20	18
	Depar	tment of the Treasury		· ·	irs gov/Form990T for i					Onen to Public	Inspection for
	Interna	al Revenue Service		Do not enter SSN numbe				ization is a 501(c)(3)		Open to Public 501(c)(3) Organ	
	A L	Check box if address changed		Name of organization (Check box if name i	changed	and see instructions.)		(Emp	oyer identification	
			l						instru	uctions)	20
		xempt under section	Print . or	HARRISBURG SYMPHO			 		E Uprel	23-135518 lated business a	
	X] 501(c_)(3)] 408(e) []220(e)	Туре	Number, street, and room 800 CORPORATE CIR		x, see II	nstructions.			instructions)	,
	H] 408(e)		City or town, state or pro		r foreig	n nostal code		1		
]529(a)		HARRISBURG, PA		n loreig	n postar code		5418	00	
		ok value of all assets		F Group exemption numb					<u> </u>		
	- at e	end of year 10,611,	379.	G Check organization type		poration	n 501(c) trust	401(a) trust	o	ther trust
	H En			tion's unrelated trades or b		2	Describ	e the only (or first) u	related		
	tra	de or business here 🕨	ADVE	ERTISING INCOME			If only on	e, complete Parts I-V.	If more	than one,	
	des	scribe the first in the bl	lank spa	ce at the end of the previou	us sentence, complete Pa	arts I an	d II, complete a Schedu	le M for each addition	al trade	or	
	bus	siness, then complete f	Parts III	-V.							
				oration a subsidiary in an a		nt-subs	idiary controlled group?	▶ [Ye	es X N	0
				lifying number of the paren	t corporation.						
	J The	e books are in care of	Troc	ichael murray le or Business Inc	omo			hone number > 7			Al - 4
				ie or business inc	onie	1	(A) Income	(B) Expense	S 	(C)	Net
		Gross receipts or sales			• Polonos					}	1
		Less returns and allow Cost of goods sold (Se		A line 7)	c Balance	1c 2				1.4	253
		Gross profit. Subtract		·		3					<u></u>
		Capital gain net incom				4a		(
			•	art II, line 17) (attach Form	4797)	4b		 	== ;		
		Capital loss deduction			,	4c					
		•		ship or an S corporation (at	tach statement)	5					
		Rent income (Schedul			,	6					
		Unrelated debt-finance	-	ne (Schedule E)		7					
	8	Interest, annuities, roy	alties, a	nd rents from a controlled o	organization (Schedule F)	8					
	9	Investment income of	a sectio	on 501(c)(7), (9), or (17) or	rganization (Schedule G)	9					
	10	Exploited exempt activ	ıty ınco	me (Schedule I)		10					
		Advertising income (S				11	19,939		337.		19,602.
		Other income (See ins				12		1			
		Total. Combine lines	3 throu	gh 12		13	19,939		337.		19,602.
	150			ot Taken Elsewher utions, deductions must							
_	14			rectors, and trustees (Sche				,	14		
2020	15	Salaries and wages	iccis, uii	rectors, and trustees (cone	dulc IV)				15		
~	16	Repairs and mainten	ance						16		
0 7	17	Bad debts							17		
	18	Interest (attach sche	dule) (s	ee instructions)					18		
⋾	19	Taxes and licenses		•					19		
$\overline{}$	20	Charitable contribution	ons (Se	e instructions for limitation	rules)				20		
品	21	Depreciation (attach	Form 45	562)			21		L´.		
Z	22	Less depreciation cla	aimed oi	n Schedule A and elsewher	e on return		22A	OF	22b		
SCANNED JUL	23	Depletion						CEIVED	23		
Š	24	Contributions to defe		mpensation plans			SO MAR		24		
(()	25	Employee benefit pro					ŏ MAR	0 2 2020	25	<u> </u>	
	26	Excess exempt exper		•					26		15 750
	27	Excess readership co		•			L_OGDI	EN, UT	27 28	-	15,759.
	28	Other deductions (at		•			A STATE OF THE PARTY OF THE PAR	=1V, U1 14	29		15,759.
	29 20	Total deductions A		: 14 through 28 ncome before net operating	a loce deduction. Subtract	ot line o	9 from line 12	10	30		3,843.
	30 31			loss arising in tax years be	-				31	<u> </u>	
	31 32	•		ncome. Subtract line 31 fro		⊾ب ایدا	, 10 (300 man denona)	31	32	Array or annual contract	3,843.
				rwork Reduction Act Notice					, 02	Form 99	0- T (2018)

Tom boo,	. (20 10)	marting of the state of the sta	27 277		
Part		Total Unrelated Business Taxable Income		. , .	
33	Total	of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	3,843
34	Amou	ints paid for disallowed fringes		34	
35	Dedu	ction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		05	1111
36	Total	of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines	33 and 34		36	3,843
37	Speci	fic deduction (Generally \$1,000, but see line 37 instructions for exceptions)	જુવ	37	1,000
38		ated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,	<i>J</i> (
		the smaller of zero or line 36	30	i 38	2,843
Partil	Vil 1	ax Computation		7	
39		izations Taxable as Corporations Multiply line 38 by 21% (0.21)	4D >	39	597
40	÷	Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from:	10 -		
40		Tax rate schedule or Schedule D (Form 1041)		1 Ah	
41		tax See instructions		141	
42		ative minimum tax (trusts only)		1 45	
43		n Noncompliant Facility Income See instructions		\43	•
43 44		Add lines 41, 42, and 43 to line 39 or 40, whichever applies	4		597
		ax and Payments		<u> </u>	331
					<u>-</u>
_	-	in tax credit (corporations attach Form 1118; trusts attach Form 1116) , , , , , , , , , , , , , , , , , , ,			
b		credits (see instructions)		-	
C		al business credit. Attach Form 3800			
ď		for prior year minimum tax (attach Form 8801 or 8827)	······································	1 2	
е		credits. Add lines 45a through 45d		45e	500
46		act line 45e from line 44		48	597
47			ttach schedule)	47	
48	Total	tax Add lines 46 and 47 (see instructions)	4	7 48	597
49	2018	net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0
50 a	Paym	ents: A 2017 overpayment credited to 2018			
b	2018	estimated tax payments \$0b		_ 	
c	Tax de	eposited with Form 8868			
d	Foreig	in organizations: Tax paid or withheld at source (see instructions)			
е	Backu	p withholding (see instructions)			
ŕ	Credit	for small employer health insurance premiums (attach Form 8941)			
9	Other	credits, adjustments, and payments: Form 2439			
		Form 4136 Other Total 5 0g			
51	Total	payments. Add lines 50a through 50g		511	
52	Estim	ated tax penalty (see instructions). Check if Form 2220 is attached	53	52	25
53		ue. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	54×	58	622
54	Overp	ayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	`▶	54	
55	Fnter .	the amount of line 54 you want: Credited to 2019 estimated tax Refe	inded 📂	55	
Part N	7	Statements Regarding Certain Activities and Other Information (see Instruc	tions)		
56	At any	r time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Ycs No
		i financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
		N Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country			
	here	, , ,			х
57		g the tax year, did the organization receive a distribution from, or was it the grantor of or transferor to, a fore	uan trust?	· · · · · · · · · · · · · · · · · · ·	, x
		s," see instructions for other forms the organization may have to file.			
58		the amount of tax-exempt interest received or accrued during the tax year : \$\ \cdot	•		. 1
	Un	der penalties of perjury, declare that I have examined this return, including accompanying schedules and statements, and to the b	est of my knowl	edge and belief	, it is true,
Sign	co	rrect, and complete Decfaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	_		
Here		2/14/2020 EXECUTIVE DIRECTOR		•	cuss this return with own below (see
		Signature of officer Date Title		nstructions)?	
			Check	if PTIN	1110
				4	
Paid		LISA RITHER 1 2/7/2015	self- employed	l l	68809
Prep		Firm's name ► MAHER DUESSEL, CPA'S	Firm's EIN		-1622758
Use (Only	3003 NORTH FRONT STREET, SUITE 101	THITIS EIN	25	
			Phone no.	717-232-1	230
		Firm's address HARRISBURG, PA 17110	FRONG HU.	1 _ 2 3 2 _ 1	200

Schedule A - Cost of Goods	Sold. Enter	method of inve	ntory va	luation N/A			
1 Inventory at beginning of year	1		6	Inventory at end of year	Г		6
2 Purchases	2		\neg	Cost of goods sold Su		line 6	
3 Cost of labor	3			from line 5. Enter here		l i	
4a Additional section 263A costs				line 2			7
(attach schedule)	4a		8	Do the rules of section	263A (with respect to	Yes No
b Other costs (attach schedule)	4b			property produced or a	cquirec	l for resale) apply to	
5 Total Add lines 1 through 4b	5			the organization?			
Schedule C - Rent Income ((see instructions)	From Real	Property and	d Pers	onal Property L	ease	d With Real Prope	rty)
1. Description of property							
(1)						 -	
(2)	-		•				
(3)							
(4)							
		ed or accrued				2/a) Dadustions directly a	annosted with the recens in
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	centage of than	of rent for	personal p	nal property (if the percentag roperty exceeds 50% or if d on profit or income)	ge	columns 2(a) and	onnected with the income in 2(b) (attach schedule)
(1)							
(2)							
(3)	-						
(4)							
Total	0.	Total			0.]	
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	(A)				0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B))
Schedule E - Unrelated Deb	t-Financed	Income (see	instruc	tions)			
				Gross income from or allocable to debt-	(2)	3. Deductions directly conne to debt-financed	property
1 Description of debt-fin	anced property			financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)							
(2)		-					
(3)							
(4)							
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to nced property h schedule)	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			1	%			
(2)				%			
(3)				%			
(4)				%			
						inter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals						0.	0.
Total dividends-received deductions in	neludad in colum	n 8					0.

	7 (1111a1ties) 7 (e) a	,				 		(000 1110	straction	<u> </u>
`			Exempt	Controlled O	rganızatı	ons				
1 Name of controlled organiza	identii	nployer rication nber		related income e instructions)		al of specified nents made	includ	rt of column 4 led in the contraction's gross	rolling	6. Deductions directly connected with income in column 5
/1\		·	····				1			
(1)			 						-	
(2)							 			<u> </u>
(3)			 		ļ		<u> </u>			
(4)		***************		····						
Nonexempt Controlled Organ	izations								,	
7. Taxable Income	Net unrelated incor (see instruction		9 Total	of specified payr made	nents	10. Part of colu in the controll gross	mn 9 tha ng orgar s income	ıızatıon's		ductions directly connected income in column 10
(1)						•				
(2)		-								
		-	 							
(3)	 	_	 							
(4)			.1							
						Add colun Enter here and line 8, c		e 1, Part I, A)	Enter h	Id columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals					>			0.		0.
Schedule G - Investme	ent Income of a	Section	501(c)(7	'), (9), or (17) Org	anization				
(see ins	tructions)									
1 Des	cription of income			2 Amount of	ıncome	3 Deduction directly connections (attach schedule)	cted	4 Set- (attach s	asıdes schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)								-		
(2)									-	·
				· · · · · · · · · · · · · · · · · · ·						
(3)			-							-
(4)						~	1 M 95" F 80 A	E		
				Enter here and o Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Totals			<u> </u>	<u> </u>	0.					0.
Schedule I - Exploited (see instr	-	Incom	e, Other	Than Adv	ertisin	g Income				
Description of exploited activity	2. Gross unrelated business income from trade or business	directly with pi of ur	kpenses connected roduction irelated ss income	4 Net incomfrom unrelated business (cominus columigain, compute through	I trade or lumn 2 n 3) If a e cols 5	5 Gross inco from activity is not unrelat business inco	hat ed	6 Exp attribut colui		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)		†			•			-		
	 	 		}				 		
(2)		-						-		
(3)		1		ļ						
(4)										
	Enter here and on page 1, Part I, line 10, col (A)	page	ere and on 1, Part I,), col (B)						,	Enter here and on page 1, Part II, line 26
Totals	0.	<u> </u>	0.				ا			0.
Schedule J - Advertis										
Partil Income From	Periodicals Rep	orted o	n a Con	solidated	Basis					_ ··-
1 Name of periodical	2. Gross advertising income	ad	3 Direct vertising costs	or (loss) (c		5 Circula e income		6 Read cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) PROGRAM ADVERTISING	G T	0.		0.	M = 5-3.					
		- -				<u> </u>		 		
(2)								 		
(3)								-	-	
(4)						=				
	1	1				1				
Totals (carry to Part II, line (5))	>	0.	(0.						0.

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2 Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5 Circulation income	6. Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) PROGRAM ADVERTISING	19,939.	337.	19,602.		15,759.	15,759.
(2)						
(3)						
(4)						
Totals from Part I	▶ 0.	0.	10.00	H 71 9		0
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, Ine 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶ 19,939.	337.			4	15,759

1. Name	2 Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2018)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning JUL 1, 2018

OMB No 1545-0687

ENTITY

Department of the Treasury Internal Revenue Service (99) ► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Name	of the organization HARRISBURG SYMPHONY ASSOCIATION, I	NC.		23-135518	
	Unrelated business activity code (see instructions) 713990			<u>, </u>	
	Describe the unrelated trade or business FUNDRAISING To	OURS			
Pa	पार्चि Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶	1c		· . =	
2	Cost of goods sold (Schedule A, line 7)	2	1		
3	Gross profit Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Schedule D)	4a			4
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			·]
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach		ļ.		
	statement)	5		<u> </u>	<u> </u>
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7		· · · · · · · · · · · · · · · · · · ·	
8	Interest, annuities, royalties, and rents from a controlled	1 1			
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule) STMT 1	12	94,614.		94,614.
13	Total. Combine lines 3 through 12	13	94,614.		94,614.
Pai	Deductions Not Taken Elsewhere (See instruct deductions must be directly connected with the undertaken to the connected with the undertaken to the connected with the undertaken to the connected with the	ions fo inrelate	r limitations on dec ed business income	luctions.) (Except e.)	for contributions,
14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses			19	<u> </u>
20	Charitable contributions (See instructions for limitation rules)		1 1	20)
21	Depreciation (attach Form 4562)		21	I	4
22	Less depreciation claimed on Schedule A and elsewhere on return		22a	221	
23	Depletion				
24	Contributions to deferred compensation plans			_24	
25	Employee benefit programs			25	

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 28

Other deductions (attach schedule)

Schedule M (Form 990-T) 2018

103,911.

103,911.

-9,297.

-9,297.

26

27

29

30

SEE STATEMENT 2

instructions)

26

27

28

29

30

FORM 990-T (M)	OTHER INCOME	STATEMENT 1
DESCRIPTION		TRUOMA
FUNDRAISING TOURS		94,614.
TOTAL TO SCHEDULE M, PART I, LIN	JE 12	94,614.
FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 2
FORM 990-T (M) DESCRIPTION	OTHER DEDUCTIONS	STATEMENT 2 AMOUNT
	OTHER DEDUCTIONS	