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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

▶ Do not enter Social Security numbers on this form as it may be made public. Open to Public

Inter		Information about Form 990-EZ and its instructions is at www.irs gov/form	990.		Inspection
A	or the	2013 calendar year, or tax year beginning JAN 15, 2013 and ending DE	C 31	. , 2	2013
В	heck if		D Empl	oyer id	entification number
٦	7	ess change			
F	_	change SOCIAL VENTURE PARTNERS CHARLOTTE, INC.	20)-27	45238
Ī	Initial		E Telep		
F	_	nated 610 E. MOREHEAD STREET 101	70	4 – 4	42-7060/
Τ	٦.	City or town, state or province, country, and ZIP or foreign postal code	F Grou		
F	_	CHARLOTTE , NC 28202		ber ►	•
<u></u>		ating Method: X Cash			X if the organization is not
		e: NWW.SOCIALVENTUREPARTNERS.ORG			attach Schedule B
		empt status (check only one) — X 501(c)(3) 501(c) () ◀(insert no.) 4947(a)(1) or 527			990-EZ, or 990-PF).
_		f organization: X Corporation Trust Association Other	(1.01.1	,	
		es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part	11.		
		n (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	, •	▶ \$	0.
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ictions f	or Part	
٠.,		Check if the organization used Schedule O to respond to any question in this Part I			
_	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments	-	3	
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory 5a		\neg	
	Ь р	Less: cost or other basis and sales expenses 5b	$\neg \neg$	ļ	
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events	F	\neg	
	a	Gross income from gaming (attach Schedule G if greater than			
ğ	"	\$15,000) 6a		ŀ	
Revenue	h	Gross income from fundraising events (not including \$ of contributions			
æ	"	from fundraising events reported on line 1) (attach Schedule G if the sum of such	,	,	
		gross income and contributions exceeds \$15,000)	İ		
		Less; direct expenses from gaming and fundraising events 6c	$\overline{}$		
	ا ا	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	1	Gross sales of inventory, less returns and allowances 7a 7	Ī	\neg	
	Г,	Less: cost of goods sold 7b	-		
	ءَ ا	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	▶	9	0.
_	10	Grants and similar amounts paid (list in Schedule 0)		10	
	11	Panalita and to ar for mambars		11	
ç	12			12	
nse	13	Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors AUG 2 1 2014		13	
Expenses	14	Occupancy, rent, utilities, and maintenance		14	
ũ	15	Printing, publications, postage, and shipping OGDEN, UT		15	
	16	Other expenses (describe in Schedule O)	Ī	16	
	17	Total expenses. Add lines 10 through 16	_▶	17	0.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	0.
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A))			
Ass		(must agree with end-of-year figure reported on prior year's return)		19	0.
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule 0)		20	0.
ž	21	Net assets or fund balances at end of year, Combine lines 18 through 20	▶	21	0.

332171 11-25-13

2013.04010 SOCIAL VENTURE PARTNERS CHA SVP

Form **990-EZ** (2013)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990-EZ (2013) SOCIAL VENTURE PARTNERS C	HARLOTTE,	INC.		20-	- 27	452	38	Page 2
Pa	Irt II Balance Sheets (see the instructions for Part II)								_
	Check if the organization used Schedule O to resp	ond to any que	<u>stion i</u>	n this Part II					
	•		(A)	Beginning of year	L		(B) Er	nd of year	
22	Cash, savings, and investments				2:	2			
23	`Land and buildings				2				
24	Other assets (describe in Schedule 0)				24				
25	Total assets) • 2	5			0.
26	Total liabilities (describe in Schedule 0)			() . 20	3		·	0.
27) . 2	7			0.
Pa	art III Statement of Program Service Accomplishmer	its (see the instr	ruction	s for Part III		1	Ex	penses	
	Check if the organization used Schedule O to resp	ond to any que	stion i	n this Part III				or section	
Wha	t is the organization's primary exempt purpose?							and 501(c) ins and sec	
	ribe the organization's program service accomplishments for each of its three largest program	ervices as measured by e	xoenses l	n a clear and concisi		494	17(a)(1)	trusts; op	
	ner, describe the services provided, the number of persons benefited, and other relevant inform					for	others.))	
28						+-			
20							ŀ		
		·							
	(Outside the second of the sec	ranta chaolchara] 28a			
00	(Grants \$) If this amount includes foreign g	rants, check here				1 200			
29									
									
						1			
	(Grants \$) If this amount includes foreign g	rants, check here			<u> </u>] 29a			
30									
						İ	1		
						,			
	(Grants \$) If this amount includes foreign g	rants, check here			<u> </u>] 30a			
31	Other program services (describe in Schedule O)					.			
	(Grants \$) If this amount includes foreign of	rants, check here		>	<u> </u>	31a			
00	Total program service expenses (add lines 28a through 31a)				b	- 32			0.
32	Total program service expenses (add lines 26a through 31a)			_					<u> </u>
P	art IV List of Officers, Directors, Trustees, and Key E	mployees (list eac	h one eve	n if not compensated	- see th		uctions fo	or Part IV)	
P	art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res						uctions fo	or Part IV)	
Pa	art IV List of Officers, Directors, Trustees, and Key E	oond to any que (b) Average hou	stion i	n this Part I\ (c) Reportable	/ (d) +	le instri	enefits,	(e) Estin	nated
P:	art IV List of Officers, Directors, Trustees, and Key E	oond to any que (b) Average hour per week devoted	stion i	n this Part I\	(d) H	lealth b	enefits, ons to penefit	(e) Estin	nated f other
P:	Check if the organization used Schedule O to res	oond to any que (b) Average hou	stion i	n this Part I\ (C) Reportable compensation (Forms	(d) H	lealth b	enefits, ons to penefit deferred	(e) Estin	nated f other
P:	Check if the organization used Schedule O to res	oond to any que (b) Average hour per week devoted	stion i	n this Part I\ (0) Reportable compensation (Form: W-2/1099-MISC)	(d) H	lealth b	enefits, ons to cenefit deferred	(e) Estin	nated f other
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Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements			
	instructions for Part V) Check if the organization used Sch. O to respond to any question in this	Part		
			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 0	33		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)	34		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)?	35a		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	35b	N/	<u>A</u>
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	35c		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	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions	4	-	1,7
	Did the organization file Form 1120-POL for this year?	37b		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			<u>-</u>
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	· · ·		
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 N/A			1
		┨		
	Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1 /		
40 a				
	section 4911 ► U · ; section 4912 ► U · ; section 4955 ► U · Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the	,		1
U	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	40ь		x
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	7,		
Ū	or disqualified persons during the year under sections 4912, 4955, and 4958	1		"
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the	1.3		11
•	organization • 0.	4)		,
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	40e		X
41	List the states with which a copy of this return is filed NONE			
42 a	The organization's books are in care of ► SUSAN DANIEL Telephone no. ► 704-44	2-7	060	
	Located at ▶ 610 E. MOREHEAD STREET, SUITE 101, CHARLOTTE, NC ZIP+4 ▶	2820	2	
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		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	1	•	
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		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	N/A		
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	•	
			Voc	No
44-	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		163	INO
44 a	Form 990-EZ	44a	İ	х
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
D	of Form 990-EZ	44b		TX
^	Did the organization receive any payments for indoor tanning services during the year?	44c	 	X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	1.10	 	
u	In Schedule O	44d		1
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	 	х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			1
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		
		Form 9	90-EZ	(2013)
3321	73			

11-25-13

	2013)	SOCIAL	1211101											Page -
													Yes	No
	-	• • •		in politic	cal campaign a	activities	on behalf of or	in oppositioi	to candidates fo	r public	office?	1		v
		hedule C, Part I	organizati	one c	nly							46		X
			_		-	one 47.4	IQb and 52 an	nd complete	the tables for	lines 50) and 51			
			£		•		question in thi	•	s tric tables for	111103 00	and 51.			
	-		<u> </u>		100,000			·					Yes	No
Did the or	rganization	engage in lobb	ying activities o	or have a	a section 501((h) electi	on in effect duri	ng the tax ye	ar? If "Yes," com	lete Sch	n. C, Part I	i 47		X
							mplete Scheduk					48		Х
Did the or	rganızation	make any trans	fers to an exem	mpt non	-charitable rel	lated org	anization?					49a		Х
If "Yes," w	as the rela	ted organization	a section 527	organiz	zation?							49b		
Complete	this table f	or the organiza	tion's five high	est com	pensated emp	ployees (other than office	ers, directors	s, trustees and ke	y employ	yees) who	each re	eceived	more
than \$100			m the organizat		there is none,	enter N				12	-			
	(a) Name and title	e of each emplo	oyee			(b) Average		(C) Reportable compensation (For		Health bene ntributions		e) Estin	
			_		_	1	per week de positio		W-2/1099-MISC	, em	ployee bene s, and defer	ee benefit amount of o		
			N	NONE	<u> </u>		positio			CC	ompensatio	n u		allon
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						1								
Complete organizati	this table to	or the organiza is none, enter	"None." N	nest com	<u> </u>	ependen	t contractors wh		ved more than \$	00,000				
Complete organizati	this table to	or the organiza is none, enter	tion's five high	nest com	<u> </u>	ependen	t contractors wh		ved more than \$ Type of service	00,000		nsation C) Comp		
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Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

 \blacktriangleright Information about Form 8868 and its instructions is at $_{www.irs.gov/form8868}$.

OMB No. 1545-1709

Application Return Is For Application Return Is For Code Is For Code Is For Code Is For Code Is For Code Is Form 990 or For	 If you a 	are filing for an Automatic 3-Month Extension, complet	te only Pa	irt I and check this box				LX.
Electronic filling (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990 T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, with the work of the form 10 paper format (see instructions). For more details on the electronic filing of this form, with the work of the form 10 paper format (see instructions). For more details on the electronic filing of this form, with the work of the form 10 paper format (see instructions). For more details on the electronic filing of this form, with the work of the form 10 paper formatic 3-months of the form 10 paper formatic 3-months of the form 10 paper formatic 3-months of the form 10 paper formatic 3-months of the form 10 paper formatic 3-months of the formatic 3-months of	If you a	are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	complete only Part II (on page 2 of	this form).			
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SUSAN DANIEL The books are in the care of ▶ 610 E. MOREHEAD STREET, SUITE 101 - CHARLOTTE, NC 28202 Telephone No. ▶ 704-442-7060 Fax No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check to box ▶ If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2014 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ calendar year or ▶ X tax year beginning JAN 15, 2013 , and ending DEC 31, 2013 If the tax year entered in line 1 is for less than 12 months, check reason: X Initial return Final return	Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
 The books are in the care of ▶ 610 E. MOREHEAD STREET, SUITE 101 - CHARLOTTE, NC 28202 Telephone No. ▶ 704-442-7060 Fax No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check the box ▶ If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2014 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ calendar year or for year beginning for for for	Form 990	0-T (trust other than above)	06	Form 8870				12
Telephone No. ▶ 704-442-7060 Fax No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check the box ▶ and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2014, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ calendar year or calendar year or and ending DEC 31, 2013 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return		SUSAN DANIEL						
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Change in accounting period	2 If t	he tax year entered in line 1 is for less than 12 months, c	heck reas	son: X Initial return	Final retur	n		
		Change in accounting period						
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	3a If t	his application is for Forms 990-BL, 990-PF, 990-T, 4720,	, or 6069,	enter the tentative tax, less any		,		_
TOTAL COLUMN TO THE COLUMN TO					3a	\$		0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and	b If t	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and				_
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$	est	timated tax payments made. Include any prior year overp	oayment a	llowed as a credit.	3b	\$		0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,	c Ba	lance due. Subtract line 3b from line 3a. Include your pa	ayment wit	th this form, if required,				_
by doing by the Chicotronic votes and any angle of the ch	by	using EFTPS (Electronic Federal Tax Payment System).	See instru	ictions.		<u> </u>		0.
Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payments tructions.	Caution.	If you are going to make an electronic funds withdrawal	(direct de	ebit) with this Form 8868, see Form 8	3453-EO ar	nd Form 887	9-EO for	payment
LHA 323841 12-31-13 For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form 8868 (Rev. 1-20)	LHA F		see instr	uctions.		Form 8	868 (Re	v. 1-2014)

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FOOTNOTES

STATEMENT

SOCIAL VENTURE PARTNERS CHARLOTTE, INC. RECEIVED THEIR 501(C)3 EXEMPTION DURING 2013. THE ORGANIZATION DID NOT HAVE ANY ACTIVITY IN 2013. IT WAS INACTIVE. THERE WERE NO REVENUES, EXPENSES, ASSETS OR FUND BALANCES. THERE WERE NO PROGRAM SERVICES.