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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012

**Open to Public
Inspection**

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, organizations that operate one or more hospital facilities and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$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.

Department of the Treasury
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning , 2012, and ending , 20

| | | | |
|--|--|--|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization The Festival Foundation | | D Employer identification number 26-0883148 |
| | Number and street (or P.O. box, if mail is not delivered to street address) Room/suite | | E Telephone number 231-947-4230 |
| | c/o National Cherry Festival, 250 East Front Street 301 | | F Group Exemption Number ▶ |
| | City or town, state or country, and ZIP + 4 Traverse City, Michigan 49684 | | |

G Accounting Method: Cash Accrual Other (specify) ▶

I Website: ▶ www.cherryfestival.org/festival-foundation

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

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **87,997**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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

| Revenue | | Expenses | | Net Assets | |
|---------|--|----------|---------------|------------|--|
| 1 | Contributions, gifts, grants, and similar amounts received | 1 | | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) |
| 2 | Program service revenue including government fees and contracts | 2 | | 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) |
| 3 | Membership dues and assessments | 3 | | 20 | Other changes in net assets or fund balances (explain in Schedule O) |
| 4 | Investment income | 4 | | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ |
| 5a | Gross amount from sale of assets other than inventory | 5a | 0 | | |
| b | Less: cost or other basis and sales expenses | 5b | 0 | | |
| 5c | 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 | 87,997 | | |
| 10 | Grants and similar amounts paid (list in Schedule O) | 10 | 67,357 | | |
| 11 | Benefits paid to or for members | 11 | 0 | | |
| 12 | Salaries, other compensation, and employee benefits | 12 | 0 | | |
| 13 | Professional fees and other payments to independent contractors | 13 | 6,489 | | |
| 14 | Occupancy, rent, utilities, and maintenance | 14 | 440 | | |
| 15 | Printing, publications, postage, and shipping | 15 | 86 | | |
| 16 | Other expenses (describe in Schedule O) | 16 | 3,316 | | |
| 17 | Total expenses. Add lines 10 through 16 ▶ | 17 | 77,688 | | |
| 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 10,309 | | |
| 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 | 20,716 | | |
| 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 | 31,025 | | |

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| 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 <input checked="" type="checkbox"/> | |
|--|--|--|-----------------|
| | | (A) Beginning of year | (B) End of year |
| 22 | Cash, savings, and investments | 22,731 | 22 39,115 |
| 23 | Land and buildings | 0 | 23 0 |
| 24 | Other assets (describe in Schedule O) | 0 | 24 3,500 |
| 25 | Total assets | 22,731 | 25 42,615 |
| 26 | Total liabilities (describe in Schedule O) | 2,015 | 26 11,590 |
| 27 | Net assets or fund balances (line 27 of column (B) must agree with line 21) | 20,716 | 27 31,025 |

| 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 <input checked="" type="checkbox"/> | |
|---|---|---|---------------|
| What is the organization's primary exempt purpose? <u>See Schedule O</u> | | Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; 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 | <u>In 2012, The Foundation sponsored events during the 2012 National Cherry Festival. These events were held in direct support of the scholarship program sponsored by the Foundation. Total revenues generated for these events totaled \$7,952</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | 12,600 |
| 29 | <u>In 2012, The Foundation signed a Fiscal Sponsorship Agreement with The Boom Boom Club, an IRC Section 501c4 organization. The Foundation collects contributions on behalf of the Boom Boom Club and disburses funds to the Boom Boom Club in support of its exempt mission</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | 45,797 |
| 30 | <u>The Foundation hosted a Golden Mile education program during the 2012 National Cherry Festival to educate students and adults on the benefits of running and physical fitness</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | 4,560 |
| 31 | Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | |
| 32 | Total program service expenses (add lines 28a through 31a) | 32 | 62,957 |

| 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 <input type="checkbox"/> | | | | |
| (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 |
| Bonnie Alfonso | | | | |
| Board Member | .5 hr/week | 0 | 0 | 0 |
| Allison Beers | | | | |
| President | 1 hr/week | 0 | 0 | 0 |
| Marie-Chantal Dalese | | | | |
| Board Member | .5 hr/week | 0 | 0 | 0 |
| Joe Francis | | | | |
| Board Member | .5 hr/week | 0 | 0 | 0 |
| Ian Hollands | | | | |
| Board Member | .5 hr/week | 0 | 0 | 0 |
| Colleen Paveglio | | | | |
| Board Member | .5 hr/week | 0 | 0 | 0 |
| Kelly Schramski | | | | |
| Board Member | .5 hr/week | 0 | 0 | 0 |
| Kevin Severt | | | | |
| Board Member | .5 hr/week | 0 | 0 | 0 |
| Kim St Marie | | | | |
| Board Member | .5 hr/week | 0 | 0 | 0 |
| Jim Williams | | | | |
| Board Member | .5 hr/week | 0 | 0 | 0 |
| Roger Williams | | | | |
| Secretary | 1 hr/week | 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 [X]

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O [X]
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) [X]
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? [X]
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N [X]
37a Enter amount of political expenditures, direct or indirect, as described in the instructions [37a] 0
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? [X]
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 [0]; section 4912 [0]; section 4955 [0]
40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I [X]
40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 [0]
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization [0]
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T [X]
41 List the states with which a copy of this return is filed [Michigan]
42a The organization's books are in care of [Trevor Tkach] Telephone no. [231-947-4230]
Located at [250 East Front Street, Suite 301, Traverse City, MI] ZIP + 4 [49684]
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? [X]
If "Yes," enter the name of the foreign country:
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
42c At any time during the calendar year, did the organization maintain an office outside the U.S.? [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 [] and enter the amount of tax-exempt interest received or accrued during the tax year [43]
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ [X]
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ [X]
44c Did the organization receive any payments for indoor tanning services during the year? [X]
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? [X]
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) [X]

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

| | | |
|-----------|-----|----|
| | Yes | No |
| 48 | | ✓ |

49a Did the organization make any transfers to an exempt non-charitable related organization?

| | | |
|------------|-----|----|
| | Yes | No |
| 49a | | ✓ |

b If "Yes," was the related organization a section 527 organization?

| | | |
|------------|-----|----|
| | Yes | No |
| 49b | | ✓ |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee paid more than \$100,000 | (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 |
|--|--|---|---|--|
| Not Applicable | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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 address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| Not Applicable | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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 and 4947(a)(1) nonexempt charitable trusts 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>Trevor Tkach</i> Signature of officer | 4/3/13 Date |
| <i>Trevor Tkach</i> Type or print name and title | |
| <i>Executive Director</i> | |

Paid Preparer Use Only

| | | | | |
|--|---|----------------|--|--------------------------|
| Print/Type preparer's name Karen S Siekas | Preparer's signature <i>Karen S Siekas</i> | Date 4/1/13 | Check <input checked="" type="checkbox"/> if self-employed | PTIN P01634153 |
| Firm's name ▶ Karen S Siekas | | | Firm's EIN ▶ 45-4775935 | |
| Firm's address ▶ 4414 Maplewood Lane, Traverse City, MI 49686 | | | Phone no. 231-735-3071 | |

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

The Festival Foundation

26-0883148

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated
 - e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | | |
|--|----------|----|
| | Yes | No |
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? | 11g(i) | |
| (ii) A family member of a person described in (i) above? | 11g(ii) | |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? | 11g(iii) | |
 - h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? | | (v) Did you notify the organization in col. (i) of your support? | | (vi) Is the organization in col. (i) organized in the U.S.? | | (vii) Amount of monetary support |
|------------------------------------|----------|---|---|----|--|----|---|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| (A) | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | | | | | | | | | |
| Total | | | | | | | | | |

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 1,800 | 7,098 | 5,122 | 16,171 | 44,661 | 74,852 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 Total. Add lines 1 through 3 | 1,800 | 7,098 | 5,122 | 16,171 | 44,661 | 74,852 |
| 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) | | | | | | 19,366 |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 55,486 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 | 1,800 | 7,098 | 5,122 | 16,171 | 44,661 | 74,852 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 0 | 510 | 322 | 67 | 6 | 905 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | 0 | 0 | 0 | 896 | 0 | 896 |
| 11 Total support. Add lines 7 through 10 | | | | | | 76,653 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 31,090 |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|----|------|
| 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) | 14 | 72 % |
| 15 Public support percentage from 2011 Schedule A, Part II, line 14 | 15 | 64 % |
| 16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/> | | |
| b 33 1/3% support test—2011. 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 ▶ <input checked="" type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test—2012. 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 ▶ <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test—2011. 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 ▶ <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/> | | |

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 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 | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 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.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2011 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2011 Schedule A, Part III, line 17 | 18 | % |
| 19a 33¹/₃% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 ¹ / ₃ %, and line 17 is not more than 33 ¹ / ₃ %, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| b 33¹/₃% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 ¹ / ₃ %, and line 18 is not more than 33 ¹ / ₃ %, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/> | | |

**SCHEDULE O
(Form 990 or 990-EZ)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization

The Festival Foundation

Employer identification number

26-0883148

AMENDED INFORMATION

Form 990-EZ, Part I - Revenues, Expenses, and Changes in Net Assets or Fund Balances

Line 1 - Contributions, Gifts, Grants and Similar Amounts - Amended Return - \$80,039 Original Return - \$77,239

Line 2 - Program service revenue - Amended Return - \$7,952 Original Return - \$10,752

The changes above are classification changes only and do not adjust the overall Total Revenues as originally stated on the Form 990-EZ

Form 990-EZ, Part III - Statement of Program Service Accomplishments, Line 28

The total revenues generated for the new events disclosed on line 28 was adjusted to \$7,952, reflecting the reclassification of revenues as

disclosed in Part I, lines 1 and 2

Form 990-EZ, Schedule A, Part I - Reason for Public Charity Status

The correct response as to the question that The Festival Foundation is not a private foundation is:

Box 7 - Section 170(b)(1)(A)(vi) - The IRS in its Determination Letter dated December 18, 2007 identified the Festival Foundation as public

charity under Section 170(b)(1)(A)(vi).

Form 990-EZ, Schedule A, Part II and Part III - Support Schedules

The amended Form 990-EZ discloses its five year public support information in Part II, appropriate for tax exempt organizations under IRC

section 170(b)(1)(A)(vi) including completion of Sections A, B, and C. The information reported in Part III on the originally filed Form 990-EZ

has been removed.

Name of the organization

Employer identification number

The Festival Foundation

26-0883148

Area with horizontal dashed lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

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Name of the organization

Employer identification number

The Festival Foundation

26-0883148

Part I, Line 10, Grants and Similar Amounts Paid

\$ 5,000 - Child and Family Services of Northwest Michigan

\$ 4,060 - Golden Mile Recipient Awards

\$45,797 - The Boom Boom Club

\$ 8,250 - Queen's Scholarship - Meg Howard

\$ 1,750 - Queen's Scholarship - Ashley Wade

\$ 1,250 - Queen's Scholarship - Leah Marie Rolinski

\$ 1,250 - Queen's Scholarship - Jami Rodes

\$67,357 - Total Grants and Similar Amounts Paid

Part I, Line 16, Other Expenses

\$1,670 - Insurance and Bond

\$ 103 - Supplies

\$1,250 - Conference Registration Fee

\$ 120 - Licenses and Fees

\$ 173 - Advertising

\$3,316 - Total Other Expenses

Part II, Balance Sheets

Line 24, column (B) - Other Assets

\$3,500 - Due from The Boom Boom Club

Line 26, Total Liabilities

\$ 2,015 - Accounts Payable - Column (A), Beginning of Year

\$11,590 - Accounts Payable - Column (B), End of Year

Name of the organization

Employer identification number

The Festival Foundation

26-0883148

Part III - Primary Exempt Purpose

The Festival Foundation was created in 2008 by the representatives of the National Cherry Festival in order to provide a means by which the greater Grand Traverse communities could support education and charitable efforts focusing on agriculture, tourism and the National Cherry Festival.

Part V, Line 33 - Other Information

On January 30, 2012 The Festival Foundation signed a Fiscal Sponsorship Agreement with the Boom Boom Club, (EIN 45-5269633), an IRC Section 501c4 organization. In keeping with the Foundation's mission to promote tourism in the Grand Traverse region, the Foundation solicited and collected contributions in support of the Boom Boom Club's sponsoring of the annual Fourth of July Fireworks over West Grand Traverse Bay. Through a formal grant request process, the Boom Boom Club requests funds to pay for expenses related to the production of the fireworks. Grants awarded in 2012 - \$45,797.

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