



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



RECEIVED
POSTMARK DATE OCT 31 2016

SCANNED NOV 14 2016

OMB No. 1545-1150

2015

Open to Public Inspection

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)

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

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning July 1, 2015, and ending June 30, 20 16

B Check if applicable

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization

The Frederick Symphony Orchestra, Inc.

Number and street (or P.O. box, if mail is not delivered to street address)

PO Box 1439

City or town, state or province, country, and ZIP or foreign postal code

Frederick, Maryland 21702

Room/suite

D Employer identification number

52-2041757

E Telephone number

301-698-3585

F Group Exemption

Number ▶ **N/A**

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.fredericksymphony.org

J Tax-exempt status (check only one) – 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other **Symphony Orchestra**

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 ▶ \$ **0**

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1	Contributions, gifts, grants, and similar amounts received		15905.15																											
	2	Program service revenue including government fees and contracts		19585.72																											
	3	Membership dues and assessments		0																											
	4	Investment income		57.11																											
	5a	Gross amount from sale of assets other than inventory	5a	0																											
	b	Less: cost or other basis and sales expenses	5b	0																											
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0																											
	6	Gaming and fundraising events																													
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0																											
b	Gross income from fundraising events (not including \$ 0 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	0																												
c	Less: direct expenses from gaming and fundraising events	6c	0																												
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0																												
7a	Gross sales of inventory, less returns and allowances	7a	0																												
b	Less: cost of goods sold	7b	0																												
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0																												
8	Other revenue (describe in Schedule O)	8	0																												
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9		45305.45																											
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	1500.00																											
	11	Benefits paid to or for members	11	0																											
	12	Salaries, other compensation, and employee benefits	12	42861.00																											
	13	Professional fees and other payments to independent contractors	13	0																											
	14	Occupancy, rent, utilities, and maintenance	14	7296.49																											
	15	Printing, publications, postage, and shipping	15	5059.83																											
	16	Other expenses (describe in Schedule O)	16	0																											
17	Total expenses. Add lines 10 through 16	17		56710.67																											
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18		-11405.22																										
	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		56017.83																										
	20	Other changes in net assets or fund balances (explain in Schedule O)	20		0																										
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21		44612.61																										

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2015)

24

NE

P

Part II 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	56017.83 22	44612.61
23 Land and buildings	0 23	0
24 Other assets (describe in Schedule O)	0 24	0
25 Total assets	56017.83 25	44612.61
26 Total liabilities (describe in Schedule O)	0 26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	56017.83 27	44612.61

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? Community Orchestra

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

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.

28 Six Symphonic concerts were performed during the subscription concert season. September 2015 through June 2016.		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	54891.92
29 Young Artist Competition for all instruments resulting in 3 finalists. Each finalist received a small scholarship award. The overall winner performed a violin concerto with the fill orchestra during the March 2015 concert.		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	1818.75
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32 Total program service expenses (add lines 28a through 31a)	32	

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
Christina L. May Connelly President	20 hr/wk	0	0	0
Brooke Burnette Vice President	16 hr/wk	0	0	0
Catherine A. Randazzo Treasurer	16 hr/wk	0	0	0
Laura Long Recording Secretary	16 hr/wk	0	0	0
Glenn Quader Artistic Director and Conductor	20 hr/wk	15336.00	0	0
Andrew Rosenfeld Assistant Conductor	16 hr/wk	3600.00	0	0
Alyssa Boxhill Concertmaster	16 hr/wk	1700.00	0	0
Amy Oswald Concertmaster	16 hr/wk	2202.00	0	0
Tom Mitchell Principal Cello	8 hr/wk	2550.00	0	0
Lauren Rostek Principal Bass	8 hr/wk	1000.00	0	0
			0	0

Part V 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

Table with columns for question number, question text, and Yes/No checkboxes. Rows include questions 33 through 45b regarding organizational activities, financial reporting, and controlled entities.

46	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	✓

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

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	Yes	No
		47	✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?		✓
b	If "Yes," was the related organization a section 527 organization?		✓

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	<i>Christina L. May Connelly</i> Signature of officer	10/31/2016 Date
	Christina L. May Connelly, President Board of Directors Frederick Symphony Orchestra, Inc. Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no. ▶			

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