

Form 990-EZ

Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2017

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceInformation about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2017 calendar year, or tax year beginning 06-01, 2017, and ending 05-31, 2018

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE SYMPHONY GUILD OF CHARLOTTE INC		D Employer identification number 58-1998344
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 338 SOUTH SHARON AMITY PMB 308		E Telephone number (704) 525-0522
	City or town, state or province, country, and ZIP or foreign postal code CHARLOTTE, NC 28211		F Group Exemption Number

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) _____ H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).I Website: WWW.SYMPHONYGUILDCHARLOTTE.ORGJ Tax-exempt status (check only one) - ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 104,633

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	3340.55 2575 6860	1	14,551
	2	Program service revenue including government fees and contracts		2	735
	3	Membership dues and assessments	new 1508 11,975	3	11,723
	4	Investment income		4	320
	5a	Gross amount from sale of assets other than inventory	5a		
	5b	Less: cost or other basis and sales expenses	5b		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		
	6	Gaming and fundraising events			
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	77,304	
6c	Less: direct expenses from gaming and fundraising events	6c	13,368		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	63,936		
7a	Gross sales of inventory, less returns and allowances	7a			
7b	Less: cost of goods sold	7b			
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
8	Other revenue (describe in Schedule O)		8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	111,064.78	9	91,265	
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	76,824
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	8,321
	13	Professional fees and other payments to independent contractors		13	1,456
	14	Occupancy, rent, utilities, and maintenance		14	625
	15	Printing, publications, postage, and shipping		15	403
	16	Other expenses (describe in Schedule O)		16	9,789
	17	Total expenses. Add lines 10 through 16		17	97,418
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	(6,153)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	141,654
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	135,501

For Paperwork Reduction Act Notice, see the separate instructions.

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EEA

Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	141,654	135,501
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	0	0
25 Total assets	141,654	135,501
26 Total liabilities (describe in Schedule O)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	141,654	135,501

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☒What is the organization's primary exempt purpose? **TO SUPPORT CLASSICAL MUSIC IN CHARLOTTE**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 CHARLOTTE SYMPHONY YOUTH CAMPS. A FIVE DAY RESIDENTIAL MUSIC CAMP FOR THE 100 STUDENT MEMBERS OF THE CHARLOTTE YOUTH SYMPHONY. INSTRUCTION BY MEMBERS OF THE PROFESSIONAL (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	48,458 ✓
29 YOUTH FESTIVAL CONCERT FEATURING BOTH STUDENT AND PROFESSIONAL MEMBERS. OVER 500 STUDENTS FROM THE REGION ATTEND TO VIEW THEIR PEERS PERFORMING IN PROFESSIONAL VENUE. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	11,740 ✓
30 SCHOLARSHIPS AWARDED TO YOUTH ORCHESTRA STUDENTS FOR PRIVATE STUDY MUSIC LESSONS. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	6,700 ✓
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	See SERVICES 9,926
32 Total program service expenses (add lines 28a through 31a)	32	76,824

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Mike Rutledge PRESIDENT	30.00	0	0	0
Susan Carr TREASURER	15.00	0	0	0
Carol Follmer SECRETARY	5.00	0	0	0
Linda Weisbruch ASSISTANT TREASURER	5.00	0	0	0
Elizabeth Stewart VP of Management and Planning	10.00	0	0	0
Leigh Finley VICE PRESIDENT MEMBERSHIP	10.00	0	0	0
Linda Borders IMMEDIATE PAST PRESIDENT	10.00	0	0	0
Donna Kiser VICE PRESIDENT EDUCATION	10.00	0	0	0
Robin Cochran VICE PRESIDENT FUNDRAISING	10.00	0	0	0
Beth Garges VICE PRESIDENT EDUCATION	10.00	0	0	0

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . .		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a		
b Did the organization file Form 1120-POL for this year?		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ; section 4912 ; section 4955		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed NC		
42 a The organization's books are in care of Susan Carr Telephone no. 704-525-0522		
Located at 338 SOUTH SHARON AMITY PMB 308, CHARLOTTE, NC ZIP + 4 28211		
b 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)?		X
If "Yes," enter the name of the foreign country:		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States?		X
If "Yes," enter the name of the foreign country:		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here <input type="checkbox"/>		
and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47 - 49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- | | Yes | No |
|---|-----|----|
| 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | | X |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | X |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | | X |
| b If "Yes," was the related organization a section 527 organization? | | |
| 49b | | |
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

- f Total number of other employees paid over \$100,000
- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

- d Total number of other independent contractors each receiving over \$100,000
- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ☒ Yes ☐ No

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.

Sign Here	Susan Carr Signature of officer	09-26-2018 Date			
	Susan Carr, TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Abby H Champion CPA	Preparer's signature <i>Abby H Champion CPA</i>	Date 09-26-2018	Check <input type="checkbox"/> if self-employed	PTIN P00386349
	Firm's name Abby H Champion CPA PC	Firm's EIN			
	Firm's address PO Box 1918	Phone no. 704-947-5580			
	Huntersville NC 28070-1918				

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No