SCANNED OCT

POrm 980-	THE SIMPHONI SPACE, INC.		13	- 494	414D	7 7 7
Part	II Total Unrelated Business Taxable Income					
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	e Instruc	tions)		33	1,461
34	Amounts paid for disallowed fringes		_		34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	ictions)	STMT	2	35	1,461
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the su	um of				
	lines 33 and 34			-12	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	27	1,000			
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 3	36		7	120.	
	enter the smaller of zero or line 36	,			38	0
Part	V Tax Computation				1 30 1	
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)				39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount of	na haa 20	e from:		1 30	
40) II III 30	o irom:		1:4	
	Tax rate schedule or Schedule D (Form 1041)				40	
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
	/ Tax and Payments				 -	·
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	458			4. 4	
	Other credits (see instructions)	45b			4 :1	
	General business credit. Attach Form 3800	45c] •]	
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d] [
e	Total credits Add lines 45a through 45d				45e	
48	Subtract line 45e from line 44				46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 886	56 🗀	Other (attach so	:hedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)				48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2,			•	49	Ō.
50 a	Payments, A 2017 overpayment credited to 2018	50a		311.		
	2018 estimated tax payments	60b		258		
c	Tax deposited with Form 8868	50c			1 ' [
	Foreign organizations: Tax paid or withheld at source (see instructions)	50d			1. :1	
	Backup withholding (see instructions)	50e	· · · · · · · · · · · · · · · · · · ·		1. 1	
	Credit for small employer health insurance premiums (attach Form 8941)	but			١.١	
	Other credits, adjustments, and payments: Form 2439	 (()			12.71	
U	Form 4136 Other Total	50g			1	
51	Total payments. Add lines 50a through 50g	Joy			3,1	10,569
	· · · · · · · · · · · · · · · · · · ·					10,363
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			16	53	10,569.
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid			7/1	541	
55 Doet V	Enter the amount of line 54 you want: Credited to 2019 estimated tax	77 /	Refunded	- 4 21	55	10,569.
Part \						
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature of		,			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	,				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the f	loreign a	ountry			
	here >					X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or train	nsferor t	o, a foreign tru	st?		X
	If "Yes," see instructions for other forms the organization may have to file					1. 1
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$					
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stroomed, and opening accompanying schedules and stroomed, and opening the perjury of the period of the	internents,	and to the best o	f my kno	wledge and	d bellef, it is true,
Sign		r itas ariy	KIIOWIGOGG.		a i the 106	discuss this return with
lere	1 (1/2) EXECUTIV	AR D	IRECTO			shown below (see
	Signature of officer Date Title					7 X Yes No
	Print/Type preparer's name Pgeparer's signature Date	3 (Check		f PTIN	
Paid		. /	// self- em	ployed	- 1	
raiu Prepa	CHRIS BELLANDO	117	120		P0	0541714
Jse O	TIME AND CARD CONTIN	1	Firm's	EIN >		-1655065
726 A	551 FIFTH AVENUE, SUITE 400 /		1			
	Firm's address ► NEW YORK, NY 10176		Phone	по. 2	12-6	97-2299
23711 01-			1			Form 990-T (2018
	43					. Jilli 324 1 (2016
1070	7 759420 12173902 2018.06000 THE SYMPH	ייור)	SPACE	TN	ď.	12173901
, ,	, , - , - a to	L FILL	or went	T74,	- •	エムエィンフリン

Schedule A - Cost of Good	s Sold. Enter	method of invei	ntory v	valuation N/A						
1 Inventory at beginning of year	6	Inventory at end of year		6						
2 Purchases	2		7	Cost of goods sold. Su	line 6					
3 Cost of labor	3			from line 5. Enter here						
4 a Additional section 263A costs			7	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						
5 Total. Add lines 1 through 4b	5		7	the organization?						
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Prop	perty)			
1. Description of property										
(1)										
(2)										
(3)										
(4)						·				
		ed or accrued				0(5) 0 1 1 1 1 1 1				
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for	personal	sonal property (if the percental property exceeds 50% or if sed on profit or income)	columns 2(a) and	directly connected with the income in 2(a) and 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		ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	> 0.			
Schedule E - Unrelated Del	ot-Financed	Income (see	ınstru	ctions)		·····				
			Gross income from or allocable to debt- financed property			Deductions directly conn to debt-finance				
1. Description of debt-fi	nanced property				(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)			
(1)					_					
(2)					_					
(3)						<u>_</u>				
(4)			1							
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-final	adjusted basis llocable to nced property i schedule)	by column 5 reportable (col			7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))			
(1)				%						
(2)			T	%						
(3)				%						
(4)				%						
			•			nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (8)			
Totals				.		0.	0.			
Total dividends-received deductions in	cluded in column	8			_	•	0.			
							Form 990-T (2018)			

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	7. Excess readership costs (column 6 minus column 5, but not more than column 4)				
(1) HOUSE PROGRAM	26,650.	24,939.		0.	0.					
(2)										
(3)										
(4)	·									
Totals (carry to Part II, line (5))	26,650.	24,939.	1,711.			0.				
		·				Farm 000 T (0010)				

Form **990-T** (2018)

Part III 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	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)							
(2)					•		
(3)			-		1		
(4)			-				
Totals from Part I		26,650.	24,939.	- 1 4 '84 July 12 mg/ 14 - 1 7 g g g g g g g g g g g g g g g g g g	recipie in the line		0.
		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
Totals, Part II (lines 1-5)		26,650.	24,939.		###########		0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

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)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT BUSINESS ACTIVITY

INCOME FROM ADVERTISING IN THE HOUSE PROGRAM AND CALENDER LISTING OF EVENTS.

TO FORM 990-T, PAGE 1

FORM 990-T	NET	DEDUCTION	STATEMENT	
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/02	4,621.	4,621.	0.	0.
06/30/03	22,678.	22,678.	0.	0.
06/30/04	35,392.	35,392.	0.	0.
06/30/05	71,736.	32,983.	38,753.	38,753.
06/30/06	28,078.	0.	28,078.	28,078.
06/30/07	11,676.	0.	11,676.	11,676.
06/30/08	0.	0.	0.	0.
06/30/09	0.	0.	0.	0.
06/30/10	0.	0.	0.	0.
06/30/11	6,385.	0.	6,385.	6,385.
06/30/12	0.	0.	0.	0.
06/30/13	2,572.	0.	2,572.	2,572.
06/30/14	0.	0.	0.	0.
06/30/15	0.	0.	0.	0.
06/30/16	0.	0.	0.	0.
06/30/17	0.	0.	0.	0.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	87,464.	87,464.

Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

990

OMB No 1545-0172

► Attach to your tax return. Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

Attachment Sequence No 179 Identifying number

TH				FORM 9				13-2941455
Pa	rt 🖡 Election To Expense Certain Prope	rty Under Section 17	9 Note: If you have:	any listed pr	operty, c	omplete Part	V before	you complete Part I
1	Maximum amount (see instructions)						1	1,000,000.
2	Total cost of section 179 property plac	2						
3	Threshold cost of section 179 property	3	2,500,000.					
4	Reduction in limitation. Subtract line 3	from line 2. If zero	or less, enter -0-				4	
5	Dollar limitation for tax year Subtract line 4 from line	1 If zero or less, enter -	0- If married filing separat	ely, see instruct	ions		5	
6	(a) Description of pr	operty	(b) Cos	t (business use	only)	(c) Elected c	ost	
					_			
					_			
	Listed property Enter the amount from				7			AND THE RESERVE AND ASSESSED ASSESSED.
	Total elected cost of section 179 prope	-	in column (c), lines (6 and 7			8	
	Tentative deduction Enter the smaller				•		9	
	Carryover of disallowed deduction from	-					10	
	Business income limitation. Enter the s		•	•	ne 5		11	<u>.</u>
	Section 179 expense deduction. Add li	•		an line 11	40		12	
	Carryover of disallowed deduction to 2 e: Don't use Part II or Part III below for				13			[프로텔 클리스에 뉴스스 (프로스스트는 그리고 (글래 () - 41년]
	rt II Special Depreciation Allowa			nclude lister	l propert	v 1		
	Special depreciation allowance for qua						T	T
	the tax year	illied property (our	er triair listed prope	rty) piaced ii	1 Sel VICE	during	14	
	Property subject to section 168(f)(1) ele	action					15	
	Other depreciation (including ACRS)	SCHOT				•	16	459,903.
	rt III MACRS Depreciation (Don't	include listed pror	perty. See instruction	ns)		•		19575001
	MACRS deductions for assets placed in fyou are electing to group any assets placed in sen Section B - Assets	vice during the tax year ii	nto one or more general as	set accounts, cl		►	17 tion Syst	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciat (business/investment only - see instruction	ion use (d)	Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property	- 1						
b	5-year property							
С	7-year property							
d	10-year property							
е	15-year property					_		
f	20-year property				_			
g	25-year property			2	5 yrs.		S/L	
h	Residential rental property	/		27	5 yrs	MM	S/L	
	nesidential rental property	/		27	.5 yrs.	MM	S/L	
i	Nonresidential real property	/		3	9 yrs.	MM	S/L	
		/				MM	S/L	
	Section C - Assets F	Placed in Service I	During 2018 Tax Ye	ear Using th	e Altern	ative Deprec		stem
20a	Class life						S/L_	
b	12-year				2 yrs		S/L	
С	30-year	/ /			0 yrs	MM	S/L	
<u>d</u>	40-year			4	0 yrs.	MM	S/L	
	rt IV Summary (See instructions)							
	isted property. Enter amount from line		:	4.	. م		21	
	Total. Add amounts from line 12, lines							450.000
	Enter here and on the appropriate lines	= -			see instr		22	459,903.
23 I	For assets shown above and placed in	service auring the	current year, enter	u ie				

Part V	Listed Proper entertainment,	ty (Include at	utomobiles,	certain ot	her vehic	cles, d	certa	ain airc	raft, ar	nd propert	ty used t	for					
	Note: For any				standa	rd mil	leage	e rate d	or dedu	ucting leas	se expei	nse, con	plete or	ıly 24a,			
	24b, columns (a) through (c) of Section	A, all of S	ection E	3, and	Sec	ction C	ıf app	licable.						<u> </u>	_
		Depreciation			-	utio				T					<u> </u>	- 1.	_
24a D0 y00	have evidence to s	(b)	siness/investr	nent use ci	aimed	Ч	∫ Ye	s L (e)	_ Ņo	24b lf "Y	T				_ Yes 	<u> </u>	10
	(a) of property ehicles first)	Date placed in service	Busines investme use percen	nt o	(d) Cost or ther basis	;		s for depr ness/invi use onl	estment	Recovery period	Me	(g) ethod/ vention	Depre	(h) eciation uction	secti	cted on 179 ost	}
25 Specia	l depreciation allo	owance for q	ualified liste	d property	y placed	ın se	rvice	e durin	g the t	ax year ar	nd			•	٠.	. ,	
used m	ore than 50% in	a qualified b	usiness use							•		25					-
26 Proper	ty used more tha	n 50% ın a q	ualified bus	ness use									,				
				%													
				%						ļ			ļ		ļ		_
		L	<u></u>	%						L					<u> </u>		_
27 Proper	ty used 50% or le	ess in a quali	fied busines	s use.									1				_
			<u> </u>	%						-	S/L·		ļ. ——		-		
				%		-					S/L·		 		1		
00 444		/b\ h=== 05	4h 07	%			01			l	S/L -		 		-		
	nounts in column		_				21,	page 1		-	•	28	<u>i — — </u>		├──	-	-
29 Add an	nounts in column	(I), IINE 26 E	nter nere an	Section					of Vol	hiolog					1		-
Complete t	his section for ve	biolog ugod l	by a colo pr								or rolate	d nereo	n If you	provided	d vehicle		
	oloyees, first ans															3	
to your enig	bioyees, mst ans	wer the ques	30013 111 060		occ ii yo	u me	Ct ai	CACC	J.1.011 (o complet	ing and	30011011		vernoie.	•		
-					(a)		(b)		(c)		(d)	(e)	(f)	_
30 Total bu	siness/investment	miles driven d	uring the	1 '	hicle	1	Vehi		\	/ehicle	I	hicle	1	hicle	1	nicle	
year (do	n't include commu	ting miles)															
31 Total co	ommuting miles o	driven during	the year												<u> </u>		
32 Total of	ther personal (no	ncommuting) miles	1											}		
driven						<u> </u>			ļ		ļ		ļ		ļ		_
	illes driven during es 30 through 32												ł				
	es so unough sz e vehicle availabl		alusa	Yes	No	Ye		No	Yes	s No	Yes	No	Yes	No	Yes	No	_
	off-duty hours?	ic for person	ui 030	163_	1	1	-	110	1.00	110	103	1,10	105		1.00	<u> </u>	<u>-</u>
_	e vehicle used pi	nmanly by a	more				T							Ì			
	% owner or relate																
	ner vehicle availa	•	nal														
use?					<u> </u>									l			
	•	Section C	- Questions	for Emp	loyers V	Vho F	Provi	ide Vel	hicles	for Use b	y Their	Employ	ees	,			
Answer the	se questions to d	determine if y	you meet an	exception	n to com	pletir	ng S	ection	B for v	ehicles us	sed by e	mployee	es who a	ren't			
more than 5	5% owners or rel	ated persons	S														
37 Do you	maintain a writte	n policy stat	ement that p	orohibits a	all perso	nal us	se of	f vehicl	es, ınc	luding co	mmuting	, by you	ır		Yes	N ₁	0
employ														•	-		_
•	maintain a writte	•	-	-								your			ŀ		
	ees? See the ins			•		fficers	s, dır	rectors	, or 1%	6 or more	owners			••		-	_
-	treat all use of ve	-		-		.nfor	matu	on from	. vour	omployee	a about	٠			-	+-	-
-	provide more that of the vehicles,		•			HHOH	nauc	on non	ı youi	employee	S about				į		
	meet the require					mons	strati	ion lise						•			_
•	your answer to									overed ve	hicles			•	-		_
	Amortization	31,00,00,	0, 0. 1, 10	00, 00.	r oompi	<u> </u>	<u> </u>	,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		<u> </u>					<u> </u>		_
	(a) Description of	costs	Da	(b) ate amortization		Amor	C) tizable	8		(d) Code		(e) Amortizati		zation /		(f) Amortization for this year	
49 Amortis	ation of costs th	at hegine du	ring vour 20	begins 18 tax ve:	ar.	qu (II	Juill			section	i.	penod or pe	ioenia de				_
<u>→∠</u> /\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	anon or costs th	a. Dogina du	g your 20	.o lan ye	· ·				\top	1	- T		Т				
									\top								_
43 Amortiz	ation of costs the	at began bef	ore your 20.	18 tax vea	ar		_						43				_
	Add amounts in c	_	-			o repo	ort				•••		44				