

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



1 Porm 990

SHORT YEAR Return of Organization Exempt From Inc., ine Tax

2013

OMB No 1545-0047

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

Open to Public

		the Treasury nue Service				990 and its ins		•	•	m990			Inspection
_			lar year, or tax ye			- Joo and its ins		, 2013, and			12	-31 ,	27
_		If applicable C Name of organization ATHFEST INC									_		over identification no.
_		ss change Doing Business As										20-04	425341
ᇹ	Name ch	-			ail is not delivere	ed to street address)			Room	suite	1	E Teleph	hone number
_	Initial retu	-	ро вох 32	-							- 1	(706))548-1973
	Terminati	ed	City or town, state		ntry, and ZIP or fo	oreign postal code							69,334
	• Amended		ATHENS, G		•						- 1.	G Gross	receipts \$
\equiv		on pending	F Name and addre	ss of principal of	ficer								
									H(a)	Is this a gr subordinat		um for	🗌 Yes 🗓 No
	Tax-exen	npt status	501(c)(3) 501	(c)() ◀	(insert no)	4947(a)(1) or	52	7	Н(ь	Are all sub	ordinati	es include	ed? Yes No structions)
J .	Website:		.ATHFEST.CO	M					H(c	If "No," atta Group exe	ach a lis mption	st (see ins number	structions)
ĸ	Form of c	organization X	Corporation Tru	st Associati	on Other	>	L	Year of formation	2004	M State	of lega	l domicile	GA
Pa	rt I	Summar	у										
	1	Briefly descr	ibe the organization	n's mission o	or most signif	icant activities:	BDUCA	TION OF N	AUSIC A	ND ART	S		
•			A SHORT-YEAR				E PROC	RAM REVE	WES A	ID EXPE	NSES	FALI	L OUTSIDE
Governance		THESE TH	REE MONTHS.										
Ē			•										
8	2	Check this b	ox ▶ ☐ if the org	anization disc	continued its	operations or dis	sposed of	more than 259	% of its ne	t assets.			
رق مح	3	Number of v	oting members of	the governing	g body (Part \	/I, line 1a) .					3		12
es &	4	Number of in	ndependent voting	members of	the governing	body (Part VI, I	ine 1b)				4		12
Activities &	5	Total numbe	r of individuals em	ployed in cal	endar year 20	013 (Part V, line	2a) .				5		1
Ę	6	Total numbe	r of volunteers (es	timate if nece	essary) .						6		120
•	7a	Total unrelat	ed business reven	ue from Part	VIII, column	(C), line 12 .					7a	L	0
	b	Net unrelate	d business taxable	income fron	n Form 990-T	, fine 34					7b	ļ	0
										Prior Year		ļ	Current Year
	8												0
Ē	9	Program ser	vice revenue (Parl	t VIII, line 2g)				, , ,				<u> </u>	0
Revenue	10		ncome (Part VIII, o									ļ	0
œ	11		ue (Part VIII, colun									ļ	69,334
	12		e - add lines 8 thro									-	69,334
	13		sımilar amounts pa					-					
	14	•	d to or for members									 	17.000
S.	15		er compensation,										11,800
Expenses	16a		I fundraising fees (ļ			ļ	U
ă			ising expenses (Pa					87,485				 	90 630
ш	17	•	ises (Part IX, colur						<u> </u>			 -	89,630 101,430
	18	•	ses. Add lines 13- ss expenses. Subt									 	(32,096)
	19	Revenue les	s expenses. Subi	Jackille 10 II	IOITIME 12	· · · · · · · ·	<u>· · · · · · · · · · · · · · · · · · · </u>	<u> </u>		ng of Current	Voor		End of Year
Net Assets or	20	Total assets	(Part X, line 16)						Deginia		,497	,	261,001
ASS &	21		es (Part X, line 26)						·		,769		3,369
	22		or fund balances								,728	_	257,632
	rt II		re Block	000000011110	21 110111 11110 2						<u>,</u>	1	
Unde	r penaltie	s of penury, I dec	lare that I have examine	ed this return, Inc	duding accompar	nying schedules and	statements,	and to the best of	my knowledg	e and belief,	ıt ıs		
true,	correct, a	nd complete Dec	daration of preparer (oth	er than officer) is	based on all info	ormation of which pre	parer has ar	y knowledge					
		N PAUL	THOMAS	$\mathcal{Q} \subset \mathcal{A}$							15	^\.	1d
Sig	n		re of officer	~ ~							Date		
Here PAUL THOMAS, TREASURER													
	-		print name and title										
		Print/Type pri	eparer's name	Pre	parer's signature	000/	7	Date	····	Check	ıf I	PTIN	
Pai	d	PAUL TI	-		UL THOMAS	1/	<u>k</u>	4-24-2014	L	self-employe	ed	P00	260298
	pare				MAS CPA				Firm's	EIN >			
	e Onl				E HWY ST			•	Phone	no.			
	-,	-			le GA 30					7:	70-7	25-14	133
May	the IR	S discuss this	return with the pro					<u></u>	<u> </u>	<u> </u>		[2	X Yes No
			ion Act Notice, se										Form 990 (2013)

	1430 (2013) ATTEBST THE 20-0425341 Fage 2
Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Bnefly describe the organization's mission:
	EDUCATION OF MUSIC AND ARTS
	THIS IS A SHORT-YEAR RETURN AND THE BULK OF THE PROGRAM REVENUES AND EXPENSES FALL OUTSIDE
	THESE THREE MONTHS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	EDUCATE THE PUBLIC ABOUT MUSIC AND ARTS IN GENERAL SPECIFICALLY ABOUT ATHENS MUSIC AND ARTS.
	THE ATHENS CONVENTION AND VISITORS BUREAU ESTIMATED THAT APPROX 60,000 PEOPLE ATTEND THE
	ANNUAL FESTIVAL. THE FESTIVAL IS IN JUNE AND THE REVENUES AND EXPENSES FALL OUTSIDE THIS
	SHORT-YEAR REPORTING PERIOD.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	TO EDUCATE CHILDREN AND ADULTS ABOUT MUSIC AND ARTS AND FILM THROUGH HANDS ON ACTIVITIES AND
	DEMONSTRATIONS RELATED TO MUSIC AND ARTS. APPROXIMATELY 2000 CHILDREN AND THEIR PARENTS
	ATTENDED KIDSFEST THIS PAST YEAR. THIS ACTIVITY IS IN JUNE AND THE REVENUES AND EXPENSES FALL
	OUTSIDE THIS SHORT-YEAR REPORTING PERIOD.
4c	(Code:) (Expenses \$ 200 including grants of \$) (Revenue \$)
	ATHFEST EDUCATES PROGRAMS HOLDS MUSIC RELATED INFORMATIONAL AND EDUCATIONAL PROGRAMS FOR
	SCHOOL CHILDREN IN ATHENS AND THE SURROUNDING COUNTIES. THIS PAST YEAR ATHFEST PRESENTED THIS
	EDUCATIONAL PROGRAM IN AREA ELEMENTARY AND MIDDLE SCHOOLS. DOZENS OF MUSICIANS FROM THE
	ATHENS AREA PARTICIPATED IN THIS PROGRAM THAT PROVIDED MUSIC AND ARTS LEARNING EXPERIENCE FOR
	THE CHILDREN. ATHFEST MINI GRANTS PROVIDED FUNDING TO SCHOOLS AND OTHER ORGANIZATIONS FOR
	MUSICAL INSTRUMENTS, ART SUPPLIES, AND OTHER RELATED EXPENDITURES THAT GO TOWARD EDUCATING
	AREA SCHOOL CHILDREN IN MUSIC AND ARTS. THE GRANTS WERE AWARDED IN AUGUST FOR THE FALL, AND
	IN JANUARY FOR THE SPRING. AS SUCH THESE PROGRAM EXPENSES FALL OUTSIDE OF THIS SHORT-YEAR
	REPORTING PERIOD WITH THE EXCEPTION OF ONE SCHOOL PERFORMANCE.
	ADECATING FRATOD WITH THE BACKFILOW OF ONE SCHOOL PRAFORMANCE.
 -	Other recovery and the first Orbital to Orbi
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 200

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		v	
•	complete Schedule A	1	X	v
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		v
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			v
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		_X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	i		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_		Х
e		5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0	_	
,	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			21
U	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			Λ.
3	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9_		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
••	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		İ	
_	complete Schedule D, Part VI	11a		Х
b		114		
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			-
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and If			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		- 1	
	fundraising, business, investment, and program service activities outside the United States, or aggregate	1		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		Ì	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	_]	.	
	Part VIII, lines 1c and 8a? If "Yes" complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	_		
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

19? Note. All Form 990 filers are required to complete Schedule O

38

38

Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
		,	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			l
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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			l
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			ĺ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			İ
	organization, have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Х
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:		'''	.,,,,,,
а	Initiation fees and capital contributions included on Part VIII, line 12			İ
b	Gross receipts, included on Form-990, Part VIII, line 12, for public use of club facilities			ĺ
11	Section 501(c)(12) organizations. Enter:			İ
а	Gross income from members or shareholders			į
b	Gross income from other sources (Do not net amounts due or paid to other sources			į
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			-
b	Enter the amount of reserves the organization is required to maintain by the states in which			į
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			l
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
EEA		Form	990 (2	2013)

Form	990	(2013)
	JJU	(2013)

3	TPREHT	-
- 4	IHPESI	1.

20-0425341

Page 6

	1030 (2010) AIRFEST 1. 20-0423			aye o
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
	Check if Schedule O contains a response or note to any line in the Part VI	<u></u> .	<u>.</u>	. 🛛 _
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		1
	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	<u> </u>		
-	one or more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	· ·		
-	stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		71	
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	x	
3	Did the organization have a written whistleblower policy?	13	Х	
4	Did the organization have a written document retention and destruction policy?	14	Х	
5	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	1	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	[
ec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed GA			
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
0	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:			
	▶PAUL THOMAS (706)548-1973, PO BOX 327, ATHENS, GA 30603			
EA		Form	990 (2	2013)

Form	OOA	/201	131	
ССИПП	380	120		

ATHFEST INC

20	_ ^	1) [2	A ·	1

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related	d organization	comp	oens	ated	any	/ curre	nt o	fficer, director, or tr	ustee.	
(A)	(B) (C)				(D)	(E)	(F)			
Name and Title	Average	(do not check more than one						Reportable	Reportable	Estimated
	hours per week (list any							compensation from	compensation from related	amount of other
	hours for	box, u	ınless	pers	on is	both an		the	organizations	compensation
	related		icer and a director			ruslee)		organization	(W-2/1099-MISC)	from the
	organizations below dotted line)	Individual trustee or director	Former Highest compensated employee Key employee Officer Institutional trustee		Former Highest compensated employee		(W-2/1099-MISC)		organization and related organizations	
(1) JARED BAILEY	30.00	v			v	v		10.000		
DIRECTOR		Х			X	X	\vdash	10,962	0	0
(2) ALICIA NICKLES BOARD CHAIRPERSON / SPONSORSHIP	6.00			х				0	0	0
(3) PAUL THOMAS TREASURER	6.00			x				0	0	0
(4) RUSSELL HALLAUER VICE CHAIRPERSON	4.00			Х				0	0	0
(5) JULIE ROTH	4.00									
SECRETARY/FUNDRAISING CHAIR		İ		Х				l o	o	0
<u>(6)</u>										
(7)										
<u>(8)</u>										
(9)										
(10)										
<u>(11)</u>										
(12)										
(13)										
<u>(14)</u>										

rait	*# Jection A. Officers, Directors, Trustees,	vea Embio	rees, a	1110	nıgı	iest	COM	2015	ateu Employees	COTIBILITIES)	
	(A) Name and title	(B) Average hours per	(C) Position (do not check more than one						(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
		week (list any box, unless person is both an officer and director/trustee)							from	related	other
		hours for related		_	_			27	the organization	organizations (W-2/1099-MISC)	compensation from the
		organizations	dia	stitu	Officer	ey e	ਜ਼ੁਰੂ ਜ਼ੁਰੂ ਜ਼ੁਰੂ	Former	(W-2/1099-MISC)	,	organization
		below dotted line)	ctor	tiona	_	Key employee	yee co	, i			and related organizations
			Individual trustee or director	Institutional trustee		yee	Highest compensated employee				
			ě	tee			nsate				
		1					•				
										<u></u>	
(15)											
(16)											
(17)								\vdash			
								Ш			
(18)											
(19)											
(20)											
(21)			 								
(22)											
(23)											
(24)			-							<u>-</u>	
<u>_</u>											
(25)											
1b	Sub-total			<u>.</u>			<i>.</i>				
c	Total from continuation sheets to Part VII, Section	on A .									
d	Total (add lines 1b and 1c)							•	10,962	0	0
2	Total number of individuals (including but not limited	to those liste	ed abo	ve) v	who	rece	eived r	nore	than \$100,000 of		
	reportable compensation from the organization		,							0	
3	Did the organization list any former officer, director,	or tructoo k	ov om	nlov.		, or bid	abost	oom:	noncated.		Yes No
3	employee on line 1a? If "Yes," complete Schedule J	•	-				_	•			3 X
4	For any individual listed on line 1a, is the sum of rep										
	organization and related organizations greater than	\$150,000? If	"Yes,"	' con	nplei	te So	chedu	le J f	or such		
	ındıvıdual										4 X
5	Did any person listed on line 1a receive or accrue of	•		-			-				
Soction	for services rendered to the organization? If "Yes," on B. Independent Contractors	complete Sch	nedule	J for	suc	ch pe	erson			· · · · · · · · ·	5 X
1	Complete this table for your five highest compensate	ed independe	ent cor	trac	tors	that	receiv	ed n	nore than \$100 000	n of	
•	compensation from the organization. Report comper										
	year.										
	(A)								(B)		(C)
	Name and business address								Description of	services	Compensation
									 		
							-		+		
	······································								 		
2	Total number of independent contractors (including			ose l	liste	d ab	ove) w	/ho			
	received more than \$100,000 of compensation from	the organiza	ation	•							

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (A) Revenue excluded from tax under sections 512-514 Related or Unrelated Total revenue exempt function revenue business Federated campaigns 1a Membership dues 1b h 1c 1d d Related organizations Government grants (contributions) . . 1e f All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f **Business Code** Program Service Revenue 711300 2a MUSIC EDUCATION f All other program service revenue Investment income (including dividends, interest, Income from investment of tax-exempt bond proceeds 5 (i) Real 6a Gross rents b Less: rental expenses c Rental income or (loss) . . . d Net rental income or (loss) ▶ (i) Secunties 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events 69,334 69,334 9a Gross income from gaming activities. See Part IV, line 19 a b Less. direct expenses b c Net income or (loss) from gaming activities . . . 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory ▶ Miscellaneous Revenue **Business Code** 11a d All other revenue e Total. Add lines 11a-11d 0 69,334 69,334

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (B) (C) (D) Fundraising Management and Program service 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 . Grants and other assistance to individuals in 2 the United States, See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 5 Compensation of current officers, directors, 10,962 10,962 Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 838 838 11 Fees for services (non-employees): h C ď Professional fundraising services. See Part IV, line 17 . е f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 12 5,860 5,860 2,768 945 1,823 13 14 15 16 950 950 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 Depreciation, depletion, and amortization 22 23 Insurance 875 875 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) COMMISSIONS 2,249 2,249 b OTHER EXPENSES 1,758 1,758 BANK CHARGES 119 119 C DUES AND MEMBERSHIPS 50 50 d 75,001 200 74,801 e All other expenses 101,430 200 13,745 25 Total functional expenses. Add lines 1 through 24e 87,485 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here | | | | if following SOP 98-2 (ASC 958-720)

Form 990 (2013)
Part X B **Balance Sheet**

		Check if Schedule O contains a response or note to any line in this Part X	· · · · · · · · · · · · · · · · · · ·		<u>, , , , , , , , , , , L</u>
			(A)	ĺ	(B)
			Beginning of year	<u> </u>	End of year
	1	Cash - non-interest-bearing	290,935	1	260,526
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,		,	
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	•	5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoning organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventones for sale or use		8	
Ass	9	Prepaid expenses and deferred charges		9	
,	10a	Land, buildings, and equipment: cost or	<u> </u>		
		other basis. Complete Part VI of Schedule D 10a	;		
	b	Less accumulated depreciation 10b	·	10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,562	15	475
	16	Total assets. Add lines 1 through 15 (must equal line 34)	292,497	16	261,001
	17	Accounts payable and accrued expenses	2,769	17	3,369
	18	Grants payable	2,703	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ı,	22	· · ·			
Liabilities	22	Loans and other payables to current and former officers, directors,			
jiq.		trustees, key employees, highest compensated employees, and		20	
Ë	22	disqualified persons Complete Part II of Schedule L	-	22	
	23 24	Secured mortgages and notes payable to unrelated third parties		23	
	2 4 25	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26		2.762	25	2 252
	20	Total liabilities. Add lines 17 through 25	2,769	26	3,369
.,		· · · · · · · · · · · · · · · · · · ·			
<u> </u>	27	complete lines 27 through 29, and lines 33 and 34.	000 500		
튵	27	Unrestricted net assets	289,728	27	257,632
80	28	Temporarily restricted net assets		28	
ğ	29	Permanently restricted net assets		29	
Ĭ.		Organizations that do not follow SFAS 117 (ASC 958), check here and and and and and and and an			
ts c	20	complete lines 30 through 34.			
sse	30	Capital stock or trust principal, or current funds	-	30	
Net Assets of Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
S	32	Retained earnings, endowment, accumulated income, or other funds	<u> </u>	32	
	33	Total net assets or fund balances	289,728	33	257,632
	34	Total liabilities and net assets/fund balances	292,497	34	261,001

	990 (2013) ATHFEST I. 20-04253	11	P	age 1
Pai	Reconciliation of Net Assets			_
	Check if Schedule O contains a response or note to any line in this Part XI	• • •		<u>. Ц</u>
1	Total revenue (must equal Part VIII, column (A), line 12)		69,	
2	Total expenses (must equal Part IX, column (A), line 25)		101,	
3	Revenue less expenses. Subtract line 2 from line 1		(32,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	2	289,	728
5	Net unrealized gains (losses) on investments		_	
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	2	257,	632
Par	t XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII			<u>. L</u>
		p	Yes	No
1	Accounting method used to prepare the Form 990: 🛛 Cash 🔲 Accrual 🔲 Other			١,
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis	1 1	E	
	-		•	X
b	Were the organization's financial statements audited by an independent accountant?	2b		
b	Were the organization's financial statements audited by an independent accountant?	2b		
b		2b		
b	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	2b		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:	2b		,
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	2b 2c		,
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			,
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?			′
С	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in			
С	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			x
c 3a	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	2c		

SCHEDULE A

(Form 990 or 990-EZ)

ان Charity Status and Public Su

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

OMB No 1545-0047

2013

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Open to Public Inspection

Name of the organization Employer identification number ATHFEST INC 20-0425341 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 9 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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. c Type III-Functionally integrated d Type III-Non-funtionally integrated a Type I b Type II 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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and No Yes (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (iv) is the organization (i) Name of supported (ii) EIN (III) Type of organization (v) Did you notify (vi) Is the (vii) Amount of monetary organization (described on lines 1-9 in col (I) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the US? (see instructions)) support? Yes No Yes No Yes No (A) (B) (C) (D) (E)

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.)

Sec	tion A. Public Support						.	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) To	otal
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	95,238	161,271	165,824	224,191		64	16,524
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							<u> </u>
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	95,238	161,271	165,824	224,191		64	6,524
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)							<u></u>
6	Public support. Subtract line 5 from line 4			.			64	6,524
	tion B. Total Support			·				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) To	otal
7	Amounts from line 4	95,238	161,271	165,824	224,191		64	6,524
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	435						435
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		300					300
11	Total support. Add lines 7 through 10 .					······································	64	7,259
12	Gross receipts from related activities, etc. (s	ee instructions)				12		
13	organization, check this box and stop here							▶ 🗌
<u>3ec</u> 14	tion C. Computation of Public Su Public support percentage for 2013 (line 6, or					14		<u> </u>
15	Public support percentage for 2013 (line 6, C	• • •	•	• •	• • • • • • • • • • • • • • • • • • • •		99.89	<u>%</u> %
16a	33 1/3% support test - 2013. If the organiza						33.34	
Iou	box and stop here. The organization qualified		•					X
b	33 1/3% support test - 2012. If the organiza		-					<u> </u>
_	check this box and stop here. The organiza			•				· 🗆
17a	· · · · · · · · · · · · · · · · · · ·	•	,	-				
	10% or more, and if the organization meets	-						
	Part IV how the organization meets the "fact		=		•			
	organization			•				• 🗆
b	10%-facts-and-circumstances test - 2012.							_
	15 is 10% or more, and if the organization m	=						
	Explain in Part IV how the organization mee	ts the "facts-and-ci	rcumstances" test.	The organization q	ualifies as a public	ly		
	supported organization							
18	Private foundation. If the organization did r	not check a box on	line 13, 16a, 16b, 1	7a, or 17b, check t	this box and see			
	instructions	<u> </u>	· <u></u>	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u></u>)	<u> </u>

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

(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.)

<u>Se</u>	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
						ļ	
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						
_				 		- 	<u> </u>
3	Gross receipts from activities that are not an unrelated trade or bus under sec 513						
	unrelated trade of bus under sec 313				 		
4	Tax revenues levied for the		1				
	organization's benefit and either paid to or expended on its behalf					İ	
				<u> </u>	1	1	
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						
	A						
O	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	·					
С	Add lines 7a and 7b				<u> </u>	-	
8	Public support (Subtract line 7c from		1				
80	ction B. Total Support		_	<u> </u>			1
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	(4) 2000	(5) 2515	(0) 2011	(4) 2012	(6) 20 10	(1) 1044
	Ī	· · · · · -	<u> </u>	1			
Tua	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties and income from similar sources						<u> </u>
D	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b		<u> </u>		<u> </u>	<u> </u>	ļ
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			1			
	loss from the sale of capital assets (Explain in Part IV.)			1			
	` '					+	
13	Total support. (Add lines 9, 10c, 11, and 12)						
11	First five years. If the Form 990 is for the org	anization's first	second third fourth	h or fifth tay year	as a section 501(c)	(3)	<u> </u>
14	organization, check this box and stop here		second, uma, iouru				▶ □
Se	ction C. Computation of Public Su						
15	Public support percentage for 2013 (line 8, co	lumn (f) dıvided	by line 13, column ((f))		15	%
16	Public support percentage from 2012 Schedu					16	%
	ction D. Computation of Investmen					·	
17	, ,						%
18	Investment income percentage from 2012 Sch					L .	%
19a	33 1/3% support tests - 2013. If the organiza						, n
	17 is not more than 33 1/3%, check this box a	•					▶ ⊔
b	33 1/3% support tests - 2012. If the organiza line 18 is not more than 33 1/3%, check this b						▶ □
20	Private foundation. If the organization did no	-					=
			,				

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Po. cal Campaign and Lobbying Act lies

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. See separate instructions. Information about Schedule C (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

Nam	ne of organization			Employe	r identification number
A7	THFEST INC	20-04	25341		
Pa	rt I-A Complete if the organ	nization is exempt under sect	ion 501(c) or i	s a section 527 or	ganization.
1	Provide a description of the organization'	s direct and indirect political campaign a	ctivities in Part IV.		
2	Political expenditures			▶ \$	
3	Volunteer hours				
Pa	rt I-B Complete if the organ	ization is exempt under sect	ion 501(c)(3).		
1	Enter the amount of any excise tax incurr	red by the organization under section 49	55	> \$	· · · · · · · · · · · · · · · · · · ·
2	Enter the amount of any excise tax incur	red by organization managers under sec	tion 4955	▶ \$ _	
3	If the organization incurred a section 495	5 tax, did it file Form 4720 for this year?			🗌 Yes 📗 No
4a	Was a correction made?				🗌 Yes 📗 No
<u>b</u>	If "Yes," describe in Part IV.				
Pa		ization is exempt under sect		cept section 501(c)	(3).
1	Enter the amount directly expended by the				
	activities			▶ \$_	
2	Enter the amount of the filing organization	•			
	527 exempt function activities			· · · · · · · ▶ \$ _	
3	Total exempt function expenditures. Add				
	line 17b			▶ \$	
4	Did the filing organization file Form 1120-				
5	Enter the names, addresses and employe		-		•
	organization made payments. For each o	•			
	the amount of political contributions received		•	•	
	as a separate segregated fund or a politic	cal action committee (PAC). If additional	space is needed, p	provide information in Part	IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds if none, enter -0-	contributions received and
		·		lunus il none, enter -o-	promptly and directly delivered to a separate
					political organization if
					none, enter -0-
(1)					
	· · · · · · · · · · · · · · · · · · ·				
(2)					
(3)					
					
(4)					
					
(5)					
					
(6)					}

Sched	ule C (Form 990 or 990-EZ) 2013 ATHFEST			<u> </u>	20-0425	
	rt II-A Complete if the organizatio	n is exempt u	nder section 50	1(c)(3) and file	d Form 5768 (ele	
	section 501(h)).					
A	Check ▶ ☐ If the filing organization belongs to	an affiliated group (and list in Part IV ea	ch affiliated group m	ember's	
	name, address, EIN, expenses, ar	nd share of excess l	obbying expenditure	s).		
В	Check ▶ ☐ if the filing organization checked be	ox A and "limited co	ntrol" provisions app	ly.		
	Limits on Lobb	ying Expenditure	S		(a) Filing	(b) Affiliated
	(The term "expenditures" n	neans amounts pa	id or incurred.)		organization's totals	group totals
1a	Total lobbying expenditures to influence public or	oinion (grass roots l	obbying)			
b	Total lobbying expenditures to influence a legisla	tive body (direct lob	bying)			
С	Total lobbying expenditures (add lines 1a and 1b))				
d	property and the contract of the contra					
е	Total exempt purpose expenditures (add lines 1c	and 1d)				
f	Lobbying nontaxable amount. Enter the amount f	rom the following ta	ble in both			
_	columns.					······
L	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is :		
	Not over \$500,000		ount on line 1e.		1	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess of	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess of	over \$1,000,000.		
Į	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess ov	/er \$1,500,000.	1	
	Over \$17,000,000	\$1,000,000.				<u> </u>
g	Grassroots nontaxable amount (enter 25% of line	e 1f)				
h	Subtract line 1g from line 1a. If zero or less, enter	r-0				
i	Subtract line 1f from line 1c. If zero or less, enter					
j	If there is an amount other than zero on either line	e 1h or line 1i, dıd t	ne organization file Fo	orm 4720		
	reporting section 4911 tax for this year?				<u></u>	☐ Yes ☐ N
	(Some organizations that	made a section 50	eriod Under Section 1(h) election do not ions for lines 2a thi	n 501(h) : have to complete a rough 2f on page 4.	all of the five)	
	Lobby	ing Expenditures	During 4-Year Aver	raging Period		
	Calendar year (or fiscal year	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
	beginning in)	• •	''			
				 	 	
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))			4		
f	Grassroots lobbying expenditures					

	dule C (Form 990 or 990-EZ) 2013 ATHFEST		0425			Page
Pa	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768		
		(a)		(b)	
	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No	А	mou	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local	 	ļ			
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of:					
а	Volunteers?		Х	:		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Χ	:		
C	Media advertisements?		Х			
d	Mailings to members, legislators, or the public?	<u></u>	Х			_
е	Publications, or published or broadcast statements?		Х			
f	Grants to other organizations for lobbying purposes?	<u> </u>	Х			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X			
h :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	-	X			
!	Other activities?		Х			
J.	Total. Add lines 1c through 1i		v			******
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X			
b	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
c d	and the second s					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? If III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	~\(5)	or so	ction		
<u>Lâ</u>	501(c)(6).	J/(U),	0, 30	011011		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes." Dues, assessments and similar amounts from members		Part	III-A,	line	3, is
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of					
	political expenses for which the section 527(f) tax was paid).		1			
а	Current year	[2a			
b	Carryover from last year	[2b			
С	Total	[2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		1			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		1			
_	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Prov	rt IV Supplemental Information ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, li II-B, line 1 Also, complete this part for any additional information.	ne 2; ar	nd			

SCHĘDULE D (Form 990)

upplemental Financial Statemer

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No 1545-0047

2013

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	of the organization		Employer Identification number
ATI	HFEST INC		20-0425341
Pa	rt 1 Organizations Maintaining Donor Advised Funds or Other Similar Funds o	r Accou	nts.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 6.		
	(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor adv		
	funds are the organization's property, subject to the organization's exclusive legal control?		Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can b	e used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other pur	rpose	
,	conferring impermissible private benefit?		
Pa	rt II Conservation Easements		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
	Preservation of land for public use (e.g., recreation or education)	historically	/ important land area
	Protection of natural habitat Preservation of a c	ertified his	toric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form	of a cons	ervation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure included in (a)		2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the	he organiz	ation during the
_	tax year ►		
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements	ouring use	year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements durin	a the year	
•	S	ig the year	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 1	70(h)(4)(B)	
Ū	(i) and section 170(h)(4)(B)(II)?		
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expen	se statem	
•	balance sheet, and include, if applicable, the text of the footnote to the organization's financial staten		
	organization's accounting for conservation easements.		
Pai	rt III Organizations Maintaining Collections of Art, Historical Treasures	, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	•	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue state	ement and	balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research	arch in furt	herance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes t		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement		
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research	arch in furt	herance of
	public service, provide the following amounts relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		▶\$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or other similar assets for finance		
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:		
а	Revenues included in Form 990, Part VIII, line 1		· · · · · • \$
b	Assets included in Form 990, Part X	<u>.</u>	▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (collection) the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): a	es 🗌 No
 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): a Public exhibition	es 🗌 No
a Public exhibition d Loan or exchange programs b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	-
a Public exhibition d Loan or exchange programs b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	
b Scholarly research e Other reservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	-
XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	-
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	
	m
Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form	111
990, Part X, line 21.	
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not	
included on Form 990, Part X?	es []No
b If "Yes," explain the arrangement in Part XIII and complete the following table:	
Amount	
c Beginning balance	
d Additions during the year	
e Distributions during the year	
f Ending balance	
2a Did the organization include an amount on Form 990, Part X, line 21?	es 🗌 No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII	<u>D</u>
Part V Endowment Funds.	
Complete if the organization answered "Yes" to Form 990, Part IV, line 10.	
(a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four	rears back
1a Beginning of year balance	
b Contributions	
c Net investment earnings, gains, and	
losses	
d Grants or scholarships	
e Other expenditures for facilities and	
programs	
f Administrative expenses	
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:	
a Board designated or quasi-endowment > %	
b Permanent endowment > %	
c Temporarily restricted endowment %	
The percentages in lines 2a, 2b, and 2c should equal 100%.	
3a Are there endowment funds not in the possession of the organization that are held and administered for the	
r	Yes No
(i) unrelated organizations	
(ii) related organizations	
b If "Yes" to 3a(II), are the related organizations listed as required on Schedule R?	
4 Describe in Part XIII the intended uses of the organization's endowment funds.	
Part VI Land, Buildings, and Equipment.	
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line	10.
Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book	
(investment) (other) depreciation	
1a Land	
b Buildings	
· · · · · · · · · · · · · · · · · · ·	
d Equipment	
e Other	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)	

Page 2

(1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (3) Other (A) (3) (5) (6) (7) (9) (10) (10) (10) (10) (10) (10) (10) (10	(a)	Description of security or category	(b) Book value	(c) Method of valuation	
2) Closely-held equity interests		(including name of security)		Cost or end-of-year market va	lue
3) Other				-	
(A) (B) (C) (C) (D) (E) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F		quity interests			
(B) (C) (C) (D) (E) (F) (G) (F) (G) (F) (G) (F) (G) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F					
(C) (D) (E) (F) (G) (H) (F) (G) (H) (F) (F) (G) (H) (F) (F) (G) (H) (F) (F) (F) (G) (F) (F) (G) (F) (F) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F				1	· <u></u> ·
(E) (E) (F) (G) (H) (F) (G) (H) (F) (F) (G) (H) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F			— — ·		
(E) (F) (G) (G) (H) (F) (F) (G) (H) (F) (F) (F) (F) (G) (H) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F				· · · · · · · · · · · · · · · · · · ·	
(G) (H) Ceal. (Column (b) must sequal Form 990, Part X, col (B) line 12) Part VIII.					
G (Ft) (F			···		
Part VIII Investments - Program Related. Countrel form 990, Part X, col (B) line 12) Investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X (a) Description of investment (b) Book value Cost or end-d-tyran market value Cost or end-d-tyran end-d-tyran Cost or end-d-tyran end-d-tyran end-d-tyran end-d-tyran end-d-tyran end-d-tyran end-d-tyran end					
Investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part IV		equal Form 990 Part X col. (B) line 12.)	•		
(a) Description of investment (b) Book value (c) Method of valuation Cost or end-dr-year market value (1) Cost or end-dr-year market value (2) (3) (4) (4) (5) (6) (6) (7) (8) (9) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	rt VIII In	vestments - Program Relate		art IV. line 11c. See Form 990. F	art X. line 13.
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) (a) Description (b) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part IX Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, line 25. L. (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, line 25. L. (a) Description (b) Book value (f) Federal income taxes (2) (3) (4) (6) (6) (7)				(c) Method of valuation	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) (a) Description (b) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part IX Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, line 25. L. (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, line 25. L. (a) Description (b) Book value (f) Federal income taxes (2) (3) (4) (6) (6) (7)),				
(3) (4) (5) (6) (7) (8) (9) (10text.(Column (b) must equal Form 990, Part X, col (8) line 13) Part XI Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) (10) (10) (11) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (19) (10) (10) (10) (10) (11) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (19) (10) (10) (10) (10) (11) (11) (12) (13) (14) (15) (16) (17) (17) (18) (18) (19) (19) (19) (10) (10) (10) (10) (11) (11) (12) (13) (14) (15) (16) (17) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19					
(4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (19) (19) (10) (10) (11) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (10) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (19) (19) (19) (19) (10) (10) (11) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (19) (19) (10) (10) (11) (10) (11) (11) (12) (13) (14) (15) (16) (17) (17) (18) (18) (19) (19) (10) (10) (11) (10) (11) (11) (12) (13) (14) (15) (16) (17) (17) (18) (18) (19) (19) (19) (19) (19) (19) (19) (19					_
(5) (6) (7) (8) (9) Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part IV (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, line 25. I. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, line 25. I. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)		•			
(6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X (a) Description (b) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)					
(8) (9) (9) (9) (10) (10) (11) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (10) (10) (10) (10) (10) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19					
(9) Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part V, line 11d. See Form 990, Part V, line 11d. See Form 990, Part V, line 11d. See Form 990, Part V, line 11d. See Form 990, Part V, line 11d. See Form 990, Part V, line 11d. See Form 990, Part V, line 11d. See Form 990, Part V, line 11d. See Form 990, Part V, line 11d. See Form 990, Part V, line 11d. See Form 990, Part V, line 11d. See Form 990, line 25. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, line 25. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, line 25. Complete if See Form 990, line 25. See Form 990, Part IV, line 11d. See Form 990, line 25. See Form 990, l)				
Part IX)				·
Part IX)				
Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X (a) Description (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c			>	<u> </u>	
(a) Description (b) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)					
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)	C	omplete if the organization ans	swered "Yes" to Form 990, P	art IV, line 11d. See Form 990, P	art X, line 15.
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, line 25. I. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)			(a) Description		(b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)					
(4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)					
(5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, line 25. I. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)					
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)					
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)					
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)					
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)					
Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)		must equal Form 990, Part X, col. (B) i	ine 15.)		
Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)					
1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)	C	omplete if the organization ans	swered "Yes" to Form 990, P	art IV, line 11e or 11f. See Form	990, Part X,
(1) Federal income taxes (2) (3) (4) (5) (6) (7)			(b) Book value		
(3) (4) (5) (6) (7)) Federal incon				
(3) (4) (5) (6) (7))				
(4) (5) (6) (7)					
(5) (6) (7)					
(7)					
(7))				
(0)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		equal Form 990, Part X, col (B) line 25)	>		
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	iability for unce	ertain tax positions. In Part XIII, provide	the text of the footnote to the organization	zation's financial statements that reports the	ne
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII	nızatıon's lıabil	lity for uncertain tax positions under FIN	N 48 (ASC 740). Check here if the tex	xt of the footnote has been provided in Par	t XIII

Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains on investments	_
b	Donated services and use of facilities	_
C	Recoveries of prior year grants	」
đ	Other (Describe in Part XIII)	」
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4 1
b	Other (Describe in Part XIII)	4 1
С	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Pα	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	- 1
b	Prior year adjustments	-
c d	Other losses 2c Other (Describe in Part XIII) 2d	- 1
	Add lines 2a through 2d	2e
е 3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIII.)	1]
c	Add lines 4a and 4b	1 4c 1
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Pa	rt XIII Supplemental Information	· · · · · · · · · · · · · · · · · · ·
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part IV, lines 1b and 2b; Part IV, lines 1b and 2b; Part IV, lines 4; Part IV, lines 1b and 2b; Part IV, lines 1b and 2b; Part IV, lines 4; Part IV, lines 1b and 2b; Part IV, lines 4; Part IV, lines 1b and 2b; Part IV, lines 4; Part IV, lines 1b and 2b; Part IV, lines 4; Part IV, lines 1b and 2b; Part IV, lines 4; Part IV, lines 1b and 2b; Part IV, lines 4; Part IV, lines 1b and 2b; Part IV, lines 1	art X, line
2; Pa	art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	
		· · -
-		
	•	
	•	
-		
- 1		

ATHFEST IN

Schedule D (Form 990) 2013

EEA

20-0425341

Page 4

SCHEDULE G (Form 990 or 990-EZ)

Supplement

nformation Regarding Fundraising or

hing Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

2013

Department of the Treasury Internal Revenue Service

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization						muncation municer	
ATHFEST INC						20-04	
Fundraising Activitie	s. Complete if	the organ	nization an	swered "Yes" to	Form 99	0, Part IV,	line 17.
Form 990-EZ filers are not required to complete this part.							
1 Indicate whether the organization ra	ised funds through	any of the fo	ollowing activ	rities. Check all that ap	oply.		
a Mail solicitations		e 🗌	Solicitation	of non-government gra	ants		
b Internet and email solicitations		f 🗌	Solicitation	of government grants			
c Phone solicitations		g 🗌	Special fund	traising events			
d n-person solicitations		-	•	_			
2a Did the organization have a written of	or oral agreement v	with any indi-	vidual (includ	ing officers, directors.	trustees		
or key employees listed in Form 990	•	•	•			□ Y	es 🗌 No
b If "Yes," list the ten highest paid indi						draiser is to b	De
compensated at least \$5,000 by the		,					
,,,,,,,, .	J						
		(iii) Did fur	ndraiser have	that Conner on a sinte		ount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	or control of	(iv) Gross receipts from activity		tained by) ser listed in	(or retained by)
		contri	butions?			ol. (i)	organization
		Yes	No				
1	ł						ļ
2							1
3							
	J						
4							
5						_	
							L
6							

Γot	al
3	List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
_	······································

7

8

9

10

	rt l					
		than \$15,000 of fundraising gross receipts greater than		nd gross income on Forr	ກ 990-EZ, lines 1 and 6	b. List events with
		gioss receipts greater trian	(a) Event #1 HALF MARATHO	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts				
	2 3	Less: Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes			···	
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
≃∣	8	Entertainment				
ן כֿ	•	ì				
<u> </u>	9	Other direct expenses			-	
֟ ֡ ֡ ֡ ֡ ֡ ֡ ֡ ֡ ֡ ֡ ֡ ֡ ֡ ֡ ֞ ֡ ֞ ֞ ֞ ֞ ֞ ֞ ֞ ֞ ֞ ֞ ֞ ֞ ֞	9	,	4 through 9 in column (d)		-	
	9 10 11	Direct expense summary. Add lines Net income summary. Subtract line			. •	
	9	Direct expense summary. Add lines Net income summary. Subtract line Gaming. Complete if the complete in the co	10 from line 3, column (d) organization answered		<u></u>	more
Pa	9 10 11	Direct expense summary. Add lines Net income summary. Subtract line	10 from line 3, column (d) organization answered	"Yes" to Form 990, Part	<u></u>	
Pa	9 10 11	Direct expense summary. Add lines Net income summary. Subtract line Gaming. Complete if the complete in the co	10 from line 3, column (d) organization answered		<u></u>	(d) Total gaming (add
Pa	9 10 11	Direct expense summary. Add lines Net income summary. Subtract line Gaming. Complete if the of than \$15,000 on Form 990	10 from line 3, column (d) organization answered 0-EZ, line 6a.	"Yes" to Form 990, Part	IV, line 19, or reported	(d) Total gaming (add
Pa	9 10 11	Direct expense summary. Add lines Net income summary. Subtract line Gaming. Complete if the complete in the co	10 from line 3, column (d) organization answered 0-EZ, line 6a.	"Yes" to Form 990, Part	IV, line 19, or reported	more (d) Total gaming (add col (a) through col (c)
a Veverine	9 10 11 rt II	Direct expense summary. Add lines Net income summary. Subtract line Gaming. Complete if the of than \$15,000 on Form 990	10 from line 3, column (d) organization answered 0-EZ, line 6a.	"Yes" to Form 990, Part	IV, line 19, or reported	(d) Total gaming (add
a Keverine	9 10 11 rt II	Direct expense summary. Add lines Net income summary. Subtract line Gaming. Complete if the of than \$15,000 on Form 990 Gross revenue	10 from line 3, column (d) organization answered 0-EZ, line 6a.	"Yes" to Form 990, Part	IV, line 19, or reported	(d) Total gaming (add
	9 10 11 rt II	Direct expense summary. Add lines Net income summary. Subtract line Gaming. Complete if the of than \$15,000 on Form 990 Gross revenue	10 from line 3, column (d) organization answered 0-EZ, line 6a.	"Yes" to Form 990, Part	IV, line 19, or reported	(d) Total gaming (add
a Veverine	9 10 11 rt II 1 2	Direct expense summary. Add lines Net income summary. Subtract line Gaming. Complete if the of than \$15,000 on Form 990 Gross revenue Cash prizes Noncash prizes	10 from line 3, column (d) organization answered 0-EZ, line 6a. (a) Bingo	"Yes" to Form 990, Part (b) Pull tabs/instant bingo/progressive bingo	IV, line 19, or reported	(d) Total gaming (add
a Veverine	9 10 11 rt II 2 3	Direct expense summary. Add lines Net income summary. Subtract line Gaming. Complete if the of than \$15,000 on Form 990 Gross revenue Cash prizes Noncash prizes Rent/facility costs	10 from line 3, column (d) organization answered 0-EZ, line 6a.	"Yes" to Form 990, Part	IV, line 19, or reported	(d) Total gaming (add
a Vavenne	9 10 11 rt II 1 2 3 4	Direct expense summary. Add lines Net income summary. Subtract line Gaming. Complete if the of than \$15,000 on Form 990 Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	10 from line 3, column (d) organization answered 0-EZ, line 6a. (a) Bingo	"Yes" to Form 990, Part (b) Pull tabs/instant bingo/progressive bingo	IV, line 19, or reported (c) Other gaming	(d) Total gaming (add

Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "No," explain:

b If "Yes," explain:

. Yes No

· SCHEDULE L

mansactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

28b, or 28c, of Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ. See separate instructions. OMB No 1545-0047

2013

(Form 990 or 990-EZ)

Internal Re		ormation about	Schedule L (Forn	n 990 c	or 990EZ)	and its in	struction	ns is at www.irs.g				inspe	ction	
	e organization							1	yer Ident		numb	er		
Part I	ST INC Excess Benef	it Transaction	s (section (501	(c)(3)	and sect	ion 501(c)(4) or	ganizations only)4253 /).	41				_
A SAFE Y								or 25b, or For		-EZ, I	Part \	/, line	40b.	
1	(a) Name of disqualified pe		(b) Relationship bet	ween dis	qualified pers	on and		(c) Description	of transac	ction			(d) Con	ected?
<u> </u>	(a) Name of disqualities pe		Or	rganizatio	on		ļ	(c) Description					Yes	No
(1)	·····		····											
(2)														
(3)														
	nter the amount of tax inder section 4958	•	-		•	•				▶ \$,			
3 Er	nter the amount of tax,	f any, on line 2, a	bove, reimbursed	by the	organizati	on				▶ \$				
Piana i	1	for Front Indon	antard Damana											
Part I			ested Persons enswered "Yes"		orm 990-	EZ. Part	V. line	38a or Form 99	0. Par	t IV. 1	ine 2	6. or i	f the	
			ount on Form 99							,				
(a) N	ame of interested person	(b) Relationship with organization			(d) Loan to or (e) Or from the principal organization?			(g) in default?		1		1	(i) Written agreement?	
				То	From				Yes No		Yes	No	Yes	No
(1)									 					
(2)														
(3)														
(4)								-						
(5)														
					_		. ▶ \$	<u> </u>	<u> </u>		L,	,		
Part I			efiting Interest answered "Yes			Part IV	line 27	•						
(a)	Name of interested person	(b) Relation	ship between interester	$\neg \neg$	(c) Amount of			I) Type of assistance		(e)) Purpos	se of ass	istance	
(1)		person	and the organization											
(2)														
(4)											 ,			
(3)				-	· ·	-								
(4)				_ _										
		1		1			1		- 1					

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Shorganii rever	zat
				163	t
1) ALICIA NICKLES	OFFICER	100	COMMISSIONS		L
2) FOUNDRY ENTERTAINMENT	PART OWNED BY BOARD MEMBER		BOOKING FEE		
3) RUSS HALLAUER	VICE PRESIDENT	_	CD PRODUCTION		
) PAUL THOMAS	TREASURER		PREPARATION OF TAX RETURNS		
5)					
rt V Supplemental Informatio					
Provide additional informat	tion for responses to questions	on Schedule L (se	ee instructions).		
					_
					_
		<u></u>			
					-
					-
			-		
			-		
			-		
			-		
			-		
			-		
			-		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 o. J90-EZ

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.

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

OMB No 1545-0047

Open to Public Inspection

Employer Identification number

20-0425341

01. Officer, directors, etc. family relationship (Part VI, line 2)

01. Officer, directors, etc. family relationship (Part VI, line 2)
ALICIA NICKLES (CHAIRPERSON, SPONSORSHIP CHAIR) IS CO-OWNER OF FLAGPOLE MAGAZINE, A WEEKLY
PUBLICATION THAT COVERS THE MUSIC AND ARTS SCENE IN AND AROUND ATHENS, GEORGIA. THE
ORGANIZATION CONTRACTS WITH FLAGPOLE MAGAZINE TO PROVIDE COORDINATION OF SPONSORSHIP SALES
FOR THE FESTIVAL AND THE HALF MARATHON AND THE PRINTING OF THE FESTIVAL GUIDE. ATHFEST
PAYS COMMISSIONS ON SPONSORSHIP SALES AND SPONSOR TRADES TO FLAGPOLE AND IT'S EMPLOYEES
WHO GENERATE SPONSOR REVENUES TO THE ORGANIZATION AS WELL AS REIMBURSES FLAGPOLE FOR THE
PRINTING COSTS OF THE FESTIVAL GUIDE.
PAUL THOMAS (TREASURER) IS A CPA IN THE ATHENS AREA. HIS CLIENTS INCLUDE MUSICIANS,
BANDS, AGENTS, RECORD LABLES, PERFORMANCE VENUES (NIGHT CLUBS), ARTISTS AND OTHERS IN THE
MUSIC AND ARTS INDUSTRY IN AND AROUND ATHENS. PAUL HAS BUSINESS RELATIONSHIPS WITH
SEVERAL OF THE BOARD MEMBERS, COMMITTEE CHAIRS AND/OR THEIR BUSINESSES. HIS FIRM IS
COMPENSATED FOR THE PREPARATION OF ANNUAL FORM 990.
RUSS HALLAUER (VICE-CHAIRPERSON). HIS EMPLOYMENT IN THE MARKETING AND ADVERTISING
FIELD ADD TO THE ABILITY OF THE ORGANIZATION TO BETTER PROMOTE IT'S PROGRAMS AND EVENTS.
RUSS IS OWNER OF GHOSTMEAT RECORDS, WHICH IS CONTRACTED BY THE ORGANIZATION TO PRODUCE AN
ANNUAL MUSIC COMPILATION DISC/ALBUM THAT FEATURES ATHENS AREA BANDS. THE COMPILATION IS
USED TO PROMOTE THE ANNUAL FESTIVAL AS WELL AS EDUCATE THE LISTENERS ABOUT THE VARIETY OF
MUSIC IN THE ATHENS AREA. SALES OF THE COMPILATION HELP FUND THE ORGANIZATION'S
EDUCATIONAL PROGRAMS.
TROY AUBREY (BOOKING CHAIR) IS RESPONSIBLE FOR COORDINATING 200+ BANDS THAT
PERFORM AT THE ANNUAL FESTIVAL ON THREE OUTDOOR STAGES AND AS MANY AS 15 INDOOR VENUES, AS
WELL AS BANDS THAT PERFORM ALONG THE ROUTE OF THE ANNUAL HALF MARATHON FUNDRAISER. TROY
WORKS FOR FOUNDRY ENTERTAINMENT. THE ORGANIZATION CONTRACTS WITH FOUNDRY ENTERTAINMENT
FOR THE BOOKING OF THE BANDS. TROY'S WIFE WORKS FOR FLAGPOLE MAGAZINE AND GENERATES

Schedyle O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization	Employer Identification number
ATHFEST INC	20-0425341
SPONSORSHIP REVENUES FOR THE ORGANIZATION AND SUBSEQUENTLY RECEIVES	COMMISSIONS FROM THE
ORGANIZATION.	
••••••	
02. Member election for additional members (Part VI	, line 7a)
COMMITTEE CHAIRS ARE NOMINATED BY THE BOARD FROM THOSE WHO VOLUNTES	ER FOR THE POSITION.
THE EXISTING COMMITTEE CHAIRS VOTE FOR THE NEXT YEARS SLATE OF CHAI	R POSITIONS. COMMITTEE
CHAIRS OF THE ORGANIZATION ELECT THE BOARD OF OFFICERS FOR THE YEAR	R.
03. Governing body decisions (Part VI, line 7b)	
DECISIONS BY THE EXECUTIVE COMMITTEE ARE SUBJECT TO APPROVAL BY THE	BOARD. COMMITTEES ARE
GIVEN BUDGETS AND ANY EXPENSES OUTSIDE THOSE BUDGETED ARE APPROVED	BY THE BOARD IN
ADVANCE.	
04. Form 990 governing body review (Part VI, line 1	1)
THE FORM 990 IS REVIEWED BY THE BOARD AND THE COMMITTEE CHAIRS PRICE	OR TO THE FILING OF THE
RETURN.	
05. Conflict of interest policy compliance (Part VI	, line 12c)
A CONFLICT OF INTEREST POLICY IS REVIEWED AND SIGNED BY THE BOARD A	AND ALL COMMITTEE CHAIRS
ON AN ANNUAL BASIS. ALL EXISTING OR POTENTIAL CONFLICTS ARE MADE F	NOWN TO THE BOARD AND
THE CHAIRS.	
06. CEO, executive director, top management comp (P	art VI line 15a)
JARED BAILEY WAS THE DIRECTOR OF THE ORGANIZATION, AND THE ONLY PAI	
CARD DAILD WAS IND DIRECTOR OF THE ORGANIZATION, AND THE ONLY PAI	LU DIN BOLDS FOR IRIS
REPORTING PERIOD. JARED HAS EXTENSIVE TIES TO THE ATHENS MUSIC SCH	ENE, FOUNDING SEVERAL
NIGHTCLUBS AS WELL AS FLAGPOLE MAGAZINE OVER THE YEARS. JARED HAS	BEEN WITH ATHFEST SINCE

•	
Schedyle O (Form 990 or 990-EZ) (2013) Name of the organization	Page 2 Employer Identification number
ATHFEST INC	20-0425341
IT'S INCEPTION UNDER THE ATHENS DOWNTOWN DEVELOPMENT AUTHORITY. HIS	S KNOWLEDGE OF THE
COUNTY AND CITY PROCESSES NECESSARY TO PERMIT THE EVENT AND HIS CONT	TACTS THROUGHOUT THE
MUSIC INDUSTRY ARE A VALULABLE ASSET TO THE ORGANIZATION. HIS PAY A	AND BENEFITS ARE
DETERMINED BY THE BOARD OF DIRECTORS.	
07. Other officer or key employee compensation (Part	VI, line 15b
CONTRACTS WITH OFFICERS, BOARD MEMBERS, COMMITTEE CHAIRS OR THEIR RE	LATED BUSINESS
ENTITIES ARE ALL MADE THROUGH WRITTEN CONTRACTS AND APPROVED IN ADVA	NCE BY THE UNRELATED
BOARD MEMBERS.	
08. Governing documents, etc, available to public (P	art VI, line 19)
CURRENTLY COPIES OF THE ORGANIZATIONS FORM 990 ARE MADE AVAILABLE FO	R PUBLIC INSPECTION AT
THE ORGANIZATION'S OFFICES DURING NORMAL BUSINESS HOURS. CONSIDERAT	ION IS UNDERWAY TO ADD
THE 990 TO THE WEB PAGE OR LINK TO THE GUIDESTAR SITE THAT CONTAINS	COPIES OF THE
ORGANIZATION'S 990. OTHER FINANCIAL REPORTS AND DOCUMENTS ARE ALSO	OPEN TO PUBLIC
INSPECTION AS REQUESTED.	
09. List of other expenses (Part IX, line 24e)	
SEE ATTACHED LISTINGS	

990	Overflow Statement	2013 Page 1
Name(s) as shown on return		FEIN
ATHFEST INC		20-0425341

MANAGEMENT AND GENERAL OFFICE EXPENSES

Description		Amount	
OFFICE SUPPLIES		\$	323
TELEPHONE			622
	Total:	\$	945

990	Overflow Statement	2013 Page 2
Name(s) as shown on return		FEIN
ATHFEST INC		20-0425341

FUNDRAISING - OFFICE EXPENSES

Description	ription		mount
COPY COSTS		\$	297
POSTAGE AND SHIPPING			161
PRINTED MATERIALS			1,365
	Total:	\$	1,823

990 Overflow Statement Page 3 Name(s) as shown on return ATHFEST INC FEIN 20-0425341

PROGRAM SERVICES OTHER EXPENSES

Description	An	nount	
ATHFEST EDUCATES PROGRAM		\$	200
	Total:	\$	200

990	Overflow Statement	2013 Page 4
Name(s) as shown on return	——————————————————————————————————————	FEIN
ATHFEST INC		20-0425341

FUNDRAISING OTHER EXPENSES

Description		Amount	
PROFESSIONAL SERVICES		\$	4,350
RENTAL EQUIPMENT			1,220
MEALS BEVERAGES AND ENTERTAINMENT			893
OUTDOOR MUSICAL ACTS			2,150
RENTAL SPACE			1,348
PERMITS AND FEES			25
RACE AWARDS			15,010
RACE COSTS			39,830
SECURITY			6,269
TRASH AND PORTAJOHNS			3,090
TRAVEL AND LODGING		_	61
UTILITIES AND GENERATORS		_	58
OTHER TAXES			31
INTERNET AND EMAIL			270
EQUIPMENT PURCHASED			196
	Total:	\$	74,801