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Form **990-ÉZ**

Short Form Return of Organization Exempt From Income Tax

2008

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

Α	Fo	r the 2008 cale	endar y	ear, or ta	x year be	eginning	12/01		, 2008,	, and er	nding	11/3	0		, 2009		
В		eck if applicable		C						,					identification number	_	
	Add	ress change	Please use IRS	DULUTH	FALL	FESTIV	AL, INC						5	8-21	131799		
	Nar	ne change la					USTRIAL	BLVD.	210					elephone		_	
	Init	al return ty		DULUTH									-	770-476-3405			
-	7	mination S	Specific Instruc-														
-	1		ions.											roup E umber	xemption		
4_	_\PI		01/-1/21		diana and	J 4047/2VI	\	4 ab acidabla	4		G A	ccounti	ng meth				
		• Section 50 mu.	ist attac	h a comp	pleted Sc	hedule À (Form 990 or	990-EZ).	เกมรเร				ecify) 🟲		, occ., [_]o		
												Check -			ganization is not		
ı.		ebsite: ► <u>N/</u>			[32]			T 1		T	r	equired	to attacl or 990-P	h Sche Fi	dule B (Form 990,		
Ţ		anization type (c					(insert no.)	4947(a)(527	1	•		<u> </u>		—	
r		eck ► _ ıf th 5,000 A return	ne orgai n is not	required,	, but if th	ection 5090 le organiza	tion chooses	to file a re	turn, b	e sure t	gross to file	a comp	lete retu	rmaliy irn	not more than		
L	Ad	d lines 5b, 6b,	, and 7	o, to line	9 to dete	rmine gros	s receipts, if	\$1,000,000	or mo	re, file	Form	990	•		212 560	_	
		tead of Form				<u>Ch</u>	. In Mad A			2 - 1	/	C H-		▶\$	213,569	<u>'-</u>	
P	art							sets or r	una i	saland	ces (See in	e instr	1 1	ns for Part I.)	, –	
		 Contributio Program se 	_	_			t fees and c	ontracts					•	2	111,563	, .	
		3 Membershi				-	t ices and co	ontracts						3		—	
		4 Investment	•											4	146	<u> </u>	
	!	5a Gross amo	ount from	n sale of	assets o	ther than II	nventory			5a						_	
		b Less: cost	or othe	r basıs ar	nd sales	expenses				5b							
R		c Gain or (loss)						, ,	•					5 c	···		
E V E	1	Special events				able parts of S			_	ning, che	eck here	•					
N	1	a Gross reve	-		ıg \$		of (contribution	s				0.00				
E		reported or		•						6a			<u>,860.</u>				
	i	b Less: direc				_		om line Ca)		6 b		85	,378.	6 c	16,482)	
	╽.	c Net income or 7a Gross sale:		•		•		JIII IIIIE OAJ		7a				80	10,402	<u></u>	
		b Less: cost		-	33 return	is and ano	Walles		•	7b				1			
		c Gross profi	-		sales of i	nventory (S	Subtract line	7b from lin	e 7a)					7c			
	1	B Other revenue							•)	8		_	
	1 9	9 Total rever	nue (ad	d lines 1,	2, 3, 4,	5c, 6c, 7c,	and 8)							9	128,191		
$\overline{}$	10	0 Grants and	d sımılar	amounts	s paid (at	ttach sched	lule)	بيبي	S	EE ST	TATE	MENT	1	10	11,424	<u>. </u>	
, 2010	1	 Benefits pa 	aid to oi	r for mem	nbers			1	RF	CEI			1	11			
≂ૅૅફ	1:							· _ r	U U IL		W L_		, [12			
©E N	1:	3 Profession	al fees	and other	r paymen	its to indep	endent cont	ractors &				, jo		13		_	
	1:	• Occupancy	/, rent, i	utilities, a	ina maint	tenance	endent cont	12	JUL	19	2010	S-08C	(1	14 15			
AUG	10	J			J			1941				<u> </u>		16	7,210	_	
⋖	1						<u>-</u>		NG	nen	1	17	†′ ▶	17	18,634		
CAMINED	18						7 from line 9	9)						18	109,557		
Z (19	9 Net assets	or fund	l balance:	s at begi	nnına of ve	ar (from line	27. colum	n (A)) (must a	aree v	with end	l-of-vear		•		
Z		figure repo	orted on	prior yea	ar's return	٦) آ	,		` // `	•	٠.		,	19	150,235	<u>. (</u>	
3	2		_				(attach expla	-						20		_	
ശു	2						mbine lines							21	259,792	<u>:-</u>	
<u> P</u>	art	ıı Balan	ice 5h					(B) are \$2,	500,000	or mo	$\overline{}$				Form 990-EZ	—	
2	,	Cash, savings,	and in	-		ictions for f	art II)				(A)		ing of ye 9,180		(B) End of year 258, 888		
2		asii, saviilys, and and build		, 6301161113	,						-	14	2,100	23	230,000	<u></u>	
24		Other assets (c		∍ ► SEI	E STAT	EMENT	3)					1,055		904	<u> </u>	
2		Total assets						′ ·		•		15	0,235		259,792		
20		Total liabilities)					0	. 26	0	<u>).</u>	
_2	7 I	let assets or f	fund ba	lances (li	ne 27 of	column (B) must agree	with line 2	21)			15	0,235	. 27	259,792	<u>: -</u>	
BA	ΑI	For Privacy Ac	ct and P	'aperwor	k Reduct	ion Act No	tice, see the	instruction	ns for F	orm 99	3 0.		^		Form 990-EZ (200	180	

Form 990-EZ (2008) DULUTH FALL F				-213	1799 Page 2
Part III Statement of Program S	Service Accomplishments	(See the instruction	ons.)		Expenses
What is the organization's primary exempt purpose?	SEE STATEMENT 4			(Req	uired for 501(c)(3)
Describe what was achieved in carrying ou describe the services provided, the number program title	the organization's exempt purp of persons benefited, or other	poses. In a clear and co relevant information for	ncise manner, each	and (4947	(4) organizations and (a)(1) trusts, optional thers)
28 GRANTS TO THE CITY OF D	ULUTH FOR VARIOUS PU	JBLIC WORKS PRO	JECTS FOR		
BEAUTIFICATION AND LAND		T HAVE TO BE F	UNDED BY		
THE TAXPAYERS OF THE CI		- 			
(Grants \$) I	this amount includes foreign g	rants, check here	▶	28 a	11,424.
29				i	
(Grants \$) !	this amount includes foreign g	ranta chack hara	╌╌╌╌	29 a	
30	this amount includes loreigh g	rants, check here.		23 a	
		- 			
 	this amount includes foreign gi	rants, check here		30 a	
31 Other program services (attach sched (Grants \$) if	iule) [:] this amount includes foreign gi	rants, check here	►□	31 a	
32 Total program service expenses (ad			•	32	11,424.
Part IV List of Officers, Directo	rs, Trustees, and Key Em	ployees. (List each o	ne even if not com	npens	ated See the instrs)
	(b) Title and average hours	(c) Compensation (If	(d) Contributions	to	(e) Expense account
(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit plan deferred compensat		and other allowances
KATHRYN WILLIS	PRESIDENT	0.		0.	0.
3585 ABBOTTS BRIDGE ROAD	o				
DULUTH, GA 30096					
ALANA MOSS	SECRETARY	0.		0.	0.
3180 WINDSOR GATE RUN	_] 0				
DULUTH, GA 30096					
JOHN MARTIN	_	0.		0.	0.
4089 GRAND PARK DR	_				
SUWANEE, GA 30024					
					-
	-				
	- 1				
	_]				
					<u> </u>
	İ				

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Form **990-EZ** (2008)

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Forn	n 990-EZ (2008) DULUTH FALL FESTIVAL, INC 58-21317	99	F	age 3
Pa	rt V Other Information (Note the statement requirement in General Instruction V.)		,	
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		l .
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34	 	X
		-		<u> </u>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
á	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and			
	proxy tax requirements?	35a	-	X
- 1	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	_35 b	-	-
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions			
	b Did the organization file Form 1120-POL for this year?	37 b	-	X
38 a	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 unpaid at the start of the period covered by this return?	38a		Х
ı	b If 'Yes,' complete Schedule L, Part II and enter the total	`		
20	amount involved 501(c)(7) organizations Enter:	A		
	a Initiation fees and capital contributions included on line 9	· 🗚		
	b Gross receipts, included on line 9, for public use of club facilities. 39b	_		
40 a	a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	7		
	section 4911 ► <u>0.</u> ; section 4912 ► <u>0.</u> ; section 4955 ► <u>0.</u>	_	<u> </u>	
t	501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the			
	year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I	40 ь		Х
(Enter amount of tax imposed on organization managers or disqualified persons during the			
	year under sections 4912, 4955, and 4958			,
	d Enter amount of tax on line 40c reimbursed by the organization	<u>-</u>		
•	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	40 e		X
41	List the states with which a copy of this return is filed NONE	100	1	
42.	a The books are in care of ► KATHRYN WILLIS Telephone no. ► (770	\ 176	-240	١.5
426	a The books are in care of ► KATHRYN_WILLIS			2
	totaled at a 3505 indbollo bit its, bolloin, dr in the second	<u></u>		
t	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Х
	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 a Foreign Bank and Financial Accounts.			ş
•	At any time during the calendar year, did the organization maintain an office outside of the U.S? .	42 c		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
			Yes	No
	Delths are restricted as the second and find 216 % 15 and 200 are second as the second		res	140
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	<u> </u>	X_
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		х
RΔΔ		orm 901	\ F7	(2000)

•							
	EZ (2008) DULUTH FALL FESTIVA		5017 700	58-2131			age 4
Part VI	Section 501(c)(3) organization and complete the tables for line		bU1(c)(3) organiza		Jestions [ATEME]		.9
					-	Yes	No
46 Did	the organization engage in direct or indire oublic office? If 'Yes,' complete Schedule (ect political campaign ac C. Part I	ctivities on behalf of o	r in opposition to candidate	es 46		X
•	the organization engage in lobbying activi		Schedule C, Part II		47		X
48 Is th	ne organization operating a school as desc	cribed in section 170(b)	(1)(A)(II)? If 'Yes,' con	nplete Schedule E .	48		X
49 a Did	the organization make any transfers to an	exempt non-charitable	related organization?		49 a		X
b If 'Y	es,' was the related organization(s) a sect	tion 527 organization?			. 49b		L
50 Con rece	nplete this table for the five highest compensation	ensated employees (oth n from the organization	er than officers, direct If there is none, ente	tors, trustees and key emp r 'None '	loyees) w	ho ead	ch
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex accou other all	pense nt and owance:	s
NONE							
		0	. 0	. 0.			0.
							
•				 			
	· 						
Total number	er of other employees paid over \$100,000	0					
51 Con from	nplete this table for the five highest compe the organization If there is none, enter '	ensated independent co None '	ntractors who each re	ceived more than \$100,000	of comp	ensatı	on
	(a) Name and address of each independent conti	ractor paid more than \$100,000		(b) Type of service	(c) Com	pensatio	n
NONE							
	· · · · · · · · · · · · · · · · · · ·						
	. 						
		4100.000			-	_	
Total num	Under penalties of perjury, I declare that I have exam		mnanying schedules and stat	ements, and to the best of my know	dedge and be	elief. it is	
	true, correct and complete Declaration of preparer ((other than officer) is based on	all information of which prepa	rer has any knowledge	neage and be		•
Sign	destal	_		1 7/15/20	:70		
Here	Signature of officer CHW T MA	METIN CE	SET REAS U	Date			
	Type or print name and title	//		<u></u>			

MCLELLAN, ROWLAND ALLEN & CO., 2805 PEACHTREE IND. BLVD.,#210

DULUTH, GA 30097

May the IRS discuss this return with the preparer shown above? See instructions

Preparer's signature

Firm's name (or yours if selfemployed), address, and ZIP + 4

Paid Pre-

parer's Use

Only

BAA

Preparer's Identifying Number (See instructions)

N/A

►X Yes No

Form **990-EZ** (2008)

(770) 497-9525

► N/A

Check if selfemployed

Phone no

EIN

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Employer identification number

DUL		FALL FES											131799			
Parl		Reason for	Pub	lic Ct	narity Stat	tus	(All organization	s must (comple	ete this	part.	(see	ınstruct	tions)		
The c	rgar	nization is not	a priv	ate fou	ndation beca	ause	e it is: (Please check	only one	organız	ation)						
1	\vdash	•					iation of churches de		n section	n 1 70 (b)	(1)(A)(i)).				
2	-						(ii). (Attach Schedule	•								
3	-	•	•		•		organization describe		•					•		
4	_			•	zation opera	ited i	in conjunction with a	hospital	describe	d in sec	tion 17	0(Ь)(1)(А	A)(iii) . Er	nter the ho	spital's	;
5		name, city, an An organizatio	n ope	rated f	or the benef	fit of	a college or univers	ity owned	or oper	ated by	a gove	nmenta	l unit de	scribed in	section	. — — - n
6			e, or l	ocal go	vernment o		vernmental unit desc									
7		ın section 170	(b)(1)	(A)(vi).	(Complete	Part			_	vernme	ntal uni	t or fron	n the ger	neral public	desci	ribed
8	\equiv	_					0(b)(1)(A)(vi). (Comp		•							
9		from activities r investment inc	elated come a	to its e and uni	exempt function related busing	ons - ness	ore than 33-1/3 % of its – subject to certain ex taxable income (les nplete Part III)	ceptions.	and (2) r	no more	than 33-	1/3 % of	its suppo	ort from aro	SS	ıfter
10		An organizatio	n orga	anızed	and operate	ed ex	clusively to test for p	public saf	ety See	section	1 509 (a)	(4) . (se	e instruc	tions)		
11		An organization more publicly to describes the	n orga suppo type	anized rted o of supp	and operate rganizations orting organ	ed ex s des nızatı	sclusively for the ben scribed in section 509 non and complete lin	efit of, to 9(a)(1) or es 11e th	perform section rough 1	n the fur 509(a)(a 1h.	ctions (2). See	of, or ca section	rry out th 509(a)(3	ne purpose). Check t	s of or he box	ne or that
		a Type I			b Type I	II	c Type	III – Fund	ctionally	ıntegra	ted		d 🗌	Type III-	Other	
е	_	By checking th than foundatio 509(a)(2)	nis bo n mar	k, I ceri nagers	tify that the and other th	orga nan d	inization is not contro one or more publicly	olled direct supportect	ctly or in d organi	idirectly zations	by one describ	or more ed in sec	disqualiction 509	fied perso (a)(1) or s	ns oth ection	ıer
f	f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box															
g		Since August	17, 20	06, has	s the organiz	zatıo	n accepted any gift	or contrib	oution fr	om any	of the f	ollowing	persons	?		
		(i) a person	who	directly	or indirectly	y cor	ntrols, either alone o ported organization?	r togethe	r with pe	ersons d	escribe	d ın (ıı) a	and (III)	11 g (i)	Yes	No
			_	_	-		ped in (i) above?							11 g (ii)		
					•		escribed in (i) or (ii)	above?						11 g (iii)		
h		• •			•		organizations the or		n suppo	rts.						
	(i)	Name of Supporter Organization	d		(II) EIN		(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiza (i) liste	Is the tion in cold in your erning ment?	the organ	ou notify lization in (i) of upport?	organizat	s the ion in col zed in the S ?	(vii) Amour	nt of Sup	port
								Yes	No	Yes	No	Yes	No			
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						+			 			 	-			
Γotal																

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Sac	tion A. Public Support	ed the box on line	3, 7, 01 8 01 Fait	1.)				
							$\overline{}$	
begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	((f) Total
	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')	84,352.	141,528.	156,231.	115,460.	111,56	3.	609,134.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge							0.
4	Total. Add lines 1-3	84,352.	141,528.	156,231.	115,460.	111,56	3.	609,134.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		*	* *			-	78,860.
	Public support. Subtract line 5 from line 4							530,274.
Sec	tion B. Total Support							
	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(e) 2008 (f) Total	
7	Amounts from line 4	84,352.	141,528.	156,231.	115,460.	111,56	3.	609,134.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.	7.	126.	71.	15.	146.		365.
9	Net income form unrelated business activities, whether or not the business is regularly carried on							0.
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV)							0.
11	Total support. Add lines 7 through 10							609,499.
12	Gross receipts from related activ	ities, etc. (see ins	tructions)				12	0.
	First five years. If the Form 990 organization, check this box and	stop here	·	d, third, fourth,	or fifth tax year as	a section 50	1(c)(3)	▶ □
Sec	tion C. Computation of Pul	blic Support P	ercentage					
	Public support percentage for 20	•	• •	e 11, column (f)			14	87.0%
15	Public support percentage for 20	007 Schedule A, P	art IV-A, line 26f				15	81.6%
16a 33-1/3 support test − 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.								
b 33-1/3 support test — 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
17a 10%-facts-and-circumstances test — 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.								
	b 10%-facts-and-circumstances test — 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions							
	ioaniaation, ii tile organi	Lation ald flot one	on a box on mie,	10, 100, 100, 176	., or 175, check ti	III DON UITU SC	- 111301 UCL	10.10

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						-	
Cale	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	3	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')							
2	Gross receipts from							
	admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt							
3	purpose Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
-	Total. Add lines 1-5 Amounts included on lines 1, 2, 3 received from disqualified persons							
Ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000							
c	: Add lines 7a and 7b							
8	Public support (Subtract line							
	7c from line 6.)			· · · · · · · · · · · · · · · · · · ·				
Sec	tion B. Total Support			<u> </u>	<u> </u>			
	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008		(f) Total
9	Amounts from line 6	1.	, ,	, ,	i	1		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.							
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
11	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		:					-
	Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	is for the organization have	ation's first, secoi	nd, third, fourth,	or fifth tax year a	s a section 5	01(c)(3)	▶□
	tion C. Computation of Pul							
	Public support percentage for 20			ne 13 column (ft)	<u> </u>		15	%
	Public support percentage from 3	=	, ,		•	·	16	
	tion D. Computation of Inv						· <u>·</u>	70
17	Investment income percentage for				ımn (fi)		17	
18	Investment income percentage f			•	(1)	-	18	
	33-1/3 support tests – 2008. If the comore than 33-1/3%, check this b	organization did not	check the box on	line 14, and line 15	is more than 33-1/3 ublicly supported	L 3%, and line 17 organization		<u>~</u>
t	33-1/3 support tests — 2007. If the	he organization di	d not check a bo	x on line 14 or 19	a, and line 16 is i	more than 33	-1/3%, a ation	nd line 18
20	is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

Schedule /	(Form.990 or	990-EZ) 2008	DULUTH	FALL	FESTIVAL,	INC	58-2131799	Page 4
Part IV	Suppleme	ntal Inform	ation. Comp	olete th	is part to pr	ovide the	e explanation required by Part II, line 1 additional information. (see instruction	0;
	Part II, line	1/a or 17	o; or Part II	I, line	12. Provide	any other	additional information. (see instruction	ns)
		 -						
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service ► Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

Name of the organization					Eı	nployer identifica	ation number		
DULUTH FALL FESTIVAL, IN	c				5	8-213179	9		
Part I Fundraising Activities.		he orga	nızation	answered 'Yes' to	Form 99	0. Part IV.	. line 17.		
Indicate whether the organization									
Mail solicitations	raisca lanas tili	ough any	Or the foll						
H				Solicitation of non-government grants Solicitation of government grants					
Email solicitations				<u> </u>	_	ains			
Phone solicitations				Special fundraising	events				
In-person solicitations									
2a Did the organization have written employees listed in Form 990, Pa	irt VII) or entity i	n connect	ion with p	rofessional fundraising	services?		∐Yes ∐No		
b If 'Yes,' list the ten highest paid if compensated at least \$5,000 by the	naiviauais or eni he organization	Form 990	raisers) p EZ filers a	ursuant to agreements are not required to com	plete this	table.	user is to be		
	T			· · · · · · · · · · · · · · · · · · ·		unt paid to			
(i) Name of individual or entity (fundraiser)	(ii) Activity	have custoo	undraiser ly or control butions?	(iv) Gross receipts from activity	(or ret	ained by) er listed in ol.(i)	(vi) Amount paid to (or retained by) organization		
		Yes	No						
									
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-			_		1				
Total				<u> </u>	L		L		
3 List all states in which the organi or licensing	zation is register	red or lice	nsed to so	olicit funds or has been	notified it	is exempt fro	om registration		
						-			
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reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. 1 Gross receipts (a) Event #2 (b) Event #2 (c) Other Events (cold for through col. (c)) 1 Gross receipts 101,860 1011,860 1011,860 2 Less Chantable contributions 101,860 1011,860 4 Cash prizes 5 Non-cash prizes 5 Non-cash prizes 85,378 85,378 85,378 5 Non-cash prizes 85,378 8	Par	t II	Fundraising Events. Complete if	the organization a	nswered 'Yes' to Fo	orm 990, Part IV, II	ne 18, or	\$5 O	1 0
2 Less Charitable contributions 3 Gross revenue (line 1 minus line 2) 4 Cash prizes 5 Non-cash prizes 6 Rent/facility costs 7 Other direct expenses summary. Add lines 4 through 7 in column (d) 9 Net recome summary. Combine lines 3 and 5 in column (d) 1 Gross revenue 1 Gross revenue 2 Cash prizes 1 Gross revenue 2 Cash prizes 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expenses summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine lines 1 and 7 in column (d) 9 Enter the state(s) in which the organization operates gaming activities in each of these states? 10 Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers?	R		Teported more than \$75,000 on 1	(a) Event #1 FESTIVAL	(b) Event #2	(c) Other Events	(d) Tota (Add col	al Ever	nts
2 Less Charitable contributions 3 Gross revenue (line 1 minus line 2) 4 Cash prizes 5 Non-cash prizes 6 Rent/facility costs 7 Other direct expenses summary. Add lines 4 through 7 in column (d) 9 Net recome summary. Combine lines 3 and 5 in column (d) 1 Gross revenue 1 Gross revenue 2 Cash prizes 1 Gross revenue 2 Cash prizes 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expenses summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine lines 1 and 7 in column (d) 9 Enter the state(s) in which the organization operates gaming activities in each of these states? 10 Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers?	E N	1	Gross receipts	101,860.			-	101,8	360.
4 Cash prizes 5 Non-cash prizes 6 Rent/facility costs 7 Other direct expenses 85,378. 8 Direct expense summary. Add lines 4- through 7 in column (d) 9 Net income summary. Combine lines 3 and 8 in column (d) 1 (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (c) Other gaming (Add cci. (a) through cci. (b) through cci. (c)) 1 Gross revenue 2 Cash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expenses summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Ormbine lines 1 and 7 in column (d) 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If 'No,' Explain: 10 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers?	Ĕ	2	Less Charitable contributions .						<u> </u>
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85,378. 8 Direct expense summary. Add lines 4- through 7 in column (d) 9 Net income summary. Combine lines 3 and 8 in column (d) 16,482. Part IIII Saming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (Add col. (a) through col. (ci)) 1 Cross revenue 2 Cash prizes 3 Non-cash prizes 4 Rentifacility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine lines 1 and 7 in column (d) 9 Enter the state(s) in which the organization operate gaming activities in each of these states? b if 'No,' Explain: 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b if 'Yes,' Explain:	В	4	Cash prizes						
85,378. 8 Direct expense summary. Add lines 4- through 7 in column (d) 9 Net income summary. Combine lines 3 and 8 in column (d) 16,482. Part IIII Saming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (Add col. (a) through col. (ci)) 1 Cross revenue 2 Cash prizes 3 Non-cash prizes 4 Rentifacility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine lines 1 and 7 in column (d) 9 Enter the state(s) in which the organization operate gaming activities in each of these states? b if 'No,' Explain: 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b if 'Yes,' Explain:	REC	5	Non-cash prizes						
9 Net income summary. Combine lines 3 and 8 in column (d) 16, 482. Part IIII Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Restrict Restric		6	Rent/facility costs						
9 Net income summary. Combine lines 3 and 8 in column (d) 16, 482. Part IIII Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Restrict Restric	X P E N S	7	Other direct expenses	85,378.				85,3	378.
Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (Add col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses 4 Rent/facility costs 5 Other direct expenses Yes	Š	_	•	- ' '		•			
\$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant (c) Other gaming (Add col. (a) through col. (b) Pull tabs/instant (c) Other gaming (Add col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine lines 1 and 7 in column (d) 9 Enter the state(s) in which the organization operates gaming activities in each of these states? b if 'No,' Explain: 10 Does the organization operate gaming incomes with nonmembers? 11 Does the organization operate gaming activities with nonmembers?	Par	_			s' to Form 990. Pa	rt IV. line 19. or rei	orted me		
bingo/progressive bingo/progre			\$15,000 on Form 990-EZ, line 6a	·	1	······································	1		
1 Gross revenue 2 Cash prizes 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine lines 1 and 7 in column (d) 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? b if 'No,' Explain: 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b if 'Yes,' Explain: 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers?	R E V E N			(a) Bingo	bingo/progressive	(c) Other gaming	(Add col. (a) through		
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5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine lines 1 and 7 in column (d) 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? b if 'No,' Explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b if 'Yes,' Explain:	_	2	Cash prizes						
5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine lines 1 and 7 in column (d) 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? b if 'No,' Explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b if 'Yes,' Explain:	D X I P R E E N	3	Non-cash prizes			<u> </u>			
Tyes 8 Yes 8 No No No No No No No No No No No No No	C S T E S	4	Rent/facility costs						
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8 Net gaming income summary Combine lines 1 and 7 in column (d) 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? b if 'No,' Explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b if 'Yes,' Explain: 11 Does the organization operate gaming activities with nonmembers? 11		6	Volunteer labor	IH °	I— 'СЗ —— °	°			
9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? b if 'No,' Explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b if 'Yes,' Explain: 11 Does the organization operate gaming activities with nonmembers? 11		7	Direct expense summary Add lines 2 thr	ough 5 in column (d)		•			
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a is the organization licensed to operate gaming activities in each of these states? b if 'No,' Explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b if 'Yes,' Explain: 11 Does the organization operate gaming activities with nonmembers? 11	9	Ente	er the state(s) in which the organization or	perates gaming activitie	es.			YES	NO
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10 a b If 'Yes,' Explain: 11 Does the organization operate gaming activities with nonmembers? 11	а	ls th	ne organization licensed to operate gaming				9a		
b If 'Yes,' Explain: 11 Does the organization operate gaming activities with nonmembers? 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	τ		o, Explain:						
b If 'Yes,' Explain: 11 Does the organization operate gaming activities with nonmembers? 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10 a	 Wor	e any of the organization's gaming license	os rovokod, suspondod	or terminated during th				-
					or terminated during the	e tax year:	100		
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	11	 Doe	s the organization operate gaming activities	es with nonmembers?			 11		
	12	ls th adm	ne organization a grantor, beneficiary or tr ninister charitable gaming?	ustee of a trust or a me	ember of a partnership o	or other entity formed to	12		

Schedule G (Form 990 or 990-EZ) 2008 DULUTH FALL FESTIVAL, INC	58-2131/99	<u> </u>	Pa	age 3
		,	YES	NO
13 Indicate the percentage of gaming activity operated in:				1
a The organization's facility	%			,
b An outside facility	%		-	:
14 Provide the name and address of the person who prepares the organization's gaming/special events bo	ooks and records:			i
Name· ►				
Address:				
15a Does the organization have a contact with a third party from whom the organization receives gaming re		15a		
b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and of gaming revenue retained by the third party \$	d the amount			
c If 'Yes,' enter name and address:				
Name. •				
Address· -			***************************************	,
16 Gaming manager information				
Name: •			į	} '
Gaming manager compensation ► \$				
Description of services provided:		*	,	1
☐ Director/officer ☐ Employee ☐ Independent contractor		,		
17 Mandatory distributions	:	,		
a Is the organization required under state law to make charitable distributions from the gaming proceeds state gaming license?	to retain the	17a		
b Enter the amount of distributions required under state law distributed to other exempt organizations or	spent in the			
organization's own exempt activities during the tax year: ►\$		%		
BAA TEEA3703L 07/18/08 Sch	edule G (Form 990	or 990)-EZ)	2008

2008

FEDERAL STATEMENTS

PAGE 1

DULUTH FALL FESTIVAL, INC

58-2131799

STATEMENT 1 FORM 990-EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY: DONEE'S NAME:

COMMUNITY SUPPORT CITY OF DULUTH

DULUTH, GA

NONE

RELATIONSHIP OF DONEE:

CASH AMOUNT GIVEN:

ė

11,424.

STATEMENT 2 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

ADMINISTRATIVE DEPRECIATION STORAGE RENT \$ 2,739.

151. 4,320.

TOTAL \$ 7,210.

STATEMENT 3 FORM 990-EZ, PART II, LINE 24 OTHER ASSETS

MISCELLANEOUS

	<u>B</u>	FGINNING	 FNDING
	\$	1,055.	\$ 904.
TOTAL	\$	1,055.	\$ 904.

DECTIBITIO

STATEMENT 4 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

DULUTH FALL FESTIVAL IS A TWO DAY FESTIVAL IN WHICH THE FOCUS IS THE HERITAGE OF DULUTH, GEORGIA. ALL PROCEEDS AFTER EXPENSES ARE DIRECTED TOWARD THE BEAUTIFICATION AND LANDSCAPING OF AREAS IN THE DOWNTOWN AREA AND THE SUPPORT OF COMMUNITY PROJECTS.

STATEMENT 5 FORM 990-EZ, PART VI REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

NO

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Inte	rnal Revenu			File a separate application for each return.							
•	● If you are filing for an Automatic 3-Month			Extension, complete only Part I and check this box					► X		
•	If you a	f you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this for								_	
Do	Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868										
P	art İ	Automatic	3-Month Extens	sion of Time.	Only submit original	(no copies	needed).				
							•				
A	corporation	on required to f	ile Form 990-T and	l requesting an ai	ıtomatıc 6-month extensi	ion – check tl	his box and o	omple	te Part I only	▶ 🗌	
All	other co	orporations (inci	luding 1120-C filers), partnerships, F	REMICS, and trusts must	use Form 700	04 to request	an ex	tension of tim	e to file	
ınc	come tax	returns									
the Fo	e additior rm 990-T	nal (not automa Instead, you	itic) 3-month extens	sion or (2) you file ly completed and	Form 8868 if you want a e Form 990-T) However, e Forms 990-BL, 6069, oi signed page 2 (Part II) o s & Nonprofits	r 8870, group	returns, or a	comp	osite or consc	olidated	
		Name of Exempt	Name of Exempt Organization						Employer identification number		
Type or print File by the due date for filing your return See											
		DULUTH F	DULUTH FALL FESTIVAL, INC						58-2131799		
		Number, street,	Number, street, and room or suite number. If a P O. box, see instructions								
		P.O. BOX 497									
ınst	tructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions									
		DULUTH,	GA 30096								
Ch	eck type	of return to be	filed (file a separa	ate application for	each return)		_				
	Form 9				Form 990-T (corporation) Form 472						
	Form 9		L		Form 990-T (section 401(a) or 408(a) trust)						
X	Form 9	90-EZ	0-EZ		Form 990-T (trust other than above)			9			
L	Form 9	90-PF		Form 1041-A Form 887			0				
•	Telepho If the or If this is check the extent The extent The e	ne No ►_(77) rganization doe s for a Group R his box ► ension will cove lest an automal7/15 xtension is forcalendar yea	eturn, enter the org If it is for part of er. tic 3-month (6 mon _, 20 <u>10</u> _, to file the organization's	e or place of busiganization's four of the group, check ths for a corporate the exempt organization	FAX No Increase In the United States digit Group Exemption Not this box Increase Inc	umber (GEN) ach a list with 990-T) extens ganization na	the names a				
		_	less than 12 month		Initial return	Final retui		hange	in accounting	period	
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the nonrefundable credits. See instructions						ntative tax, les	ss any	3a	\$	0.	
			for Form 990-PF or rior year overpaym		refundable credits and e credit	estimated tax	payments	3b	\$	0.	
c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions								3с	\$	0.	
		you are going structions	to make an electro	nic fund withdraw	al with this Form 8868, s	ee Form 8453	3-EO and For	m 887	9-EO for		
BA	AA For P	rivacy Act and	Paperwork Reduc	tion Act Notice, s	ee instructions.				Form 8868 (R	ev 4-2009)	