

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax 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. Information about Form 990 and its instructions is at www.lrs.gov/form990.



A	For the	2013 calend	lar y	year, or tax	year begi	nning 7/	01	, 20	013, and	d endin	g 6/	30		2014		
В	Check if a	applicable	С							_		D Employe	r Identifi	ication Numb) 0 1	
	Addre	ess change	ΑU	GUSTA :	SYMPHON	Y GUILD,	INC.					58-6	0441	.95		
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	\vdash			GUSTA,								706	700	-7512		
	H	il return		,	0 0							700-	- /99-	. /312		
	Term	ninated														
	Amei	nded return										G Gross re	ceipts Ş	2	239,	<u>974.</u>
	Appli	cation pending	F	Name and ad	dress of princ	ipal officer	_				H(a) Is this	a group return	for subord	finates?	Yes	X No
	_		SA	ME AS	C ABOVE	7					H(b) Are all	subordinates attach a list	included	?	Yes	No
<u> </u>	Tax.exe	empt status		501(c)(3)	501(c)		insert no)	4947(a)(1) or	527	II 1NO,	attach a list	(see inst	ructions) —	-	_
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	Webs		W			NY.ORG/S		ות.עודנ	T.			exemption nu				
K		f organization	لــــــــــــــــــــــــــــــــــــــ	Corporation	Trust	Association	Other >		L Year	of format	tion	MS	tate of le	gal domicile		
P		Summar														
-	1 B	riefly describ	be t	he organiz	ation's mis	sion or most	significant a	ectivities	SUP	PORT	OF THE	AUGUS'	TA S	YMPHON	Y	1
a	lc	DRCHESTR	Α													<i>P</i>
Governance	_															
Ë	_															
ĕ	2 C	heck this bo	<u>x</u> →	If the	organizat	ion discontinu	ied its opera	ations or d	lispose	d of mo	re than 25	% of its ne	et asse	ts		
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<u>¥</u>						if necessary)		1117					6			99
Activities						n Part VIII, co	Marinia Marinia	10	·	-	•		7 a			- 6.
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_		ontributions				-		•				<u>19, 9</u>				045.
Ĕ		rogram serv										25,9			<u> 26,</u>	<u>750.</u>
Revenue						(A), lines 3, 4							58.			346.
Œ	11 0	ther revenue	e (F	Part VIII, co	olumn (A),	lines 5, 6d, 8	c, 9c, 10c, a	and 11e)				42,0				726.
	12 To	otal revenue	-	add lines 8	3 through 1	1 (must equa	ıl Part VIII, e	column (A)), line 1	2)		88,3	83.		151,	867.
	13 G	rants and si	mıla	ar amounts	paid (Par	t IX, column	(A), lines 1-	3)				72,8	75.		92,	377.
	14 B	enefits paid	to o	or for mem	bers (Part	IX, column (A), line 4)				. ——					
		-				ee benefits (-	ımn (A) lı	nes 5.1	U)	·					
8				•		-		(, 1, 1, 1, 1		٠, .	` ├ ─					
Š	16a P	roressional i	runc	araising tee	es (Part IX	, column (A),	line i ie)	•			3 3 4 7 72	rigger mening		er in Albert e		
Expenses	b To	otal fundrais	ing	expenses	(Part IX, c	column (D), lir	ne 25) 🟲								2 58 X	
ũ	17 0	ther expens	es ((Part IX, co	olumn (A),	lines 11a-11d	J. 11f-24e)		<u> </u>			5,7	58.		4.	381.
	18 To	otal expense	20	Add lines 1	13-17 (mus	t equal Part I	X chlunear	PILIP Y	سار د		<u> </u>	78,6				758.
	19 R	ouanua laca		nonnes C	ibtract line	10 60 000	641760	الماران	·,·	• •						
8	19 10	evenue less	CX	perises. St	Duact mie	st equal Part I	<u> </u>			•		9,7				<u> 109.</u>
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Asset. Belen	20 To	otal assets ((Par	t X, line 10	b)		UCIP	0			L	119,3			<u>174,</u>	<u>508.</u>
Net A	21 To	otal liabilities	s (F	art X, line	26) .		_	ion l	Jtar	1	L		0.			<u>0.</u>
Zζ	22 N	et assets or	fun	d balance:	s. Subtract	t line 21 from	$\mathbf{m} \in \mathcal{O}(\mathbf{Q})$	ייישג			-	119,3	199.		174,	508.
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	r nenalties	of perupy I decl	are ti	hat I have evan	nined this retur	n, including accom	nanvino schedit	es and statem	ents and	to the hest	t of my knowle	edne and belief	it is hije	correct and		
com	olete Decla	aration of prepa	rer (other than off	icer) is based	on all information	of which prepared	arer has any	knowledg	e				,		
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						0909-1826						Phone no		650-88	77	
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orm 990 (2013) AUGU	JSTA SYMPHONY G	UILD, INC.		58-	6044195	Page 2
Statement						ר"ו
	edule O contains a resp	onse or note to any lin	e in this Part III .	<u> </u>	<u> </u>	
-	organization's mission:					
SUPPORT OF T	<u>HE AUGUSTA SYM</u>	PHONY ORCHESTR	<u> </u>			
					. 	. – – – – .
2 Did the organization	undertake any significa	nt program services d	uring the year which	were not listed on the pri	or	_
Form 990 or 990-EZ	7				Yes	X No
If 'Yes,' describe the	ese new services on Scl	nedule O.				_
3 Did the organization	cease conducting, or n	nake significant changi	s in how it conducts	s, any program services?	Yes	X No
	ese changes on Schedu					
4 Describe the organiz Section 501(c)(3) an others, the total exp	zation's program service nd 501(c)(4) organization penses, and revenue, if	e accomplishments for ns and section 4947(a) any, for each program	each of its three larg (1) trusts are require service reported	gest program services, as ed to report the amount of	measured by grants and allo	expenses ocations to
						. <u></u>
, 4 a (Code ⁻)) (Expenses \$	94,335. including	grants of \$	92, 377.) (Revenu	e \$ 1	40,822.
		OR SUPPORT OF	THE AUGUSTA S	SYMPHONY ORCHEST		
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4b (Code) (Expenses \$	includin	g grants of \$) (Revenu	ie \$	•
4 D (COUR	CExpenses 9	includin	g grants 01 Y) (1/6461)C	· · · ·	
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4 c (Code:) (Expenses \$	includin	y grams or \$) (Reveni	ne 4	 '
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4 d Othor accessor	was Describe to Cabi	dulo O)				
4d Other program serv		_) (Revenue \$		1
(Expenses \$		ncluding grants of	· · · · · · · · · · · · · · · · · · ·) (Leveline A		
4e Total program serv	ice expenses >	94,335.	02/02/13			rm 990 (2013

Page 4

Checklist of Required Schedules (continued)

2)-4/			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and IL	21	х	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III	22		<u>x</u>
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		x
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		х
ı	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
•	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part L	25a		х
ı	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		_ <u>x</u> _
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		<u>x</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III</i>	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		:	
ŧ	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ì	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
•	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ŧ	o If 'Yes' to line 35a, 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,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37	ļ	x
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule Q.	38	Х	
AA		Form	1 990 (2013)

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NOV 2 3 2015 **FAST**

Received EOCA

OCT 232015

IRS Ogden, Utah

SCHEDULE I

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

2013

OMB No 1545 0047

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number 58-6044195

INC.	General Information on Grants and Assistance
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ONY	Infor
SYMPH	eneral
AUGUSTA SYMPHONY GUILD	ESSE C

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

SEE PART IV

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2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) THE AUGUSTA SYMPHONY, INC.							SYMPHONY'S MUSICAL
AUGUSTA, GA 30903	58-1806334 501 (C) (3)	501 (C) (3)	92,377.	0.			PERFORMANCES
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1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
2 Enter total number of section 501(c)(3) and government organization	(3) and government o		s listed in the line 1 table			Å	
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Schedule I (Form 990) (2013)

TEEA3901L 07/12/13

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (f) Description of non cash assistance Received EOCA

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Received EOCA

Utat Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Method of valuation (book, FMV, appraisal, other) GUILD, INC PROGRAMS. THE MONEY GIVEN TO THE AUGUSTA SYMPHONY, INC (58-1806334). IS A EACH YEAR IS NOT SIGNIFICANT TO THE AMOUNT OF TOTAL REVENUE RECEIVED BY THE AUGUSTA SYMPHONY, INC. AND THE AUGUSTA SYMPHONY, INC. DOES NOT HAVE SUFFICIENT CONTROL OVER AUGUSTA SYMPHONY, INC. (58-1806334) BASED ON FUNDS RAISED FROM THE AUGUSTA SYMPHONY RELATED ORGANIZATIONS BASED ON THE FACT THAT THE AMOUNT OF CASH ASSISTANCE GIVEN THE AUGUSTA SYMPHONY GUILD, INC. PROVIDES CASH ASSISTANCE/CONTRIBUTION TO THE THE AUGUSTA SYMPHONY GUILD, INC. AND AUGUSTA SYMPHONY, INC (58-1806334) . ARE NOT THE MONEY GIVEN TO THE AUGUSTA SYMPHONY, INC. IS A CONTRIBUTION, NOT A GRANT € (d) Amount of non-cash assistance <u>Part I, line 2 - Procedures for monitoring use of grants funds in u.s.</u> (c) Amount of cash grant PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION (b) Number of recipients DONATION, AND NOT A GRANT. (a) Type of grant or assistance S

Page 2

58-6044195

AUGUSTA SYMPHONY GUILD, INC

Schedule I (Form 990) (2013)