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Farr. 990-T	E	Exempt Orgai	nization Bus	ine	ss Inco	me T	ax Return	ı .	OMB No 1545-0687
•		(allendar year 2018 or other tax year	nd proxy tax und	er se	ction 6033	(e))	1906	_	2040
	For ca	lendar year 2018 or other tax yea	r beginning JUL 1,	20	18 , and end	ung JU	N 30,7 201	<u>9</u>	2018
Department of the Treasury Internal Revenue Service	ł	► Go to www Do not enter SSN numbe	.irs.gov/Form990T for in	structio	ons and the late	est inform	ation.		Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization (	Check box if name c	hanged	and see instruc	ctions.)		Emp	oyer identification number loyees' trust, see uctions)
B Exempt under section	Print	Print THE HARVEY SCHOOL							3-1740454
X 501(c)(3 <b>1</b>	or	I Number, street, and room or suite no. It a P.U. box, see instructions.							lated business activity code instructions )
408(e)220(e)	Type	260 JAY ST.							
408A 530(a) 529(a)		City or town, state or pro-		r foreig	n postal code			611	600
C Book value of all assets at end of year		F Group exemption numb		<u> </u>					
27,031,1	34.	G Check organization type			1 501	(c) trust	401(a)		Other trust
H Enter the number of the	-	ITION'S UNITELATED TRADES OF D ATING RINK RI		1			the only (or first) un		
· ·		ice at the end of the previou		rte I an			complete Parts I-V. M for each addition		•
business, then complete	•	•	13 Schlence, complete i a	1131 411	u II, complete a	) Scriedule }	IN TOT CACH Addition	ai trauc	, 01
		poration a subsidiary in an a	affiliated group or a parer	nt-subsi	diary controlled	group?	▶ [	Y	es X No
If "Yes," enter the name a	and iden	tifying number of the paren	t corporation. 🕨						
J The books are in care of	-		_				one number 🕨 9		
·		de or Business Inc	ome	1	(A) Inco	me	(B) Expenses	3	(C) Net
1a Gross receipts or sale		302,997.	2.1		202	007	l		
b Less returns and allow		A line 7)	c Balance	1c 2	302,	991.			
<ul><li>2 Cost of goods sold (S</li><li>3 Gross profit. Subtract</li></ul>		•		3	302,	997/			302,997.
4a Capital gain net incon				4a			RECE	11/1	
, .	•	art II, line 17) (attach Form	1 4797)	4b				-	
c Capital loss deduction			·	4c				7	120
5 Income (loss) from a	partners	ship or an S corporation (at	tach statement)	5			D 301 1	2U,	V O
6 Rent income (Schedu	ıle C)			6	/		00		18
7 Unrelated debt-finance		'		7/			OGDE	<del>V. U</del>	7
		nd rents from a controlled o	-	8				-	
		on 501(c)(7), (9), or (17) or	ganization (Schedule G)	9					
10 Exploited exempt acti 11 Advertising income (S	-	•		11					
12 Other income (See in:		•		12					
13 Total. Combine lines		•		13	302,	997.			302,997.
Part II Deduction	ns No	ot Taken Elsewher	e (See instructions for	r limita	ations on dedu	uctions.)			
	-	utions, deductions must	/	l with t	he unrelated I	business	income)	<del>,</del>	т
•	ficers, di	rectors, and trustees (Sche	øfule K)					14	202 664
15 Salaries and wages								15	282,664. 40,520.
<ul><li>16 Repairs and mainter</li><li>17 Bad debts</li></ul>	lance							16 17	1,201.
18 Interest (attach sche	edule) (s	ee instructions)			SEE	STAT	EMENT 1	18	50,634.
19 Taxes and licenses	, , , , , , ,				_			19	20,942.
	ions (Se	e instructions for limitation	rules)					20	
21 Depreciation (attach	Form 4	562)				21	30,261.	ļ	
22 Less depreciation cli	aimed of	n Schedule A and elsewhere	e on return		[2	22a	<del></del>	22b	30,261.
23 Depletion								23	<u> </u>
24 Contributions to def		mpensation plans			,			24	E4 000
25 Employee benefit pro		shadula IV		•	١		•	25	54,998.
26 Excess exempt expe 27 Excess readership o		•						26 27	
28 Other deductions (at	•	•			SEE	STAT	EMENT 2		105,832.
29 Total deductions. A		•				<b>-</b>	YEMENT 2 <b>28</b>	29	587,052.
/		ncome before net operating	loss deduction. Subtrac	t line 29	from line 13			30	-284,055.
31 / Deduction for net op	perating	loss arısıng in tax years be	ginning on or after Janua	ry 1, 20	118 (see instruc	tions)		31	
		ncome. Subtract line 31 fro						32	-284,055.
823701 01-09-19 LHA F	or Papei	work Reduction Act Notice	, see instructions.				$\circ$	7'	Form <b>990-T</b> (2018)

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ψ.	Form 990-1		0454	• `	Page 2
	Part I		0424		-80 -
		<del>7.1</del>	<b>33</b> -2	84,0	55.
	34	Amounts paid for disallowed fringes	34		
	35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35		0.
	36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
		lines 33 and 34	36 -2	84,05	<u>55.</u>
	37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,00	00.
	38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,			
	Dort I	enter the smaller of zero or line 36	38 -2	84,0	55.
	Part I	V Tax Computation  Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	30	_	0.
	40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	<del>                                      </del>		<del>••</del>
	70	Tax rate schedule or Schedule D (Form 1041)	- <u> </u>  -		
	41	Proxy tax. See instructions	41		
	42	Alternative minimum tax (trusts only)	42		
	43	Tax on Noncompliant Facility Income. See instructions	43		
	44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44		0.
	Part \	/ Tax and Payments			
	45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			
	b	Other credits (see instructions) 45b			
	C	General business credit. Attach Form 3800	<b>! !</b>		
	d	Credit for prior year minimum tax (attach Form 8801 or 8827)	-		
		Total credits. Add lines 45a through 45d	45e	_	
	46	Subtract line 45e from line 44	46		0.
	47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47 48	-	0.
	48 49	Total tax. Add lines 46 and 47 (see instructions)  2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49		0.
		Payments: A 2017 overpayment credited to 2018	49		<u> </u>
		2018 estimated tax payments 50b			
		Tax deposited with Form 8868 50c			
		Foreign organizations; Tax paid or withheld at source (see instructions)  50d			
		Backup withholding (see instructions) 50e			
		Credit for small employer health insurance premiums (attach Form 8941) 50f			
	g	Other credits, adjustments, and payments: Form 2439			
		Form 4136 Other Total ▶ 50g			
	51	Total payments. Add lines 50a through 50g	<b>\$</b> 1		
	52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52		
	53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53		
	54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	5/4		
	Part V	Enter the amount of line 54 you want: Credited to 2019 estimated tax    Refunded   Refunded	55		
	56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority	<del> </del>	Yes	No
	30	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		168	110
		FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			~
		here <b>&gt;</b>		11	$\overline{\mathbf{x}}$
	57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			X
		If "Yes," see instructions for other forms the organization may have to file.			
	58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$			
	Sian	Under penalties of perfuly, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled correct, and complete pectaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	ige and belief, it is t	ue,	
	Sign Here	1. (1.(N))*//s 1.7/2/2 3.	y the IRS discuss t		ıth
	11616		preparer shown be	· -	ا ا
			structions)? X	Yes	No
		Print/Type preparer's name Preparer's signature Date Check if BRUCE BRAUNEWELL, BRUCE BRAUNEWELL, self- employed	f PTIN		
	Paid	dna	P0007	5336	
	Prepa Use C	S A S OF THE ONLY S DOWN THE STATE OF S S S S S S S S S S S S S S S S S S	41-07		9
	use t	THE CONTRACT OF THE PROPERTY O			-

**Use Only** 823711 01-09-19

Form 990-T (2018)

Phone no. (215) 643-3900

610 W GERMANTOWN PIKE, SUITE 400

Firm's address ▶ PLYMOUTH MEETING, PA 19462

Page 3

Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory v	aluation ► N/A					—
1 Inventory at beginning of year	1		6	Inventory at end of yea	r		6		_
2 Purchases	2		7 Cost of goods sold. Subtract line 6					-	
3 Cost of labor	3			from line 5. Enter here	and in f	Part I,			
4a Additional section 263A costs		•	7	line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (\	with respect to		Yes N	lo
b Other costs (attach schedule)	4b			property produced or a	cquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5		1	the organization?	·				X
Schedule C - Rent Income ( (see instructions)	From Real	Property and	Per	sonal Property L	ease	d With Real Prop	erty)		
1. Description of property									
(1)									
(2)						·			
(3)								-	_
(4)									
	2. Rent receiv	ed or accrued							
(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	onal property (if the percentar property exceeds 50% or if led on profit or income)	ge	3(a) Deductions directly columns 2(a) at	connec nd 2(b) (s	ted with the income in attach schedule)	
(1)									
(2)									
(3)								<u>-</u>	
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)				0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>_</b>	(	o .
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ictions)					
			Ι,	2. Gross income from		<ol><li>Deductions directly con to debt-finance</li></ol>			
1. Description of debt-fin	nanced property		1	or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	_
(1)									
(2)									
(3)									
(4)			<b>T</b>					· · · ·	
A. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property h schedule)	•	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(	8. Allocable deductions column 6 x total of column 3(a) and 3(b))	
(1)				%					
(2)				%.		<u> </u>		~ <b>.</b>	
(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				<b>&gt;</b>		0			o .
Total dividends-received deductions in	ncluded in columi	18					•	(	0.
								Form 990-T (20	)18)

097-1031

Schedule F - Interest, <i>i</i>	Annuities, Roya	lties, and	Rents	From Co	ntrolled	d Organiza	tions	see ins	struction	s) Page	
			Exempt C	Controlled O	ganizatio	ons					
1. Name of controlled organizat	ıdent	mployer afication amber	3. Net unre (loss) (see	elated income 4. Tota payments		ments made inc		5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with income in column 5	
(1)							_		-+		
2)					-		<b>1</b>				
(3)			-								
(4)									<del></del>		
ionexempt Controlled Organi	zations						L		l		
7. Taxable Income	8. Net unrelated inco	(face)	O Total	of specified payri	I	40 Past of calcu	0 45	A	44 5	4	
7. Pazado Incomo	(see instruction		g. rotare	made	Terris	in the controllingross	ng orgai	nization's	With	ductions directly connected in income in column 10	
(1)					<b></b>					· · · · · · ·	
(2)						•					
(3)											
(4)											
(4)	,				· <del></del> :	Add colum Enter here and line 8, c		1, Part I,		dd columns 6 and 11 tere and on page 1, Part I, line 8, column (B)	
otals								0.		0.	
Schedule G - Investme		Section	501(c)(7	), (9), or (	17) Org	anization					
	ription of income			2. Amount of	ıncome	3. Deduction	cted	4. Set-	asides schedule)	5. Total deductions and set-asides	
(1)						(attach sched	uiej			(col 3 plus col 4)	
2)										<u> </u>	
(3)								-		<del>                                     </del>	
(4)	•				<del></del>						
<u> </u>				Enter here and o Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (8)	
otals					٥.١					0.	
Schedule I - Exploited (see instri	•	y Income	, Other	Than Adv		g Income					
		3. Exp		4. Net incom	e (loss)	-				7.5	
Description of exploited activity	2. Gross unrelated business income from trade or business	directly co with pro- of unre- business	onnected duction elated	from unrelated business (co minus columi gain, compute through	lumn 2 n 3) If a n cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	attribut	censes table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											
(2)											
(3)		1									
(4)		<del>                                     </del>	***************************************								
<u> </u>	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, line 10, e	Parti, col(B)		1					Enter here and on page 1, Part II, line 26	
otals -	0.		0.							0.	
Schedule J - Advertisi										<del> </del>	
Part I Income From	Periodicals Rep	oorted on	a Cons	olidated	Basis						
1. Name of periodical	2. Gross advertising income		3. Direct rising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus ain, compute	5. Circulat		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)						1		<u> </u>			
(2)				7							
3)				┨							
4)		-		┪		<u> </u>					
				+		1		<del>                                     </del>			
atale (carry to Part II line (5\)			^							<u> </u>	

823731 01-09-19

Form **990-T** (2018)

13-1740454 Form 990-T (2018) THE HARVEY SCHOOL Page 5 Part II 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.) 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 7. Excess readership costs (column 6 minus column 5, but not more 5. Circulation 6. Readership 3. Direct advertising 1. Name of periodical costs income advertising costs than column 4) (1) (2) (3) (4) 0. 0. 0. Totals from Part I Enter here and on page 1, Part I, line 11, col (A) Enter here and on page 1, Part I, line 11, col (B) Enter here and on page 1, Part II, line 27 0. 0 0 3. Percent of time devoted to 4. Compensation attributable to unrelated business 2. Title 1. Name business % (1) % (2) % (3)

Form 990-T (2018)

0.

%

ightharpoons

(4)

Total. Enter here and on page 1, Part II, line 14

			θ)
FORM 990-T	INTEREST PAID	STATEMENT	1
DESCRIPTION		AMOUNT	
INTEREST EXPENSE		50,	634.
TOTAL TO FORM 990-T,	PAGE 1, LINE 18	50,	634.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT	2
DESCRIPTION		AMOUNT	
ADMIN OFFICE ADMISSIONS EXTERNAL AFFAIRS INSURANCE PROFESSIONAL FEES UTILITIES VEHICLE EXPENSE	· · ·	4, 31, 2, 52,	275. 274. 033. 861. 093. 646.
TOTAL TO FORM 990-T,	PAGE 1, LINE 28	105,	832.

FORM 990-T	NET	OPERATING	STATEMENT 3		
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUS APPLI		LOSS REMAINING	AVAILABLE THIS YEAR
06/30/13	161,285.		0.	161,285.	161,285.
06/30/14	195,466.		0.	195,466.	195,466.
06/30/15	237,242.	. ••	0.	237,242.	237,242.
06/30/16	171,673.		0.	171,673.	171,673.
06/30/17	244,066.		0.	244,066.	244,066.
06/30/18	263,066.		0.	263,066.	263,066.
NOL CARRYO	VER AVAILABLE THIS	YEAR		1,272,798.	1,272,798.