	- 23		3.7				•			
ŕ	_	•						29393		02607
( ;	Porm	√990-T	E	Exempt Or	ganization B (and proxy tax u	usine	ess Income	Гах Return	L. L	OMB No 1545-0687
(0)	1.10								8	0047
	0	<i>/</i> .	For ca	lendar year 2017 or other	tax year beginning SEP	1, 20	17 , and ending Al	JG 31, 201	8	201/
	Depa	rtment of the Treasury			www.irs.gov/Form990T f				_	Open to Public Inspection (
		al Revenue Service	<b>•</b>		umbers on this form as it			zation is a 501(c)(3).		Open to Public Inspection for 1(c)(3) Organizations Only
	A	Check box if address changed		Name of organization	on ( Check box if nar	ne change	d and see instructions.)		(Emple	yer identification number byees' trust, see
	_								'	otions)
		xempt under section	Print		SYMPHONY ORCI					8-1385132 Ited business activity codes
		501(c)(3 6)	or Type		d room or suite no. If a P.O	. box, see	instructions.			istructions)
	늗	408(e) 220(e)			OWARD AVENUE	ID or forsi	an postal anda		1	,
	늗	408A    530(a) 529(a)		DETROIT,	or province, country, and Z  MI 48201	ir or lorer	gii postai code		531:	120 72232
	C Bo	nok value of all assets	L	E Croup evemption	number (See instructions	.) 🕨	-		<del>                                      </del>	120 12232
	o at	end of year 95,350,3	01.	G Check organization	on type <b>X</b> 501(c)		on 501(c) trust	401(a)	trust	Other trust
					ss activity.   RETAI					
					in an affiliated group or a p				Ye	
				_	parent corporation.					
	J TI	ne books are in care of		JEREMIAH H			Telep	hone number 🕨 (	313	)576-5140
	Pa	rt I Unrelated	d Trac	de or Business			(A) Income	(B) Expenses	;	(C) Net
	1 a	Gross receipts or sale	S	631,25	51.					
	b	Less returns and allow			c Balance	<u>1c</u>	631,251			<del></del>
	2	Cost of goods sold (S		· ·		2	173,684	,		457 567
	3	Gross profit. Subtract				- 3	457,567	•		457,567
		Capital gain net incom	•	•	· Fa 4707\	4a	<u> </u>	· · · · · · · · · · · · · · · · · · ·	-	
	b	• ( / (			1 Form 4/9/)	4b				
	С 5	Capital loss deduction Income (loss) from pa			nc (attach statement)	4c 5	<u> </u>	+		
	6	Rent income (Schedu		iips aliu 3 corporatio	iis (attacii stateilieitt)	6	<del>                                     </del>	<del></del>		
	7	Unrelated debt-financ		me (Schedule F)	;	7	<u> </u>			
	8			•	olled organizations (Sch. F)	_ <del> </del>	,	†		
	9				(17) organization (Scheduli		Ì			
	10	Exploited exempt activ			, , -	10				
C.	11	Advertising income (S	Scheduk	e J)		11				
-	12	Other income (See ins		·	STATEMENT 1	. 12	114,615			114,615
2	13	Total. Combine lines				13	572,182	,		572,182
<del>~</del>	13  Pa				<b>vhere</b> (See instruction must be directly connected as a connected					
		i			<del></del>	Clea willi	trie unrelated busines	s income.)	1 44 1	
MAR	14	•	icers, ai	rectors, and trustees	(Schedule K)				14	337,455
D	15 16	Salaries and wages Repairs and mainten	2000		OF.	A = 11			15 16	331,433
_	17	Bad debts	ance		I KE	CEIV	ED_		17	
9		Interest (attach sche	dule)		<b>9</b>	 ساماس	S		18	
2019	19	Taxes and licenses	<i>uu.</i> 0,		JAI	V 143	1019  文		19	
Ö	20		ons (Se	e instructions for lim	1 1	ACCOUNT STATE	2		20	
	21	Depreciation (attach	•			DEN	117 21	79,933.		
	22	•		n Schedule A and else			22a		22b	79,933
	23	Depletion							23	
	24	Contributions to defe	erred co	mpensation plans	, .				24	
	25	Employee benefit pro	-		7				25	
	26	Excess exempt exper							26	
	27	Excess readership co					app am	mercera o	27	116 212
	28	Other deductions (at		•	•		SEE STA	TEMENT 2	28	116,313
	29	Total deductions. A	aa Iines	14 through 28					29	533,701

line 32
723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions.

Net operating loss deduction (limited to the amount on line 30)

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

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or

Unrelated business taxable income before specific deduction. Subtract line 31 from line 30

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)

Form **990-T** (2017)

38,481.

38,481

30

31

32

33

30

31

32 33 SEE STATEMENT 3

Form 990-T		85132	Page ' <b>2</b>
35	Organizations Taxable as Corporations. See instructions for tax computation.		<del></del>
33	Controlled group members (sections 1561 and 1563) check here   See instructions and		
•	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		
•	(1) \$ (2) \$ (3) \$		
h	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)		
	(2) Additional 3% tax (not more than \$100,000)	1 1	
c	Income tax on the amount on line 34	35c	0.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:	-000	
00	Tax rate schedule or Schedule D (Form 1041)	36	
37	Proxy tax. See instructions	37	
38	Alternative minimum tax	38	
39	Tax on Non-Compliant Facility Income. See Instructions	39	
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	0.
Part I			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a		
	Other credits (see instructions)  41b	7	
C	General business credit. Attach Form 3800 41c	7	
	Credit for prior year minimum tax (attach Form 8801 or 8827)		
	Total credits. Add lines 41a through 41d	41e	
42	Subtract line 41e from line 40	42	0.
43	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule	43	
44	Total tax. Add lines 42 and 43	44	0.
45 a	Payments: A 2016 overpayment credited to 2017		_
b	2017 estimated tax payments 45b		
C	Tax deposited with Form 8868		
d	Foreign organizations: Tax paid or withheld at source (see instructions)  45d		
е	Backup withholding (see instructions) 45e		
f	Credit for small employer health insurance premiums (Attach Form 8941)		
g	Other credits and payments: Form 2439		
	☐ Form 4136 ☐ Other ☐ Total ► 45g	<u> </u>	
46	Total payments. Add lines 45a through 45g	46	
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔙	47	
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48	0.
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	0.
50	Enter the amount of line 49 you want: Credited to 2018 estimated tax	50	
Part V			<del></del>
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country		
	here		- X
52	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.		
53	Enter the amount of tax-exempt interest received or accrued during the tax year \$\bigs\\$\$  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known and the penalties of perjury.	uladae and belief it i	e trua
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	neuge and cener, it i	
Here	CHIEF FINANCIAL OFFICER	May the IRS discus	
	Signature of officer Date Title	the preparer shown Instructions)?	Yes No
		If PTIN	108 100
	Print/Type preparer's name Preparer's signature Date Check   self- employe		
Paid	TARRE M. HILLOWARD TARRE M. HILLOWARD 12/12/19	I	53811
Prepa	- DIAMER C MODAL DITO		357951
Use C	2601 CAMBRIDGE CT., STE. 500	<u> </u>	
	Firm's address AUBURN HILLS, MI 48326 Phone no.	(248) 3	75-7100
	1101010.		n <b>990-T</b> (2017)

723711 01-22-18

Schedule A - Cost of Goods	Sold. Enter	method of invent	ory v	aluation ► N/A		<del> </del>		<del></del> -	
1 Inventory at beginning of year	1	0.	6	Inventory at end of yea	r		6		0.
2 Purchases	2	173,684.	7	Cost of goods sold. St	ubtract I	ine 6			
3 Cost of labor	3			from line 5. Enter here	and in I	Part I,			
4 a Additional section 263A costs				line 2			7	173,	684.
(attach schedule)	4a		8	Do the rules of section	263A (	with respect to		Y	es No
b Other costs (attach schedule)	4b			property produced or a	cquirec	for resale) apply to			_ ]
5 Total. Add lines 1 through 4b	5	173,684.		the organization?					X
Schedule C - Rent Income ( (see instructions)	From Real I	Property and	Per	sonal Property L	ease	d With Real Prop	erty) ——		
1 Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receive	ed or accrued							
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	' of rent for pe	rsonal	onal property (If the percentag property exceeds 50% or If ed on profit or income)	ge	3(a) Deductions directly columns 2(a) as	connect nd 2(b) (a	ed with the incom ttach schedule)	ne in
(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	ı (A)	<b>&gt;</b>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see I	nstru	ctions)					
		٤ .	2	. Gross income from	j	Deductions directly con to debt-finance			
1. Description of debt-fir	anced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedu	
/4)									
(1)						<u> </u>	-		
(2)							-		
(3)							+		
(4)			_				+		
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a debt-fina	adjusted basis illocable to nced property schedule)	6	Column 4 divided by column 5		7. Gross Income reportable (column 2 x column 6)	(c	<b>8</b> . Allocable decolumn 6 x total of 3(a) and 3(	f columns
(1)				%			1		···
(2)				%			1		
(3)				%					
(4)				%					
		•				nter here and on page 1, Part I, line 7, column (A)		nter here and on Part I, line 7, colu	
Totals				<b>•</b>		0	.		0.
Total dividends-received deductions in	cluded in column	8							0.
								Form 99	<b>0-T</b> (2017)

Schedule F - Interest, A	nnuitie	s, Royal	lies, and	d Rents	From Co	ntrolle	d Organiza	tions	see ins	structio	ons)	
ę				Exempt (	Controlled O	rganızatı	ons					
Name of controlled organization	on	2 Em identifi num	cation		elated Income instructions)		tal of specified ments made	includ	t of column 4 ed in the cont ation's gross	rolling		Deductions directly nnected with income in column 5
(1)								$\vdash$	<del> </del>			
(2)								,				•
(3)						-						
(4)				**								
Nonexempt Controlled Organiz	zations					; ',						
7. Taxable Income		inrelated incom see instructions		9. Total	of specified payr made	nents •	10. Part of colu in the controlli gross	mn 9 tha ing orgar s income	nization's	11. "	Deduc	tions directly connected ome in column 10
(1)					i.	1						
(2)												<del></del>
(3)												
(4)		***			•							
*		w ee e		•	•	• •	Add colun Enter here and line 8, c		1, Part I, A)	-	r here	olumns 6 and 11 and on page 1, Part I, 8, column (B)
Totals						<b></b>			0.	<u> </u>		. 0.
Schedule G - Investme (see instr		ne of a S	Section	501(c)(7	'), (9), or (	17) Org	ganization					
· · · · · · · · · · · · · · · · · · ·	ription of inco	ime			2. Amount of	income '	3. Deduction directly connective (attach schedu	cted	4. Set-	asides schedule)		5. Total deductions and set-asides (col 3 plus col 4)
(1)							,		-		$\neg$	, , , , , , , , , , , , , , , , , , , ,
(2)						-						
(3)												
(4)												
,					Enter here and e Part I, line 9, co							Enter here and on page 1, Part I, line 9, column (B)
Totals				<b>•</b>		0 :						0.
Schedule   - Exploited   (see instru		Activity	Income	o, Other	Than Adv	ertisir	g Income					
1. Description of exploited activity	unrelated incom	Gross I business ne from business	directly c with pro	penses onnected eduction elated s income	4. Net Incom from unrelated business (co minus colum galn, compute through	trade or olumn 2 n 3) If a e cols 5	5. Gross Inco from activity t Is not unrelat business inco	hat ed	attribut	penses lable to mn 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						•						
(2)							•					
(3)												
(4)						•		-	ı			Enter here and on page 1, Part II, line 26
Totals		. 0.		<u> </u>	l	'		_				0.
Schedule J - Advertisir					1: -11	Dania						
Part I Income From I	erioaic	ais Rep	ortea or	a Con	solidated	basis						
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	or (loss) (cool 3) If a ga	tising gain of 2 minus ain, comput nrough 7.	5. Circulat e income		6. Read cos		1 0	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)												
(2)												
(3)												
(4)							,				$\perp$	
Totals (carry to Part II, line (5))	<b>&gt;</b>		o.	0								0.
			<u>• •                                     </u>	<u> </u>	• 1				<del></del>			orm 990-T (2017

columns 2 through	n 7 on a	line-by-line basis.)	,	(, 0, 0,	on ponoulour noto		• •
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)							
(2)							
(3)							
(4)							
Totals from Part I	•	0.	. 0.			U	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)	•	0.	l 0.		•		0.

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

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

Form 990-T (2017)

FORM 990T		OTHER INCOM	<u></u>	STATEMENT 1
DESCRIPTIO	N			AMOUNT
SECTION 51	2(A)(7) INCOME		-	114,615
FOTAL TO F	ORM 990-T, PAGE 1,	LINE 12		114,615
FORM 990-T		OTHER DEDUCT	PIONS .	STATEMENT 2
DESCRIPTIO	N		2	AMOUNT
INSURANCE IT COSTS BENEFITS A			, <u>- ,</u>	2,380 7,274 56,784 10,816
OCCUPANCY				38,838 221
OCCUPANCY ADVERTISIN		LINE 28	•	
OCCUPANCY ADVERTISIN FOTAL TO F	G ORM 990-T, PAGE 1,	LINE 28 OPERATING LOSS	DEDUCTION	221
FORM 990-T	G ORM 990-T, PAGE 1, NET LOSS SUSTAINED	OPERATING LOSS  LOSS PREVIOUSLY APPLIED	LOSS REMAINING	221  116,313  STATEMENT 3  AVAILABLE THIS YEAR
OCCUPANCY ADVERTISING TOTAL TO F	G ORM 990-T, PAGE 1, NET	OPERATING LOSS LOSS PREVIOUSLY	LOSS	223 116,313 STATEMENT 3 AVAILABLE