#### DLN: 93493132043731

OMB No. 1545-0047

2020

Department of the

**Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

► Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

Open to Public Inspection

|                |                         |                     | alendar year, or tax year begin  C Name of organization            | ning 01-01-2020 , and ending 12-                                                  | 31-2020            | D. F                                       | I                      |              |
|----------------|-------------------------|---------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------|--------------------------------------------|------------------------|--------------|
|                |                         | pplicable:<br>hange | ATHFEST INC                                                        |                                                                                   |                    | D Employer id<br>20-042534                 |                        | number       |
|                | me cha                  | _                   | Doing business as                                                  |                                                                                   |                    |                                            | 1                      |              |
|                | tial retu<br>al return. | urn<br>ı/terminated | ATHFEST EDUCATES                                                   |                                                                                   |                    |                                            |                        |              |
| ⊐ Am           | ended                   | return<br>n pending | Number and street (or P.O. box if m                                | ail is not delivered to street address) Room/                                     | suite              | E Telephone nu (706) 548-                  |                        |              |
|                |                         |                     | City or town, state or province, cour                              | ntry, and ZIP or foreign postal code                                              |                    |                                            |                        |              |
|                |                         |                     | ATHENS, GA 30603                                                   |                                                                                   |                    | <b>G</b> Gross receip                      | ts \$ 252, <b>1</b> 09 |              |
|                |                         |                     | <b>F</b> Name and address of principa JILL HELME                   | l officer:                                                                        |                    | this a group return                        |                        |              |
|                |                         |                     | 320 E CLAYTON STREET SUITE 4                                       | 109                                                                               |                    | ibordinates?<br>e all subordinates         |                        | Yes 🗹 No     |
| Tax            | k-exem                  | npt status:         | ATHENS, GA 30601                                                   |                                                                                   | ` ´ in             | cluded?                                    |                        | Yes No       |
|                | ebsite                  |                     | 501(c)(3) $$ 501(c)( ) $$ /W.ATHFESTEDUCATES.ORG                   | (insert no.) 4947(a)(1) or 527                                                    |                    | "No," attach a list.<br>roup exemption nui | •                      | tions)       |
| ·              | -                       |                     |                                                                    | Day <b>.</b>                                                                      | <b>L</b> Year of f | ormation: 2004 M                           | State of legal         | domicile: GA |
| . Forn         | n of org                | ganization          | : 🗹 Corporation 🗌 Trust 🔲 Asso                                     | ciation Li Other P                                                                |                    |                                            |                        |              |
| Pa             | art I                   |                     | mary                                                               |                                                                                   |                    |                                            |                        |              |
|                | A A                     | THFEST              | scribe the organization's mission o<br>EDUCATES ADVANCES HIGH-QUAI | LITY MUSIC AND ARTS EDUCATION FO                                                  | R LOCAL YOU        | JTH AND THE ATHE                           | NS COMMUI              | NITY         |
| ر<br>د         | <u> </u>                | HROUGH              | DIRECT SUPPORT AND COMMUNI                                         | TY-BASED PROGRAMS AND EVENTS, I                                                   | NCLUDING A         | N ANNUAL MUSIC                             | AND ARTS F             | ESTIVAL      |
| Ē              | =                       |                     |                                                                    |                                                                                   |                    |                                            |                        |              |
| 124            | _                       |                     |                                                                    |                                                                                   |                    |                                            |                        |              |
| an kellidilike |                         |                     |                                                                    | scontinued its operations or disposed of                                          |                    | 25% of its net asse                        |                        |              |
|                |                         |                     | •                                                                  | ng body (Part VI, line 1a)                                                        |                    | •                                          | 3                      | 1.           |
| Acumues a      |                         |                     | ,                                                                  | the governing body (Part VI, line 1b)                                             |                    |                                            | 5                      | 1.           |
|                |                         |                     | , ,                                                                | lendar year 2020 (Part V, line 2a) . cessary)                                     |                    | • •                                        | 6                      | 2            |
| ¥              | l                       |                     | •                                                                  | VIII, column (C), line 12                                                         |                    | • •                                        | 7a                     |              |
|                | l                       |                     | lated business taxable income from                                 | . , , , , , , , , , , , , , , , , , , ,                                           |                    | •                                          | 7b                     |              |
|                |                         |                     | accd business taxable meetile from                                 | 11 TOTAL 230 1, INIC 33 1 1 1 1                                                   | · · ·              | Prior Year                                 |                        | nt Year      |
|                | 8 (                     | Contribut           | tions and grants (Part VIII, line 1h)                              |                                                                                   |                    | 46,259                                     |                        | 93,91        |
| Rəvenue        | l                       |                     | service revenue (Part VIII, line 2g)                               | 218,343                                                                           |                    |                                            |                        |              |
| ōΛċ            | l                       | _                   | ent income (Part VIII, column (A), I                               |                                                                                   | 8,649              |                                            | 4,93                   |              |
| Œ              | 11 (                    | Other rev           | venue (Part VIII, column (A), lines                                | 5, 6d, 8c, 9c, 10c, and 11e)                                                      |                    | 112,382                                    |                        | 75,01        |
|                | 12                      | Total rev           | enue—add lines 8 through 11 (mu                                    | st equal Part VIII, column (A), line 12)                                          |                    | 385,633                                    |                        | 173,86       |
|                | 13 (                    | Grants a            | nd similar amounts paid (Part IX, c                                | olumn (A), lines 1–3 )                                                            |                    | 44,219                                     |                        | 49,19        |
|                | 14 1                    | Benefits            | paid to or for members (Part IX, co                                | olumn (A), line 4)                                                                |                    |                                            |                        |              |
| 8              | 15 9                    | Salaries,           | other compensation, employee be                                    | nefits (Part IX, column (A), lines 5-10)                                          |                    | 46,130                                     |                        | 51,65        |
| Expenses       | <b>16</b> a             | Profession          | onal fundraising fees (Part IX, colur                              | nn (A), line 11e)                                                                 |                    |                                            |                        |              |
| <del>X</del>   | Ь -                     | Total fund          | raising expenses (Part IX, column (D),                             | line 25) ▶0                                                                       |                    |                                            |                        |              |
| ш              | l                       |                     | penses (Part IX, column (A), lines                                 | ·                                                                                 |                    | 223,248                                    |                        | 46,75        |
|                |                         |                     | enses. Add lines 13–17 (must equ                                   |                                                                                   |                    | 313,597                                    |                        | 147,59       |
| un .           | 19                      | Revenue             | less expenses. Subtract line 18 fro                                | om line 12                                                                        | B i                | 72,036                                     | F 1                    | 26,26        |
| Fund Balances  |                         |                     |                                                                    |                                                                                   | Beginn             | ning of Current Year                       | Ena                    | of Year      |
| age<br>Ser     | 20 -                    | Total ass           | ets (Part X, line 16)                                              |                                                                                   |                    | 458,310                                    |                        | 509,23       |
| Z Z            | 21 -                    | Total liab          | ilities (Part X, line 26)                                          |                                                                                   |                    | 1,592                                      |                        | 1,67         |
| <b>3</b> .3    | 22 [                    | Net asset           | s or fund balances. Subtract line 2                                | 21 from line 20                                                                   |                    | 456,718                                    |                        | 507,55       |
|                | rt II                   |                     | ature Block                                                        |                                                                                   |                    |                                            |                        |              |
|                |                         |                     |                                                                    | ined this return, including accompanying.  Declaration of preparer (other than of |                    |                                            |                        |              |
|                | nowle                   |                     |                                                                    |                                                                                   |                    |                                            | <u>'</u>               |              |
|                |                         | *****               | *                                                                  |                                                                                   |                    | 2021-05-07                                 |                        |              |
| Sign           |                         | Signat              | ure of officer                                                     |                                                                                   |                    | Date                                       |                        |              |
| lere           |                         | MICHE               | LLE DAVIS CHAIR                                                    |                                                                                   |                    |                                            |                        |              |
|                |                         |                     | r print name and title                                             |                                                                                   |                    |                                            |                        |              |
|                |                         | · F                 | rint/Type preparer's name                                          | Preparer's signature                                                              | Date<br>2021-05-07 | Check I if POOR                            | I<br>327093            |              |
| Paid           |                         | L                   |                                                                    |                                                                                   | 2021-03-0/         | self-employed                              |                        |              |
| Pre            | oare                    | r   F               | irm's name TRINITY ACCOUNTING                                      | GROUP                                                                             |                    | Firm's EIN ► 58-214                        | 3152                   |              |
| Jse            | Onl                     | ly ြ                | ïrm's address ▶ PO BOX 1983                                        |                                                                                   |                    | Phone no. (706) 546-                       | -1422                  |              |
|                |                         |                     | ATHENS, GA 30603                                                   |                                                                                   |                    |                                            |                        |              |
|                |                         |                     | this return with the propagate show                                |                                                                                   |                    | i                                          | □vec □                 |              |

| Form        | 990 (2020)             |                                                                                                    |                |                           |                                                                             | Page <b>2</b>         |  |  |  |  |  |  |
|-------------|------------------------|----------------------------------------------------------------------------------------------------|----------------|---------------------------|-----------------------------------------------------------------------------|-----------------------|--|--|--|--|--|--|
| Pa          | Statement              | of Program Service                                                                                 | Accomplis      | hments                    |                                                                             |                       |  |  |  |  |  |  |
|             | Check if Sche          | dule O contains a respon                                                                           | se or note to  | any line in this Part III |                                                                             | 🗹                     |  |  |  |  |  |  |
| 1           | Briefly describe the o | organization's mission:                                                                            |                | •                         |                                                                             |                       |  |  |  |  |  |  |
|             |                        |                                                                                                    |                |                           | CAL YOUTH AND THE ATHENS COMI<br>MUSIC AND ARTS FESTIVAL                    | MUNITY THROUGH DIRECT |  |  |  |  |  |  |
|             |                        |                                                                                                    |                |                           |                                                                             |                       |  |  |  |  |  |  |
| 2           | Did the organization   | undertake any significan                                                                           | t program ser  | vices during the year w   | vhich were not listed on                                                    |                       |  |  |  |  |  |  |
|             | the prior Form 990 o   | r 990-EZ?                                                                                          |                |                           |                                                                             | ☐ Yes 🗹 No            |  |  |  |  |  |  |
|             | If "Yes," describe the | ese new services on Sche                                                                           | dule O.        |                           |                                                                             |                       |  |  |  |  |  |  |
| 3           | Did the organization   | Did the organization cease conducting, or make significant changes in how it conducts, any program |                |                           |                                                                             |                       |  |  |  |  |  |  |
|             | services?              |                                                                                                    |                |                           |                                                                             |                       |  |  |  |  |  |  |
|             | If "Yes," describe the | ese changes on Schedule                                                                            | Ο.             |                           |                                                                             |                       |  |  |  |  |  |  |
| 4           | Section 501(c)(3) an   |                                                                                                    | s are required | to report the amount      | e largest program services, as meas<br>of grants and allocations to others, |                       |  |  |  |  |  |  |
| 4a          | (Code:                 | ) (Expenses \$                                                                                     | 51,965         | including grants of \$    | ) (Revenue \$                                                               | }                     |  |  |  |  |  |  |
|             | See Additional Data    |                                                                                                    |                |                           |                                                                             | ,<br>                 |  |  |  |  |  |  |
| 4b          | (Code:                 | ) (Expenses \$                                                                                     | 49,194         | including grants of \$    | 49,194 ) (Revenue \$                                                        | )                     |  |  |  |  |  |  |
|             | See Additional Data    |                                                                                                    |                |                           |                                                                             |                       |  |  |  |  |  |  |
| 4c          | (Code:                 | ) (Expenses \$                                                                                     |                | including grants of \$    | ) (Revenue \$                                                               | )                     |  |  |  |  |  |  |
|             | See Additional Data    |                                                                                                    |                |                           |                                                                             |                       |  |  |  |  |  |  |
| 4d          |                        | ces (Describe in Schedul                                                                           | •              |                           |                                                                             |                       |  |  |  |  |  |  |
|             | (Expenses \$           | inclu                                                                                              | ding grants of | \$                        | ) (Revenue \$                                                               | )                     |  |  |  |  |  |  |
| 4e          | Total program serv     | /ice expenses ▶                                                                                    | 101,1          | 59                        |                                                                             |                       |  |  |  |  |  |  |
| <del></del> |                        |                                                                                                    |                |                           |                                                                             | Form <b>990</b> (20   |  |  |  |  |  |  |

| Form | 990 (2020)                                                                                                                                                                                                                                                                                                |     |     | Page <b>3</b> |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|---------------|
| Pa   | tiv 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," complete Schedule A                                                                                                                                                                         | 1   | Yes |               |
| 2    | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🐒                                                                                                                                                                                                       | 2   | Yes |               |
| 3    | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>                                                                                                               | 3   |     | No            |
| 4    | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>                                                                                                | 4   |     | No            |
| 5    | Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III                                                                       | 5   |     | No            |
| 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? <i>If "Yes," complete Schedule D,</i> Part I                                             | 6   |     | No            |
| 7    | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                                                                                            | 7   |     | No            |
| 8    | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>                                                                                                                                                  | 8   |     | No            |
| 9    | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a 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   |     | No            |
| 10   | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>                                                                                               | 10  |     | No            |
| 11   | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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," complete Schedule D, Part VI.                                                                                                                                                                      | 11a |     | No            |
| b    | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>                                                                                              | 11b |     | No            |
|      | 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? <i>If "Yes," complete Schedule D, Part VIII</i>                                                                                              | 11c |     | No            |
|      | 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 |     | No            |
|      | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                                                                                                                                                                                     | 11e |     | No            |
| t    | 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 |     | No            |
| 12a  | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII                                                                                                                                                          | 12a |     | No            |
| 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 |     | No            |
| 13   | Is the organization a school described in section $170(b)(1)(A)(ii)$ ? If "Yes," complete Schedule E                                                                                                                                                                                                      | 13  |     | No            |
| 14a  | Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                               | 14a |     | No            |
| b    | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b |     | No            |
| 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  |     | No            |
| 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  |     | No            |
| 17   | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes." complete Schedule G. Part I(see instructions)                                                                                              | 17  |     | No            |

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .

Nο

20a

| orm  | 990 (2020)                                                                                                                                                                                                                                                                                                                                                                               |            |     | Page <b>4</b> |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|---------------|
| Par  | Checklist of Required Schedules (continued)                                                                                                                                                                                                                                                                                                                                              |            |     |               |
|      |                                                                                                                                                                                                                                                                                                                                                                                          |            | Yes | No            |
| 22   | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III                                                                                                                                                                                                | 22         |     | No            |
| 23   | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>                                                                                                                              | 23         |     | No            |
| 24a  | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a                                                                                                           | 24a        |     | No            |
| b    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                                                                                                                                                                                                                                                                                        | 24b        |     |               |
| С    | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?                                                                                                                                                                                                                                               | 24c        |     |               |
| d    | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                                                                                                                                                                                                                                                                                  | 24d        |     |               |
| 25a  | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                                                                                                                                                                               | 25a        |     | No            |
| 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? <i>If "Yes," complete Schedule L, Part I</i>                                                                                                               | 25b        |     | No            |
| 26   | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II                                                                | 26         |     | No            |
| 27   | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27         |     | No            |
| 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):                                                                                                                                                                                            |            |     |               |
| а    | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>                                                                                                                                                                                                                              | 28a        |     | No            |
| b    | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV                                                                                                                                                                                                                                                                                          | 28b        |     | No            |
| С    | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>                                                                                                                                                                                                                                     | 28c        |     | No            |
| 29   | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$                                                                                                                                                                                                                                                                               | 29         |     | No            |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>                                                                                                                                                                                                          | 30         |     | No            |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I                                                                                                                                                                                                                                                                       | 31         |     | No            |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II                                                                                                                                                                                                                                                     | 32         |     | No            |
| 33   | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>                                                                                                                                                                                              | 33         |     | No            |
| 34   | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1                                                                                                                                                                                                                                                 | 34         |     | No            |
| 35a  | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                                                                                  | 35a        |     | No            |
| b    | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2                                                                                                                                                                     | 35b        |     |               |
| 36   | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>                                                                                                                                                                                                   | 36         |     | No            |
| 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? <i>If "Yes," complete Schedule R, Part VI</i>                                                                                                                                                     | 37         |     | No            |
| 38   | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O                                                                                                                                                                                                      | 38         | Yes |               |
| Pa   | Statements Regarding Other IRS Filings and Tax Compliance                                                                                                                                                                                                                                                                                                                                |            |     |               |
|      | Check if Schedule O contains a response or note to any line in this Part V                                                                                                                                                                                                                                                                                                               | <u>. ;</u> |     |               |
| 1 -> | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   11                                                                                                                                                                                                                                                                                                   |            | Yes | No            |
|      | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable                                                                                                                                                                                                                                                                                                          |            |     |               |
|      | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming                                                                                                                                                                                                                                                                       |            |     |               |
|      | (gambling) winnings to prize winners?                                                                                                                                                                                                                                                                                                                                                    | 1c         |     |               |

| Par | tV Statements Regarding Other IRS Filings and Tax Compliance (continued)                                                                                                                                                                                                                     |          |     | rage <b>3</b> |  |  |  |  |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----|---------------|--|--|--|--|
|     | Enter the number of employees reported on Form W-3, Transmittal of Wage and                                                                                                                                                                                                                  |          |     |               |  |  |  |  |
| Za  | Tax Statements, filed for the calendar year ending with or within the year covered by this return                                                                                                                                                                                            |          |     |               |  |  |  |  |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                                                                    | 2b       | Yes |               |  |  |  |  |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                                                | 3a       |     | No            |  |  |  |  |
|     | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O                                                                                                                                                                                  | 3b       |     |               |  |  |  |  |
|     | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country: | 4a       |     | No            |  |  |  |  |
|     | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                                                                                                                                          |          |     |               |  |  |  |  |
|     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                                                                        | 5a       |     | No            |  |  |  |  |
|     | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                                             | 5b       |     | No            |  |  |  |  |
|     | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                                                                           | 5c       |     |               |  |  |  |  |
|     | 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       |     | No            |  |  |  |  |
|     | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                                                                                | 6b       |     |               |  |  |  |  |
|     | Organizations that may receive deductible contributions under section 170(c).                                                                                                                                                                                                                |          |     |               |  |  |  |  |
|     | 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?                                                                                                                                              |          |     | No            |  |  |  |  |
|     | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                                                                              | 7b       |     |               |  |  |  |  |
|     | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                                                                         | 7c       |     | No            |  |  |  |  |
| a   | If "Yes," indicate the number of Forms 8282 filed during the year                                                                                                                                                                                                                            |          |     |               |  |  |  |  |
| e   | 7e                                                                                                                                                                                                                                                                                           |          | No  |               |  |  |  |  |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                                                                 | 7f       |     | No            |  |  |  |  |
| g   | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                                                                           |          |     |               |  |  |  |  |
| h   | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                                                                         |          |     |               |  |  |  |  |
| 8   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?                                                                                               | 8        |     | No            |  |  |  |  |
| 9   | Sponsoring organizations maintaining donor advised funds.                                                                                                                                                                                                                                    |          |     |               |  |  |  |  |
| а   | Did the sponsoring organization make any taxable distributions under section 4966?                                                                                                                                                                                                           | 9a       |     | No            |  |  |  |  |
| b   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                                                                            | 9b       |     | No            |  |  |  |  |
| 10  | Section 501(c)(7) organizations. Enter:                                                                                                                                                                                                                                                      |          |     |               |  |  |  |  |
| а   | Initiation fees and capital contributions included on Part VIII, line 12 10a                                                                                                                                                                                                                 |          |     |               |  |  |  |  |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b                                                                                                                                                                                              |          |     |               |  |  |  |  |
| 11  | Section 501(c)(12) organizations. Enter:                                                                                                                                                                                                                                                     |          |     |               |  |  |  |  |
|     | Gross income from members or shareholders                                                                                                                                                                                                                                                    |          |     |               |  |  |  |  |
| Ь   | Gross income from other sources (Do not net amounts due or paid to other sources 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.                                                                                                                                                                                                                             |          |     |               |  |  |  |  |
|     | Is the organization licensed to issue qualified health plans in more than one state?                                                                                                                                                                                                         | 13a      |     |               |  |  |  |  |
|     | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans                                                                                                                                    |          |     |               |  |  |  |  |
|     | Enter the amount of reserves on hand                                                                                                                                                                                                                                                         | 14a      |     | No            |  |  |  |  |
|     | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O                                                                                                                                                                                    | 14b      |     | -10           |  |  |  |  |
|     | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess                                                                                                                                                                         |          |     |               |  |  |  |  |
|     | parachute payment(s) during the year?                                                                                                                                                                                                                                                        | 15<br>16 |     | No<br>No      |  |  |  |  |
|     | If "Yes," complete Form 4720, Schedule O.                                                                                                                                                                                                                                                    |          |     |               |  |  |  |  |

| orm        | 990 (2020)                                                                                                                                                                                                                                                                                      |         |          | Page <b>6</b> |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------|---------------|
| Pai        | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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 this Part VI | " respo | nse to l | ines<br>🗸     |
| Se         | ction A. Governing Body and Management                                                                                                                                                                                                                                                          |         |          |               |
|            |                                                                                                                                                                                                                                                                                                 |         | Yes      | No            |
| <b>1</b> a | Enter the number of voting members of the governing body at the end of the tax year 14                                                                                                                                                                                                          |         |          |               |
|            | If there are material differences in voting rights among members of the governing body, or 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 14                                                                                                                                                                                                       |         |          |               |
| 2          | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?                                                                                                                           | 2       |          | No            |
| 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       |          | No            |
| 4          | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                                                                                                | 4       |          | No            |
| 5          | Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                                                                                                      | 5       |          | No            |
| 6          | Did the organization have members or stockholders?                                                                                                                                                                                                                                              | 6       |          | No            |
| 7a         | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?                                                                                                                                              | 7a      | Yes      |               |
| 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      | Yes      |               |
| 8          | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                                                                                               |         |          |               |
| а          | The governing body?                                                                                                                                                                                                                                                                             | 8a      | Yes      |               |
| b          | Each committee with authority to act on behalf of the governing body?                                                                                                                                                                                                                           | 8b      | Yes      |               |
| 9          | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O                                                                                    | 9       |          | No            |
| Se         | ction B. Policies (This Section B requests information about policies not required by the Internal Revenue                                                                                                                                                                                      | e Cod€  | e.)      | •             |
|            |                                                                                                                                                                                                                                                                                                 |         | Yes      | No            |
| 10a        | Did the organization have local chapters, branches, or affiliates?                                                                                                                                                                                                                              | 10a     |          | No            |
| 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     |          |               |
|            | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                     | 11a     |          | No            |
| b          | Describe in Schedule O the process, if any, used by the organization to review this Form 990                                                                                                                                                                                                    |         |          |               |
| 12a        | Did the organization have a written conflict of interest policy? If "No," go to line 13                                                                                                                                                                                                         | 12a     | Yes      |               |
| b          | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                                                                                                                                             | 12b     | Yes      |               |
| 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     | Yes      |               |
| 13         | Did the organization have a written whistleblower policy?                                                                                                                                                                                                                                       | 13      | Yes      |               |
| 14         | Did the organization have a written document retention and destruction policy?                                                                                                                                                                                                                  | 14      | Yes      |               |
| 15         | 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     | Yes      |               |
| b          | Other officers or key employees of the organization                                                                                                                                                                                                                                             | 15b     | Yes      |               |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).                                                                                                                                                                                                             |         |          |               |
| 16a        | 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     |          | No            |
| 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     |          |               |
|            | ction C. Disclosure                                                                                                                                                                                                                                                                             |         |          |               |
| 17         | List the states with which a copy of this Form 990 is required to be filed▶  GA                                                                                                                                                                                                                 |         |          |               |
| 18         | Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.                                                                           |         |          |               |
|            | Own website  Another's website  Upon request  Other (explain in Schedule O)                                                                                                                                                                                                                     |         |          |               |
| 19         | 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.                                                                                               |         |          |               |
| 20         | State the name, address, and telephone number of the person who possesses the organization's books and records:  ▶JILL HELME 320 E CLAYTON ST STE 409 ATHENS, GA 30601 (706) 548-1973                                                                                                           |         |          |               |

П

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, or 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.

| <b>(A)</b><br>Name and title         | (B) Average hours per week (list any hours            |                                   | ne b                  | ox, ι<br>n of | t ch<br>unle:<br>fice: | ss pers                      | son    | (D) Reportable compensation from the organization | (E)<br>Reportable<br>compensation<br>from related<br>organizations | (F) Estimated amount of other compensation from the organization and |  |
|--------------------------------------|-------------------------------------------------------|-----------------------------------|-----------------------|---------------|------------------------|------------------------------|--------|---------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------|--|
|                                      | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee | Officer       | Key employee           | Highest compensated employee | Former | (W-2/1099-<br>MISC)                               | (W-2/1099-<br>MISC)                                                | related<br>organizations                                             |  |
| (1) JILL HELME<br>EXECUTIVE DI       | 32.00                                                 | х                                 |                       |               |                        |                              |        | 47,942                                            | 0                                                                  | 0                                                                    |  |
| (2) MICHELLE DAVIS<br>CHAIR          | 2.00                                                  | х                                 |                       | х             |                        |                              |        | 0                                                 | 0                                                                  | 0                                                                    |  |
| (3) ALICIA NICKLES<br>VICE CHAIR     | 2.00                                                  | Х                                 |                       | х             |                        |                              |        | 0                                                 | 0                                                                  | 0                                                                    |  |
| (4) JOSH KOONS<br>TREASURER          | 2.00                                                  | Х                                 |                       | х             |                        |                              |        | 0                                                 | 0                                                                  | 0                                                                    |  |
| (5) RUSSELL HALLAUER<br>BOARD MEMBER | 2.00                                                  | х                                 |                       |               |                        |                              |        | 0                                                 | 0                                                                  | 0                                                                    |  |
| (6) ERIN BEASLEY<br>BOARD MEMBER     | 2.00                                                  | х                                 |                       |               |                        |                              |        | 0                                                 | 0                                                                  | 0                                                                    |  |
| (7) JANINE SHEEDY<br>BOARD MEMBER    | 2.00                                                  | х                                 |                       |               |                        |                              |        | 0                                                 | 0                                                                  | 0                                                                    |  |
| (8) NEAL ANTHONY<br>BOARD MEMBER     | 2.00                                                  | Х                                 |                       |               |                        |                              |        | 0                                                 | 0                                                                  | 0                                                                    |  |
| (9) JENNIFER BRYANT<br>BOARD MEMBER  | 2.00                                                  | Х                                 |                       |               |                        |                              |        | 0                                                 | 0                                                                  | 0                                                                    |  |
| (10) CAROLE BLACK<br>SECRETARY       | 2.00                                                  | Х                                 |                       |               |                        |                              |        | 0                                                 | 0                                                                  | 0                                                                    |  |
| (11) STEPHANIE HALL<br>BOARD MEMBER  | 2.00                                                  | х                                 |                       |               |                        |                              |        | 0                                                 | 0                                                                  | 0                                                                    |  |
| (12) GINA JACKSON<br>BOARD MEMBER    | 2.00                                                  | Х                                 |                       |               |                        |                              |        | 0                                                 | 0                                                                  | 0                                                                    |  |
| (13) EUNICE KANG<br>BOARD MEMBER     | 2.00                                                  | Х                                 |                       |               |                        |                              |        | 0                                                 | 0                                                                  | 0                                                                    |  |
| (14) ALEXIA RIDLEY<br>BOARD MEMBER   | 2.00                                                  | Х                                 |                       |               |                        |                              |        | 0                                                 | 0                                                                  | 0                                                                    |  |
|                                      |                                                       |                                   |                       |               |                        |                              |        |                                                   |                                                                    |                                                                      |  |
|                                      |                                                       |                                   |                       |               |                        |                              |        |                                                   |                                                                    |                                                                      |  |
|                                      |                                                       |                                   |                       |               |                        |                              |        |                                                   |                                                                    |                                                                      |  |

Part VII

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

(A) (B) (C) (D) (E) (F)

Page 8

|            | <b>(A)</b><br>Name and title                                                              | (B) Average hours per week (list any hours            | Position (do not check more than one box, unless person is both an officer and a director/trustee)  Report competition (a) organization (b) organization (b) organization (b) organization (c) or |                       |         |              |                              |        |           | D) ortable ensation m the nization | (E) Reportable compensatior from related organizations | ,           | Estima<br>emount of<br>compen<br>from | ated<br>of other<br>sation<br>the |
|------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------|------------------------------------|--------------------------------------------------------|-------------|---------------------------------------|-----------------------------------|
|            |                                                                                           | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |           | /1099-<br>ISC)                     | (W-2/1099-<br>MISC)                                    |             | organizat<br>relat<br>organiz         | :ed                               |
|            |                                                                                           |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |         |              |                              |        |           |                                    |                                                        | _           |                                       |                                   |
|            |                                                                                           |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |         |              |                              |        |           |                                    |                                                        |             |                                       |                                   |
|            |                                                                                           |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |         |              |                              |        |           |                                    |                                                        |             |                                       |                                   |
|            |                                                                                           |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |         |              |                              |        |           |                                    |                                                        |             |                                       |                                   |
|            |                                                                                           |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |         |              |                              |        |           |                                    |                                                        |             |                                       |                                   |
|            |                                                                                           |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |         |              |                              |        |           |                                    |                                                        | _           |                                       |                                   |
|            |                                                                                           |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |         | $\vdash$     |                              |        |           |                                    |                                                        | +           |                                       |                                   |
| <b>c</b> 1 | Sub-Total                                                                                 | art VII, Section                                      | A .<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <br><u></u>           | •       |              | ▶                            | o rece | eived mo  | 47,942<br>re than \$1              | 00.000                                                 |             |                                       |                                   |
| _          | of reportable compensation from the                                                       |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |         |              |                              |        |           | re than \$2                        |                                                        |             |                                       |                                   |
| 3          | Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule</i> 2 |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |         |              |                              |        |           |                                    |                                                        | 3           | Yes                                   | No<br>No                          |
| 4          | For any individual listed on line 1a, is organization and related organization individual |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |         |              |                              |        |           |                                    | n the                                                  | 4           |                                       | No                                |
| 5          | Did any person listed on line 1a receivervices rendered to the organization               |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |         |              |                              |        |           |                                    |                                                        | 5           |                                       | No                                |
|            | ection B. Independent Contract                                                            |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |         |              |                              |        |           |                                    |                                                        | '           |                                       |                                   |
| 1          | Complete this table for your five high from the organization. Report compe                |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |         |              |                              |        |           |                                    |                                                        | npens       | sation                                |                                   |
|            | (A)<br>Name and business address                                                          |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |         |              |                              |        | Desc      | (B)<br>ription of services         |                                                        | (C<br>Compe |                                       |                                   |
|            |                                                                                           |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |         |              |                              |        |           |                                    |                                                        |             |                                       |                                   |
|            |                                                                                           |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |         |              |                              |        |           |                                    |                                                        |             |                                       |                                   |
|            | otal number of independent contractor<br>compensation from the organization ▶             | rs (including but                                     | not lim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ited t                | o th    | ose          | listed                       | abov   | ve) who r | eceived m                          | ore than \$100,00                                      | 00 of       |                                       |                                   |

|                                          |          | (2020) Statement                              | of E      | Povonuo         |                 |                          |                        |                                        |                                | Page <b>9</b>                                          |
|------------------------------------------|----------|-----------------------------------------------|-----------|-----------------|-----------------|--------------------------|------------------------|----------------------------------------|--------------------------------|--------------------------------------------------------|
| Part                                     | VIII     |                                               |           |                 | a resp          | onse or note to anv      | line in this Part VIII |                                        |                                | 🗆                                                      |
|                                          |          | 3,133,1,1,1                                   |           |                 |                 |                          | (A)<br>Total revenue   | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| 50 St                                    | 1a       | Federated campaig                             | gns       |                 | 1a              |                          |                        | revenue                                |                                | 312 317                                                |
| Grants<br>mounts                         | b        | Membership dues                               | •         |                 | 1b              |                          |                        |                                        |                                |                                                        |
| s, Gr<br>Amc                             |          | Fundraising events                            |           |                 | 1c              |                          |                        |                                        |                                |                                                        |
| Gifts, Grants<br>illar Amounts           | d        | Related organization Government grants (o     |           |                 | 1d              | 62.245                   |                        |                                        |                                |                                                        |
| Contributions, Gift<br>and Other Similar | f        | All other contributions                       |           | <u> </u>        | 1e              | 62,245                   |                        |                                        |                                |                                                        |
| Contributions,<br>and Other Sim          | ľ        | and similar amounts i<br>above                | not ir    | ncluded         | <b>1</b> f      | 31,670                   |                        |                                        |                                |                                                        |
| 를<br>음                                   | g        | Noncash contributions lines 1a - 1f:\$        | s incl    |                 | 1g              |                          |                        |                                        |                                |                                                        |
| Sont                                     | h        | Total. Add lines 1a                           | a-1f      | _               | <u>-9  </u><br> | •                        | 02.015                 |                                        |                                |                                                        |
| <u> </u>                                 | <u> </u> |                                               |           |                 |                 | Business Code            | 93,915                 |                                        |                                |                                                        |
|                                          | 2a       |                                               |           |                 |                 |                          |                        |                                        |                                |                                                        |
| n Re                                     |          | -                                             |           |                 |                 | _                        |                        |                                        |                                |                                                        |
| Program Service Revenue                  | b        |                                               |           |                 |                 |                          |                        |                                        |                                |                                                        |
| ice I                                    | c        |                                               |           |                 |                 |                          |                        |                                        |                                |                                                        |
| Serv                                     | d        |                                               |           |                 |                 |                          |                        |                                        |                                |                                                        |
| 'an                                      | "        |                                               |           |                 |                 |                          | +                      |                                        |                                |                                                        |
| ₹og!                                     | e        |                                               |           |                 |                 |                          |                        |                                        |                                |                                                        |
|                                          | f        | All other program                             | serv      | rice revenue    |                 |                          |                        |                                        |                                |                                                        |
|                                          | g        | Total. Add lines 2                            | 2a-2      | f               | . ▶             |                          |                        |                                        |                                |                                                        |
|                                          |          | Investment income similar amounts)            |           |                 | ends,<br>•      | interest, and other      | 4,945                  |                                        |                                | 4,945                                                  |
|                                          | 4:       | Income from invest                            | men       | nt of tax-exe   | mpt b           | ond proceeds <b>&gt;</b> |                        |                                        |                                |                                                        |
|                                          | 5        | Royalties                                     | ·         | (2) Par         | •               | · · · · •                |                        |                                        |                                |                                                        |
|                                          |          |                                               |           | (i) Rea         | a।              | (ii) Personal            | -                      |                                        |                                |                                                        |
|                                          |          | Gross rents                                   | 6a        |                 |                 |                          | _                      |                                        |                                |                                                        |
|                                          | b        | Less: rental expenses                         | 6b        |                 |                 |                          |                        |                                        |                                |                                                        |
|                                          | С        | Rental income<br>or (loss)                    | 6c        |                 |                 |                          |                        |                                        |                                |                                                        |
|                                          | d        | Net rental income                             | or (      | (loss)          | •               |                          |                        |                                        |                                |                                                        |
|                                          |          |                                               |           | (i) Secur       | ities           | (ii) Other               | _                      |                                        |                                |                                                        |
|                                          | 7a       | Gross amount<br>from sales of<br>assets other | 7a        |                 |                 |                          |                        |                                        |                                |                                                        |
|                                          |          | than inventory                                |           |                 |                 |                          | _                      |                                        |                                |                                                        |
|                                          | b        | Less: cost or other basis and                 | 7b        |                 | ,               | 6                        |                        |                                        |                                |                                                        |
|                                          |          | sales expenses                                |           |                 |                 |                          | -                      |                                        |                                |                                                        |
|                                          |          | Gain or (loss)  Net gain or (loss)            | 7c        |                 | =               |                          |                        |                                        | 5                              |                                                        |
| •                                        | 1        | Gross income from fu                          |           |                 | $\Gamma$        | · · · •                  | 1                      |                                        |                                |                                                        |
| nue                                      |          | contributions reported                        | d on      |                 |                 |                          |                        |                                        |                                |                                                        |
| eve                                      |          | See Part IV, line 18                          | •         |                 | 8a              | i i                      |                        |                                        |                                |                                                        |
| F.                                       | 1        | Less: direct expen<br>Net income or (los      |           |                 | 8b              |                          | 75,014                 |                                        |                                |                                                        |
| Other Revenue                            |          |                                               |           |                 |                 | rents •                  | 7,5,61                 |                                        |                                |                                                        |
| _                                        | 9a       | Gross income from<br>See Part IV, line 19     | gami<br>• | ing activities. | 9a              |                          |                        |                                        |                                |                                                        |
|                                          | b        | Less: direct expen                            | ses       |                 | 9b              |                          | -                      |                                        |                                |                                                        |
|                                          | c        | Net income or (los                            | s) fr     | om gaming       | activit         | ies                      |                        |                                        |                                |                                                        |
|                                          | 10a      | aGross sales of inve                          | entor     | ry, less        |                 |                          |                        |                                        |                                |                                                        |
|                                          |          | returns and allowa                            | nces      | s               | 10a             |                          |                        |                                        |                                |                                                        |
|                                          |          | Less: cost of good                            |           |                 | 10b             |                          |                        |                                        |                                |                                                        |
|                                          | C        | Net income or (los<br>Miscellaneo             |           |                 | inven           | Business Code            |                        |                                        |                                |                                                        |
|                                          | 11       | .a                                            |           |                 |                 |                          | ]                      |                                        |                                |                                                        |
|                                          |          |                                               |           |                 |                 |                          |                        |                                        |                                |                                                        |
|                                          | b        | )                                             |           |                 |                 |                          |                        |                                        |                                |                                                        |
|                                          | 6        |                                               |           |                 |                 |                          |                        |                                        |                                |                                                        |
|                                          | °        | •                                             |           |                 |                 |                          |                        |                                        |                                |                                                        |
|                                          | d        | All other revenue                             |           |                 |                 |                          |                        |                                        |                                | <del> </del>                                           |
|                                          | e        | Total. Add lines 1                            | 1a-1      | 11d             |                 | •                        |                        |                                        |                                |                                                        |
|                                          | 12       | : <b>Total revenue.</b> S                     | ee ir     | nstructions     |                 |                          | 173,868                |                                        |                                | 4,945                                                  |
|                                          |          |                                               |           |                 |                 |                          | 1/3,008                | l -t                                   | 1                              | Form 000 (2020)                                        |

| Form 990 (2020)                                                                                                                                                                                      |                     |                              |                                     | Page 10                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------|-------------------------------------|--------------------------|
| Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must co                                                                                                       | omplete all columns | All other organization       | ns must complete colu               | ımn (A)                  |
| Check if Schedule O contains a response or note to an                                                                                                                                                |                     | =                            |                                     |                          |
| Do not include amounts reported on lines 6b,<br>7b, 8b, 9b, and 10b of Part VIII.                                                                                                                    | (A) Total expenses  | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21                                                                                                 | 49,194              | 49,194                       |                                     |                          |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22                                                                                                                          |                     |                              |                                     |                          |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.                                                                  |                     |                              |                                     |                          |
| 4 Benefits paid to or for members                                                                                                                                                                    |                     |                              |                                     |                          |
| 5 Compensation of current officers, directors, trustees, and key employees                                                                                                                           |                     |                              |                                     |                          |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)                                               |                     |                              |                                     |                          |
| <b>7</b> Other salaries and wages                                                                                                                                                                    | 47,942              | 23,971                       | 23,971                              |                          |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)                                                                                                |                     |                              |                                     |                          |
| 9 Other employee benefits                                                                                                                                                                            |                     |                              |                                     |                          |
| <b>10</b> Payroll taxes                                                                                                                                                                              | 3,710               | 1,855                        | 1,855                               |                          |
| 11 Fees for services (non-employees):                                                                                                                                                                |                     |                              |                                     |                          |
| a Management                                                                                                                                                                                         |                     |                              |                                     |                          |
| <b>b</b> Legal                                                                                                                                                                                       | 1,300               | 1,300                        |                                     | _                        |
| c Accounting                                                                                                                                                                                         | 1,072               |                              | 1,072                               | _                        |
| <b>d</b> Lobbying                                                                                                                                                                                    |                     |                              |                                     |                          |
| e Professional fundraising services. See Part IV, line 17                                                                                                                                            |                     |                              |                                     |                          |
| f Investment management fees                                                                                                                                                                         | 2,322               |                              | 2,322                               |                          |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)                                                                                         |                     |                              |                                     |                          |
| 12 Advertising and promotion                                                                                                                                                                         | 10,500              | 7,196                        | 3,304                               |                          |
| 13 Office expenses                                                                                                                                                                                   | 2,191               | 150                          | 2,041                               |                          |
| 14 Information technology                                                                                                                                                                            |                     |                              |                                     |                          |
| 15 Royalties                                                                                                                                                                                         |                     |                              |                                     |                          |
| <b>16</b> Occupancy                                                                                                                                                                                  | 6,660               |                              | 6,660                               |                          |
| 17 Travel                                                                                                                                                                                            |                     |                              |                                     |                          |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials •                                                                                           |                     |                              |                                     |                          |
| 19 Conferences, conventions, and meetings                                                                                                                                                            |                     |                              |                                     |                          |
| <b>20</b> Interest                                                                                                                                                                                   |                     |                              |                                     |                          |
| 21 Payments to affiliates                                                                                                                                                                            |                     |                              |                                     |                          |
| 22 Depreciation, depletion, and amortization                                                                                                                                                         |                     |                              |                                     |                          |
| 23 Insurance                                                                                                                                                                                         | 1,400               |                              | 1,400                               |                          |
| 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.) |                     |                              |                                     |                          |
| a VIP PARTY EXPENSE                                                                                                                                                                                  | 5,729               | 5,400                        | 329                                 |                          |
|                                                                                                                                                                                                      |                     |                              |                                     |                          |
| b OUTSIDE CONTRACT SERVICES                                                                                                                                                                          | 3,822               | 3,822                        |                                     |                          |
| c MUSIC BOOKING SERVICES                                                                                                                                                                             | 3,400               | 3,400                        |                                     |                          |
| d EVENT PRODUCTION EXPENSES                                                                                                                                                                          | 2,545               | 2,545                        |                                     |                          |
| e All other expenses                                                                                                                                                                                 | 5,812               | 2,326                        | 3,486                               |                          |
| 25 Total functional expenses. Add lines 1 through 24e                                                                                                                                                | 147,599             | 101,159                      | 46,440                              | 0                        |
| 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 (2020)

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456,718

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475 15

458,310

1,592

Page **11** 

325,788 182,967

475

509,230

1,674

1.674

507,556

507,556

509.230

Form 990 (2020)

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

|                                        | Beginning of year |   | End of |
|----------------------------------------|-------------------|---|--------|
| Cash-non-interest-bearing              | 302,055           | 1 |        |
| Savings and temporary cash investments | 155,780           | 2 |        |

|                       | 1      | Cash-non-interest-bearing                                                                                                                                                                                  | _   |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|--|--|--|--|--|--|--|--|--|
|                       | 2      | Savings and temporary cash investments                                                                                                                                                                     |     |  |  |  |  |  |  |  |  |  |  |
|                       | 3      | Pledges and grants receivable, net                                                                                                                                                                         |     |  |  |  |  |  |  |  |  |  |  |
|                       | 4      | Accounts receivable, net                                                                                                                                                                                   |     |  |  |  |  |  |  |  |  |  |  |
|                       | 5<br>6 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons |     |  |  |  |  |  |  |  |  |  |  |
|                       | 7      | Notes and loans receivable, net                                                                                                                                                                            |     |  |  |  |  |  |  |  |  |  |  |
| ets                   | 8      | Inventories for sale or use                                                                                                                                                                                |     |  |  |  |  |  |  |  |  |  |  |
| Assets                | 9      | Prepaid expenses and deferred charges                                                                                                                                                                      |     |  |  |  |  |  |  |  |  |  |  |
| 4                     | 10a    | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D                                                                                                                        |     |  |  |  |  |  |  |  |  |  |  |
|                       | ь      | Less: accumulated depreciation 10b                                                                                                                                                                         | _   |  |  |  |  |  |  |  |  |  |  |
|                       | 11     | Investments—publicly traded securities .                                                                                                                                                                   | _   |  |  |  |  |  |  |  |  |  |  |
|                       | 12     | Investments—other securities. See Part IV, line 11                                                                                                                                                         |     |  |  |  |  |  |  |  |  |  |  |
|                       | 13     | Investments—program-related. See Part IV, line 11                                                                                                                                                          |     |  |  |  |  |  |  |  |  |  |  |
|                       | 14     | Intangible assets                                                                                                                                                                                          |     |  |  |  |  |  |  |  |  |  |  |
|                       | 15     | Other assets. See Part IV, line 11                                                                                                                                                                         |     |  |  |  |  |  |  |  |  |  |  |
|                       | 16     | <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)                                                                                                                                           |     |  |  |  |  |  |  |  |  |  |  |
|                       | 17     | Accounts payable and accrued expenses                                                                                                                                                                      | _   |  |  |  |  |  |  |  |  |  |  |
|                       | 18     | Grants payable                                                                                                                                                                                             |     |  |  |  |  |  |  |  |  |  |  |
|                       | 19     | Deferred revenue                                                                                                                                                                                           |     |  |  |  |  |  |  |  |  |  |  |
|                       | 20     | Tax-exempt bond liabilities                                                                                                                                                                                |     |  |  |  |  |  |  |  |  |  |  |
| ιΛ                    | 21     | Escrow or custodial account liability. Complete Part IV of Schedule D                                                                                                                                      |     |  |  |  |  |  |  |  |  |  |  |
| _iabilities           | 22     | Loans and other payables to any current or former officer, director, trustee, employee, creator or founder, substantial contributor, or 35% controlled en or family member of any of these persons         |     |  |  |  |  |  |  |  |  |  |  |
| Ξ                     | 23     | Secured mortgages and notes payable to unrelated third parties                                                                                                                                             |     |  |  |  |  |  |  |  |  |  |  |
|                       | 24     | Unsecured notes and loans payable to unrelated third parties                                                                                                                                               |     |  |  |  |  |  |  |  |  |  |  |
|                       | 25     | Other liabilities (including federal income tax, payables to related third part and other liabilities not included on lines 17 - 24).  Complete Part X of Schedule D                                       | ies |  |  |  |  |  |  |  |  |  |  |
|                       | 26     | <b>Total liabilities.</b> Add lines 17 through 25                                                                                                                                                          |     |  |  |  |  |  |  |  |  |  |  |
| alances               | 27     | Organizations that follow FASB ASC 958, check here   and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions                                                                         |     |  |  |  |  |  |  |  |  |  |  |
| 8                     | 28     | Net assets with donor restrictions                                                                                                                                                                         |     |  |  |  |  |  |  |  |  |  |  |
| Assets or Fund Baland | 29     | Organizations that do not follow FASB ASC 958, check here ▶ □ a complete lines 29 through 33. Capital stock or trust principal, or current funds                                                           | ınc |  |  |  |  |  |  |  |  |  |  |
| ets                   | 30     | Paid-in or capital surplus, or land, building or equipment fund                                                                                                                                            |     |  |  |  |  |  |  |  |  |  |  |
| 455                   | 31     | Retained earnings, endowment, accumulated income, or other funds                                                                                                                                           |     |  |  |  |  |  |  |  |  |  |  |
| 1 1                   | 32     | Total net assets or fund balances                                                                                                                                                                          |     |  |  |  |  |  |  |  |  |  |  |

33

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tories for sale or use 🔒
id expenses and deferred charges .
buildings, and equipment: cost or other
                                          10a
Complete Part VI of Schedule D
accumulated depreciation
                                          10b
:ments—publicly traded securities .
ments—other securities. See Part IV, line 11 .
ments-program-related. See Part IV, line 11:
gible assets .
assets. See Part IV, line 11 . . .
assets. Add lines 1 through 15 (must equal line 33)
nts payable and accrued expenses
s payable .
ed revenue . .
xempt bond liabilities .
w or custodial account liability. Complete Part IV of Schedule D
and other payables to any current or former officer, director, trustee, key
yee, creator or founder, substantial contributor, or 35% controlled entity
nily member of any of these persons . . . . . .
ed mortgages and notes payable to unrelated third parties
ured notes and loans payable to unrelated third parties .
liabilities (including federal income tax, payables to related third parties,
ther liabilities not included on lines 17 - 24).
lete Part X of Schedule D
liabilities. Add lines 17 through 25 . .
nizations that follow FASB ASC 958, check here
lete lines 27, 28, 32, and 33.
sets without donor restrictions
sets with donor restrictions .
```

Total liabilities and net assets/fund balances

#### Additional Data

Software ID:

Software Version:

**EIN:** 20-0425341

Name: ATHFEST INC

Form 990 (2020)

Form 990, Part III, Line 4a:

ATHFEST EDUCATES PRODUCES THE ANNUAL ATHFEST MUSIC & ARTS FESTIVAL, ATHFEST SHOWCASES LOCAL, REGIONAL AND NATIONAL TALENT TO ATHENS RESIDENTS AND RESIDENTS OF SURROUNDING COMMUNITIES AND STATES, OVER THE PAST 25 YEARS THE FESTIVAL HAS GAINED A DEDICATED FAN BASE AND WE SEE FESTIVAL GOERS FROM ALL OVER GEORGIA AND THE SOUTHEAST. THE ATHENS CONVENTION AND VISITORS BUREAU ESTIMATES THAT APPROXIMATELY 60,000 PEOPLE ATTEND ATHFEST ANNUALLY. THE FESTIVAL GIVES MORE THAN 120 MUSICIANS AN OPPORTUNITY TO PERFORM LIVE AND GET THEIR MUSIC OUT TO THOUSANDS OF FANS THEY MAY NOT HAVE REACHED OTHERWISE. LESS THAT 10% OF THE BANDS WHO APPLY TO PERFORM AT ATHFEST ARE ACCEPTED TO PERFORM ON THE MAIN AND SECOND

STAGES. IN ADDITION, NEARLY 60 LOCAL AND REGIONAL ARTISTS SHOWCASE THEIR ART IN THE ATHFEST ARTISTS MARKET. THIS ARTIST MARKET IS A JURIED ARTIST MARKET AND ATHFEST TAKES PRIDE IN SELECTING HIGH-QUALITY ARTIST TO PARTCIPATE.

ATHFEST EDUCATES ACCEPTS GRANT APPLICATIONS FROM LOCAL EDUCATORS AND YOUTH DEVELOPMENT SPECIALTIES WORKING IN ATHENS, GA SCHOOLS, 501(C)(3)
NONPROFITS, COMMUNITY ORGANIZATIONS, AND GOVERNMENT PROGRAMS WITH K-12 YOUTH IN THE AREAS OF MUSIC AND ARTS EDUCATION. ATHFEST EDUCATES
AWARDS GRANTS ANNUALLY TO SUPPORT THE ADVANCEMENT OF HIGH-QUALITY MUSIC AND ARTS EDUCATION PROGRAMS. ON AVERAGE, ATHFEST EDUCATES GRANTS
SERVE APPROXIMATELY 6.000 STUDENTS EACH YEAR. THESE GRANTS ENABLE YOUNG PEOPLE TO ATTEND LIVE. PROFESSIONAL MUSICAL AND ARTISTIC PERFORMANCES

AND INSTALLATIONS, PARTICIPATE IN HANDS-ON MUSIC AND ARTS PROGRAMS, AND INCREASE THEIR ACCESS TO, AND USE OF, PROFESSIONAL MUSIC AND ARTS EQUIPMENT. IN ADDITION, ATHFEST EDUCATES PROUDLY AWARDS GRANTS TO PERMIT EDUCATORS AND YOUTH DEVELOPMENT SPECIALTIES TO ATTEND PROFESSIONAL

DEVELOPMENT OPPORTUNITIES. AS OF 2020, ATHFEST EDUCATES HAS AWARDED OVER 454,000 IN GRANTS.

Form 990, Part III, Line 4b:

THE ULTIMATE MISSION OF ATHEEST EDUCATES IS TO ADVANCE MUSIC AND ARTS EDUCATION FOR THE YOUNG PEOPLE OF ATHENS, ONE WAY WE ACHIEVE THIS GOAL IS THROUGH THE KIDEEST COMPONENT OF THE ATHEEST MUSIC & ARTS FESTIVAL, KIDEEST IS A THREE-DAY CELEBRATION THAT SHOWCASES KID-FRIENDLY BANDS.

AND GIVES YOUTH AN OPPORTUNITY TO PARTICIPATE IN FREE ARTS-BASED ACTIVITIES APPROXIMATELY 3.000 YOUTH ATTEND KIDSFEST EACH YEAR. KIDSFEST PRIDES ITSELF ON GIVING UP-AND-COMING MIDDLE SCHOOL AND HIGH SCHOOL-AGED MUSICIANS THE STAGE AND A CHANCE TO PERFORM LIVE IN FRONT OF ATHFEST FESTIVAL-GOERS. WE BELIEVE THIS EXPOSURE, BE IT FOR BAND MEMBERS OR THEIR YOUNG FANS, IS BUILDING THE BASIS FOR MUSIC APPRECIATION AND

Form 990, Part III, Line 4c:

PERFORMANCES

ENCOURAGING ALL YOUTH TO GET EXCITED ABOUT PLAYING MUSIC. KIDSFEST IS FREE AND IS A DRAW FOR MANY OF OUR AREA'S LOW-INCOME RESIDENTS WHICH IS

PARTICULARLY VALUABLE TO OUR MISSION SINCE LOW-INCOME COMMUNITIES OFTEN DO NOT HAVE THE FINANCIAL RESOURCES NEEDED TO ATTEND LIVE MUSICAL

| efile GRAPHIC print - DO NOT |                                                                              |                            | nt - DO NOT PROCESS                                                                                                           | As Filed Data -                                               |                                                      |                                     | DLN: 9                       | 3493132043731                |
|------------------------------|------------------------------------------------------------------------------|----------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|------------------------------------------------------|-------------------------------------|------------------------------|------------------------------|
| SC                           | HED                                                                          | ULE A                      | - Dublic (                                                                                                                    | Charity Statu                                                 | e and Dul                                            | olic Supp                           | ort                          | OMB No. 1545-0047            |
|                              | m 99                                                                         |                            | Complete if the or                                                                                                            | ganization is a sect<br>4947(a)(1) nonexe<br>▶ Attach to Form | ion 501(c)(3) e<br>empt charitable<br>990 or Form 99 | organization or<br>trust.<br>00-EZ. | · a section                  | 2020                         |
|                              |                                                                              | f the Treasury             | ► Go to <u>www.irs</u>                                                                                                        | .gov/Form990 for i                                            | nstructions and                                      | I the latest info                   | ormation.                    | Open to Public<br>Inspection |
| Nam                          | e of the<br>ST INC                                                           | he organiza                | tion                                                                                                                          |                                                               |                                                      |                                     | Employer identific           | ation number                 |
| AIIIII                       | .51 INC                                                                      | •                          |                                                                                                                               |                                                               |                                                      |                                     | 20-0425341                   |                              |
|                              | rt I                                                                         |                            | for Public Charity Statu                                                                                                      |                                                               |                                                      |                                     | See instructions.            |                              |
| 1 ne 0                       | organiz                                                                      |                            | a private foundation because                                                                                                  | •                                                             | •                                                    |                                     | (A)(:)                       |                              |
|                              |                                                                              | •                          | onvention of churches, or as:                                                                                                 |                                                               |                                                      |                                     |                              |                              |
| 2                            |                                                                              |                            | scribed in section 170(b)(1                                                                                                   |                                                               | `                                                    | , ,                                 |                              |                              |
| 3                            | Ш                                                                            | ·                          | or a cooperative hospital serv                                                                                                | -                                                             |                                                      |                                     | -                            |                              |
| 4                            |                                                                              | A medical r<br>name, city, | esearch organization operate<br>and state:                                                                                    | d in conjunction with                                         | a hospital descri                                    | ibed in <b>section</b> :            | 170(b)(1)(A)(iii). E         | nter the hospital's          |
| 5                            |                                                                              | -                          | ation operated for the benefit<br>(iv). (Complete Part II.)                                                                   | of a college or unive                                         | rsity owned or op                                    | perated by a gov                    | ernmental unit descri        | ped in <b>section 170</b>    |
| 6                            |                                                                              | A federal, s               | tate, or local government or                                                                                                  | governmental unit de                                          | scribed in <b>sectio</b>                             | on 170(b)(1)(A                      | ı)(v).                       |                              |
| 7                            | <b>✓</b>                                                                     |                            | ation that normally receives a ro(b)(1)(A)(vi). (Complete                                                                     |                                                               | s support from a                                     | governmental u                      | nit or from the genera       | al public described in       |
| 8                            |                                                                              | A communi                  | ty trust described in <b>section</b>                                                                                          | 170(b)(1)(A)(vi).                                             | (Complete Part I                                     | I.)                                 |                              |                              |
| 9                            |                                                                              |                            | ural research organization de<br>rant college of agriculture. Se                                                              |                                                               |                                                      |                                     |                              | ege or university or a       |
| 10                           |                                                                              | from activit<br>investment | ation that normally receives:<br>lies related to its exempt fun-<br>income and unrelated busing<br>See section 509(a)(2). (Co | ctions—subject to cer<br>ess taxable income (le               | tain exceptions,                                     | and (2) no more                     | than 331/3% of its su        | pport from gross             |
| 11                           |                                                                              | An organiza                | ation organized and operated                                                                                                  | exclusively to test fo                                        | r public safety. S                                   | See section 509                     | (a)(4).                      |                              |
| 12                           |                                                                              | more public                | ation organized and operated<br>cly supported organizations d<br>through 12d that describes                                   | escribed in section 5                                         | <b>09(a)(1)</b> or <b>se</b>                         | ction 509(a)(2                      | ). See <b>section 509(</b> a |                              |
| a                            |                                                                              | <b>Type I.</b> A so        | supporting organization opera<br>n(s) the power to regularly a<br>Part IV, Sections A and B.                                  | ated, supervised, or c                                        | ontrolled by its s                                   | upported organiz                    | zation(s), typically by      |                              |
| b                            |                                                                              | Type II. A<br>manageme     | supporting organization supents of the supporting organization supporting organizations A a                                   | tion vested in the sar                                        |                                                      |                                     |                              |                              |
| С                            |                                                                              | Type III f                 | unctionally integrated. A s<br>organization(s) (see instruction                                                               | upporting organizatio                                         |                                                      |                                     |                              | ted with, its                |
| d                            |                                                                              | Type III n                 | on-functionally integrated integrated. The organization (s). You must complete Par                                            | I. A supporting organi<br>generally must satis                | ization operated<br>fy a distribution                | in connection wi<br>requirement and | th its supported orgar       |                              |
| e                            |                                                                              | Check this                 | box if the organization receiver.  or Type III non-functionally                                                               | ed a written determir                                         | nation from the I                                    |                                     | pe I, Type II, Type II       | I functionally               |
| f                            | Enter                                                                        | r the number               | of supported organizations                                                                                                    |                                                               |                                                      |                                     | <u> </u>                     |                              |
| g                            |                                                                              |                            | ing information about the su                                                                                                  | ·                                                             | т'                                                   |                                     |                              | T                            |
|                              | organization organization in your governing document? monetary support other |                            |                                                                                                                               | (vi) Amount of other support (see instructions)               |                                                      |                                     |                              |                              |
|                              |                                                                              |                            |                                                                                                                               |                                                               | Yes                                                  | No                                  |                              |                              |
|                              |                                                                              |                            |                                                                                                                               |                                                               |                                                      |                                     |                              |                              |
|                              |                                                                              |                            |                                                                                                                               |                                                               |                                                      |                                     |                              |                              |
| Tota                         |                                                                              | l. B. '                    | tion Act Notice, see the In                                                                                                   |                                                               | Cat. No. 11285                                       |                                     | 8-1                          | <br>90 or 990-EZ) 2020       |

|   | Calendar year                                                                                                                                                                                        | (a) 2016 | <b>(b)</b> 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------|----------|----------|----------|-----------|
|   | Section B. Total Support                                                                                                                                                                             |          |                 |          |          |          |           |
| 6 | <b>Public support.</b> Subtract line 5 from line 4.                                                                                                                                                  |          |                 |          |          |          | 250,140   |
| 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). |          |                 |          |          |          | 722       |
| 4 | Total. Add lines 1 through 3                                                                                                                                                                         | 28,724   | 28,914          | 53,050   | 46,259   | 93,915   | 250,862   |
| 3 | to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge                                                                 | 22.72    | 20.214          | E0 050   | 45.050   | 00.045   | 0.50 0.60 |
| 2 | Tax revenues levied for the organization's benefit and either paid                                                                                                                                   |          |                 |          |          |          |           |
|   | include any "unusual grant.")                                                                                                                                                                        | 20,724   | 20,914          | 33,030   | 40,239   | 93,913   | 230,602   |

| 6 | 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).  Public support. Subtract line 5 from line 4. |          |                 |          |          |          | 722<br>250,140 |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------|----------|----------|----------|----------------|
|   | Section B. Total Support                                                                                                                                                                                     |          |                 |          |          |          |                |
|   | Calendar year<br>(or fiscal year beginning in) ▶                                                                                                                                                             | (a) 2016 | <b>(b)</b> 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total      |
| 7 | Amounts from line 4                                                                                                                                                                                          | 28,724   | 28,914          | 53,050   | 46,259   | 93,915   | 250,862        |
| 8 | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties and<br>income from similar sources.                                                                     | 722      | 4,242           | 6,169    | 7,014    | 4,945    | 23,092         |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on.                                                                                                          |          |                 |          |          |          |                |
|   |                                                                                                                                                                                                              |          |                 |          |          |          |                |

|    | Calendar year                                                                                                                                       | (a) 2016            | <b>(b)</b> 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |  |  |  |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------|----------|----------|----------|-----------|--|--|--|
|    | (or fiscal year beginning in) ▶                                                                                                                     | . ,                 | . ,             |          |          | ` '      |           |  |  |  |
| 7  | Amounts from line 4                                                                                                                                 | 28,724              | 28,914          | 53,050   | 46,259   | 93,915   | 250,862   |  |  |  |
| 8  | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties and<br>income from similar sources             | 722                 | 4,242           | 6,169    | 7,014    | 4,945    | 23,092    |  |  |  |
| 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 VI.)                                                                                                                               |                     |                 |          |          |          |           |  |  |  |
| 11 | <b>Total support.</b> Add lines 7 through 10                                                                                                        |                     |                 |          |          |          | 273,954   |  |  |  |
| 12 | Gross receipts from related activities, e                                                                                                           | tc. (see instructio | ns)             |          |          | 12       | 1,336,881 |  |  |  |
| 13 | First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check |                     |                 |          |          |          |           |  |  |  |
|    | this box and <b>stop here</b>                                                                                                                       |                     |                 |          |          | ▶□       |           |  |  |  |
| S  | Section C. Computation of Public Support Percentage                                                                                                 |                     |                 |          |          |          |           |  |  |  |

16a 33 1/3% support test-2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

17a 10%-facts-and-circumstances test-2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

h 33 1/3% support test-2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 

14

15

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91.310 %

90.640 %

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) . . . . . . . . .

15 Public support percentage for 2019 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . .

| P       | Support Schedule for                                                                      |                        |                      |                       |                    |                   |                 |  |  |
|---------|-------------------------------------------------------------------------------------------|------------------------|----------------------|-----------------------|--------------------|-------------------|-----------------|--|--|
|         | (Complete only if you c                                                                   |                        |                      |                       |                    |                   | er Part II. If  |  |  |
|         | the organization fails to qualify under the tests listed below, please complete Part II.) |                        |                      |                       |                    |                   |                 |  |  |
| Se      | Section A. Public Support                                                                 |                        |                      |                       |                    |                   |                 |  |  |
|         | Calendar year                                                                             | (a) 2016               | <b>(b)</b> 2017      | (c) 2018              | (d) 2019           | (e) 2020          | (f) Total       |  |  |
|         | (or fiscal year beginning in) ►<br>Gifts, grants, contributions, and                      |                        | ` '                  | ``                    |                    | ` '               |                 |  |  |
| 1       | membership fees received. (Do not                                                         |                        |                      |                       |                    |                   |                 |  |  |
|         | include any "unusual grants.") .                                                          |                        |                      |                       |                    |                   |                 |  |  |
| 2       | Gross receipts from admissions,                                                           |                        |                      |                       |                    |                   |                 |  |  |
|         | merchandise sold or services                                                              |                        |                      |                       |                    |                   |                 |  |  |
|         | performed, or facilities furnished in                                                     |                        |                      |                       |                    |                   |                 |  |  |
|         | any activity that is related to the                                                       |                        |                      |                       |                    |                   |                 |  |  |
| _       | organization's tax-exempt purpose                                                         |                        |                      |                       |                    |                   |                 |  |  |
| 3       | Gross receipts from activities that are not an unrelated trade or business                |                        |                      |                       |                    |                   |                 |  |  |
|         | under section 513                                                                         |                        |                      |                       |                    |                   |                 |  |  |
| 4       | Tax revenues levied for the                                                               |                        |                      |                       |                    |                   |                 |  |  |
|         | organization's benefit and either paid                                                    |                        |                      |                       |                    |                   |                 |  |  |
|         | to or expended on its behalf                                                              |                        |                      |                       |                    |                   |                 |  |  |
| 5       | The value of services or facilities                                                       |                        |                      |                       |                    |                   |                 |  |  |
|         | furnished by a governmental unit to                                                       |                        |                      |                       |                    |                   |                 |  |  |
| _       | the organization without charge                                                           |                        |                      |                       |                    |                   |                 |  |  |
| 6       | Total. Add lines 1 through 5                                                              |                        |                      |                       |                    |                   |                 |  |  |
| /a      | Amounts included on lines 1, 2, and 3 received from disqualified persons                  |                        |                      |                       |                    |                   |                 |  |  |
| h       | 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.                                                                          |                        |                      |                       |                    |                   |                 |  |  |
|         | Add lines 7a and 7b.                                                                      |                        |                      |                       |                    |                   |                 |  |  |
| 8       | <b>Public support.</b> (Subtract line 7c                                                  |                        |                      |                       |                    |                   |                 |  |  |
|         | from line 6.)                                                                             |                        |                      |                       |                    |                   |                 |  |  |
| 36      | ection B. Total Support                                                                   |                        | 1                    | 1                     | 1                  | T                 | Т               |  |  |
|         | Calendar year                                                                             | (a) 2016               | <b>(b)</b> 2017      | (c) 2018              | (d) 2019           | (e) 2020          | (f) Total       |  |  |
| 9       | (or fiscal year beginning in) ► Amounts from line 6                                       |                        |                      |                       |                    |                   |                 |  |  |
|         | Gross income from interest,                                                               |                        |                      |                       |                    |                   |                 |  |  |
| L0a     | dividends, payments received on                                                           |                        |                      |                       |                    |                   |                 |  |  |
|         | securities loans, rents, royalties and                                                    |                        |                      |                       |                    |                   |                 |  |  |
|         | income from similar sources                                                               |                        |                      |                       |                    |                   |                 |  |  |
| b       | Unrelated business taxable income                                                         |                        |                      |                       |                    |                   |                 |  |  |
|         | (less section 511 taxes) from                                                             |                        |                      |                       |                    |                   |                 |  |  |
|         | businesses acquired after June 30, 1975.                                                  |                        |                      |                       |                    |                   |                 |  |  |
| _       | Add lines 10a and 10b.                                                                    |                        |                      |                       |                    |                   |                 |  |  |
| с<br>11 | Net income from unrelated business                                                        |                        |                      |                       |                    |                   |                 |  |  |
| 11      | activities not included in line 10b,                                                      |                        |                      |                       |                    |                   |                 |  |  |
|         | whether or not the business is                                                            |                        |                      |                       |                    |                   |                 |  |  |
|         | regularly carried on.                                                                     |                        |                      |                       |                    |                   |                 |  |  |
| 12      | Other income. Do not include gain or                                                      |                        |                      |                       |                    |                   |                 |  |  |
|         | loss from the sale of capital assets                                                      |                        |                      |                       |                    |                   |                 |  |  |
|         | (Explain in Part VI.)                                                                     |                        |                      |                       |                    |                   |                 |  |  |
| 13      | <b>Total support.</b> (Add lines 9, 10c, 11, and 12.).                                    |                        |                      |                       |                    |                   |                 |  |  |
| 14      | First 5 years. If the Form 990 is for the                                                 | ne organization's      | first, second, third | l, fourth, or fifth t | ax vear as a secti | on 501(c)(3) orga | nization.       |  |  |
|         | check this box and <b>stop here</b>                                                       | -                      |                      |                       | •                  | ( ) ( )           | · —             |  |  |
| -       |                                                                                           |                        |                      | <u> </u>              |                    |                   | · · · · • · · · |  |  |
|         | ection C. Computation of Public S<br>Public support percentage for 2020 (lin              |                        |                      | column (f))           |                    | 1 4 = 1           |                 |  |  |
| 15      |                                                                                           |                        |                      |                       |                    | 15                |                 |  |  |
| 16      | Public support percentage from 2019 S                                                     |                        |                      |                       |                    | 16                |                 |  |  |
| Se      | ection D. Computation of Invest                                                           |                        |                      |                       |                    |                   |                 |  |  |
| 17      | Investment income percentage for 202                                                      | -                      |                      | -                     |                    | 17                |                 |  |  |
| 18      | Investment income percentage from 2                                                       | <b>019</b> Schedule A, | Part III, line 17 .  |                       |                    | 18                | <u> </u>        |  |  |
|         | 331/3% support tests—2020. If the                                                         | organization did r     | not check the box    | on line 14, and lir   | ne 15 is more than | 33 1/3%, and lin  | e 17 is not     |  |  |
|         | more than 33 1/3%, check this box and                                                     |                        |                      |                       |                    |                   |                 |  |  |
|         | 33 1/3% support tests—2019. If the                                                        |                        |                      |                       |                    |                   |                 |  |  |
| U       | not more than 33 1/3%, check this box                                                     | -                      |                      |                       | ·                  |                   |                 |  |  |
| 20      | · · · · · ·                                                                               | -                      | -                    |                       |                    |                   |                 |  |  |
| 20      | Private foundation. If the organization                                                   | on did not check a     | a box on line 14, 1  | .9a, or 19b, check    | this box and see   | instructions      | . ▶ ⊔           |  |  |

Page 4

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

amendment to the organizing document).

complete Part I of Schedule L (Form 990 or 990-EZ).

the organization had excess business holdings).

organization had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

provide detail in Part VI.

answer line 10b below.

6

7

8

10a

box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

| 1  | Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,                                                |    |   |  |  |  |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---|--|--|--|
|    | describe the designation. If historic and continuing relationship, explain.                                                                                                                                                                                                            | 1  |   |  |  |  |
| 2  | Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2). |    |   |  |  |  |
|    | III section 309(a)(1) or (2).                                                                                                                                                                                                                                                          | 2  |   |  |  |  |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and                                                                                                                                                          |    |   |  |  |  |
|    | 3c below.                                                                                                                                                                                                                                                                              | 3a | ı |  |  |  |
| b  | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the                               |    |   |  |  |  |
|    | determination.                                                                                                                                                                                                                                                                         | 3b |   |  |  |  |
| c  | Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes?                                                                                                                                                           |    |   |  |  |  |

|    | m section ses (a)(1) or (2).                                                                                                                                                                                                                             | 2  |  |  |  |  |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|--|--|--|
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and                                                                                                                            |    |  |  |  |  |
|    | 3c below.                                                                                                                                                                                                                                                | 3a |  |  |  |  |
| b  | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the |    |  |  |  |  |
|    | determination.                                                                                                                                                                                                                                           |    |  |  |  |  |
| С  | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?                                                                                                                               |    |  |  |  |  |
|    | If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.                                                                                                                                                      | 3с |  |  |  |  |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you                                                                                                                                |    |  |  |  |  |
|    | checked box 12a or 12b in Part I, answer lines 4b and 4c below.                                                                                                                                                                                          |    |  |  |  |  |
|    |                                                                                                                                                                                                                                                          |    |  |  |  |  |

|    | the public support tests under section 509(a)(2)? If res, describe in Part VI when and now the organization made the                                                                                                                                       |    |  |  |  |  |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|--|--|--|
|    | determination.                                                                                                                                                                                                                                             | 3b |  |  |  |  |
| С  | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?                                                                                                                                 |    |  |  |  |  |
|    | If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.                                                                                                                                                        |    |  |  |  |  |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you                                                                                                                                  |    |  |  |  |  |
|    | checked box 12a or 12b in Part I, answer lines 4b and 4c below.                                                                                                                                                                                            |    |  |  |  |  |
| b  | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported                                                                                                                                      |    |  |  |  |  |
|    | organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.                                                       |    |  |  |  |  |
| С  | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support  |    |  |  |  |  |
|    | to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.                                                                                                                                                              | 4c |  |  |  |  |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported |    |  |  |  |  |
|    |                                                                                                                                                                                                                                                            |    |  |  |  |  |

| С  | Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes?                                                                                                                              |  |  |  |  |  |  |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
|    | If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.                                                                                                                                                       |  |  |  |  |  |  |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you                                                                                                                                 |  |  |  |  |  |  |
|    | checked box 12a or 12b in Part I, answer lines 4b and 4c below.                                                                                                                                                                                           |  |  |  |  |  |  |
| b  | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported                                                                                                                                     |  |  |  |  |  |  |
|    | organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.                                                      |  |  |  |  |  |  |
| С  | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support |  |  |  |  |  |  |
|    | to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.                                                                                                                                                           |  |  |  |  |  |  |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b                                                                                                                                |  |  |  |  |  |  |

organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

| Pā | rt IV Supporting Organizations (continued)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |         |     |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------|-----|
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          | Yes     | No  |
| 11 | Has the organization accepted a gift or contribution from any of the following persons?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |         |     |
| а  | A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 11a      |         |     |
| h  | A family member of a person described in 11a above?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 11a      |         |     |
|    | A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 11c      |         |     |
|    | VI.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |         |     |
| 5  | ection B. Type I Supporting Organizations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          | Yes     | No  |
| 1  | Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1        | 163     | 140 |
| 2  | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>-</b> |         |     |
|    | operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.                                                                                                                                                                                                                                                                                                                                                                                                                 | 2        |         |     |
| _  | ection C. Type II Supporting Organizations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |         |     |
|    | ection c. Type 11 Supporting Organizations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          | Yes     | No  |
| 1  | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |         |     |
|    | each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1        |         |     |
| S  | ection D. All Type III Supporting Organizations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |         |     |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          | Yes     | No  |
| 1  | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing                                                                                                                                                                                                                                                                                           |          |         |     |
| _  | documents in effect on the date of notification, to the extent not previously provided?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1        |         |     |
| 2  | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).                                                                                                                                                                                                                                                                                                                        |          |         |     |
| 3  | By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2        |         |     |
| ,  | voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.                                                                                                                                                                                                                                                                                                                                                                                                              | 3        |         |     |
| S  | ection E. Type III Functionally-Integrated Supporting Organizations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |         |     |
| 1  | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ions):   |         |     |
|    | The organization satisfied the Activities Test. Complete <b>line 2</b> below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |         |     |
|    | b The organization is the parent of each of its supported organizations. Complete line 3 below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |         |     |
|    | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | instru   | ctions) |     |
| 2  | Activities Test. Answer lines 2a and 2b below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          | Yes     | No  |
|    | a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.                                                                                                                                               | 2a       |         |     |
|    | b Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |         |     |
|    | organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.                                                                                                                                                                                                                                                                                                                                                                                                         | 2b       |         |     |
| 3  | Parent of Supported Organizations. Answer lines 3a and 3b below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |         |     |
|    | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3a       |         |     |
|    | <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard.                                                                                                                                                                                                                                                                                                                                                                                                                          | 3b       |         |     |

Schedule A (Form 990 or 990-EZ) 2020 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 3 Add lines 1 through 3 4 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8

|   | Section B - Minimum Asset Amount                                                                                                |            | (A) Prior Year | (B) Current Year<br>(optional) |
|---|---------------------------------------------------------------------------------------------------------------------------------|------------|----------------|--------------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1          |                |                                |
| a | Average monthly value of securities                                                                                             | 1a         |                |                                |
| b | Average monthly cash balances                                                                                                   | <b>1</b> b |                |                                |
| С | Fair market value of other non-exempt-use assets                                                                                | 1c         |                |                                |
| d | Total (add lines 1a, 1b, and 1c)                                                                                                | 1d         |                |                                |
| e | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                   |            |                |                                |
| 2 | Acquisition indebtedness applicable to non-exempt use assets                                                                    | 2          |                |                                |
| 3 | Subtract line 2 from line 1d                                                                                                    | 3          |                |                                |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | 4          |                |                                |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3)                                                                | 5          |                |                                |
| 6 | Multiply line 5 by 0.035                                                                                                        | 6          |                |                                |
| 7 | Recoveries of prior-year distributions                                                                                          | 7          |                |                                |
| 8 | Minimum Asset Amount (add line 7 to line 6)                                                                                     | 8          |                |                                |
|   | Section C - Distributable Amount                                                                                                |            |                | Current Year                   |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A)                                                           | 1          |                |                                |
| 2 | Enter 85% of line 1                                                                                                             | 2          |                |                                |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A)                                                          | 3          |                |                                |
| 4 | Enter greater of line 2 or line 3                                                                                               | 4          |                |                                |
|   |                                                                                                                                 | 1          |                |                                |

5 Income tax imposed in prior year 5 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

| _1 | Amounts paid to supported organizations to accomplish exempt purposes                                                                              | 1 |  |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------|---|--|
| 2  | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              | 2 |  |
| 3  | Administrative expenses paid to accomplish exempt purposes of supported organizations                                                              | 3 |  |
| 4  | Amounts paid to acquire exempt-use assets                                                                                                          | 4 |  |
| 5  | Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)                                                             | 5 |  |
| 6  | Other distributions (describe in <b>Part VI</b> ). See instructions                                                                                | 6 |  |
| 7  | Total annual distributions. Add lines 1 through 6.                                                                                                 | 7 |  |
| 8  | Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions | 8 |  |
| 9  | Distributable amount for 2020 from Section C, line 6                                                                                               | 9 |  |
|    |                                                                                                                                                    |   |  |

| <b>7 Total annual distributions.</b> Add lines 1 through 6.                                              | 7                                         |                                     |     |                                           |  |  |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------|-----|-------------------------------------------|--|--|
| 8 Distributions to attentive supported organizations to wh details in <b>Part VI</b> ). See instructions | 8                                         |                                     |     |                                           |  |  |
| <b>9</b> Distributable amount for 2020 from Section C, line 6                                            | 9                                         |                                     |     |                                           |  |  |
| 10 Line 8 amount divided by Line 9 amount                                                                | 10 Line 8 amount divided by Line 9 amount |                                     |     |                                           |  |  |
| Section E - Distribution Allocations (see instructions)                                                  | (i)<br>Excess Distributions               | (ii)<br>Underdistributi<br>Pre-2020 | ons | (iii)<br>Distributable<br>Amount for 2020 |  |  |
| 1 Distributable amount for 2020 from Section C, line 6                                                   |                                           |                                     |     |                                           |  |  |
| 2 Underdistributions if any for years prior to 2020                                                      |                                           |                                     |     |                                           |  |  |

|               | stributions to attentive supported organizations to wh tails in <b>Part VI</b> ). See instructions                                  | 8                           |                                      |     |                                           |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------|-----|-------------------------------------------|
| <b>9</b> Di   | stributable amount for 2020 from Section C, line 6                                                                                  |                             |                                      | 9   |                                           |
| <b>10</b> Lin | e 8 amount divided by Line 9 amount                                                                                                 |                             |                                      | 10  |                                           |
|               | Section E - Distribution Allocations<br>(see instructions)                                                                          | (i)<br>Excess Distributions | (ii)<br>Underdistributio<br>Pre-2020 | ons | (iii)<br>Distributable<br>Amount for 2020 |
| <b>1</b> Dis  | tributable amount for 2020 from Section C, line 6                                                                                   |                             |                                      |     |                                           |
| (re           | derdistributions, if any, for years prior to 2020<br>asonable cause required <i>explain in <b>Part VI</b></i> ).<br>e instructions. |                             |                                      |     |                                           |
| <b>3</b> Exc  | ess distributions carryover, if any, to 2020:                                                                                       |                             |                                      |     |                                           |
| <b>a</b> Fr   | om 2015                                                                                                                             |                             |                                      |     |                                           |

| 10 Line 8 amount divided by Line 9 amount                                                                                       |                             |                                        | 10 |                                           |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|----|-------------------------------------------|
| Section E - Distribution Allocations (see instructions)                                                                         | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2020 |    | (iii)<br>Distributable<br>Amount for 2020 |
| 1 Distributable amount for 2020 from Section C, line 6                                                                          |                             |                                        |    |                                           |
| 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in <b>Part VI</b> ). See instructions. |                             |                                        |    |                                           |
| <b>3</b> Excess distributions carryover, if any, to 2020:                                                                       |                             |                                        |    |                                           |
| a From 2015                                                                                                                     |                             |                                        |    |                                           |
| <b>b</b> From 2016                                                                                                              |                             |                                        |    |                                           |
| c From 2017                                                                                                                     |                             |                                        |    |                                           |
| <b>d</b> From 2018                                                                                                              |                             |                                        |    |                                           |
| e From 2019                                                                                                                     |                             |                                        |    |                                           |
| f Total of lines 3a through e                                                                                                   |                             |                                        |    |                                           |
| <b>q</b> Applied to underdistributions of prior years                                                                           |                             |                                        |    |                                           |

Schedule A (Form 990 or 990-EZ) (2020)

h Applied to 2020 distributable amount i Carryover from 2015 not applied (see

4 Distributions for 2020 from Section D, line 7:

a Applied to underdistributions of prior years **b** Applied to 2020 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2021. Add lines

j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

instructions)

See instructions.

d Excess from 2019.

a Excess from 2016. . . . . **b** Excess from 2017. . . . . c Excess from 2018. . . . .

e Excess from 2020. . . . .

3j and 4c. 8 Breakdown of line 7:

\$

| Schedule A ( | Form 990 or 990-EZ) 2020 Page <b>8</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part VI      | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions). |
|              | Facts And Circumstances Test                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493132043731 OMB No. 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization ATHFEST INC 20-0425341 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No 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.

Cat. No. 50083H

Schedule G (Form 990 or 990-EZ) 2020

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

|                  | dule G (Form 990 or 990-EZ) 2020  rt III Fundraising Events. Comple  | ete if the organization a             | answered "Yes" on Fori  | m 990, Part IV, line 18                | Page 2<br>3, or reported more   |
|------------------|----------------------------------------------------------------------|---------------------------------------|-------------------------|----------------------------------------|---------------------------------|
|                  | than \$15,000 of fundraising e<br>gross receipts greater than \$5    | vent contributions and                |                         |                                        |                                 |
|                  | gross receipts greater than \$3                                      | (a)Event #1                           | <b>(b)</b> Event #2     | (c)Other events                        | (d) Total events                |
|                  |                                                                      | HALF MARATHON                         | MURAL AUCTION           | , ,                                    | (add col. (a) through col. (c)) |
|                  |                                                                      | (event type)                          | (event type)            | (total number)                         | coi. (c))                       |
|                  |                                                                      |                                       |                         |                                        |                                 |
|                  |                                                                      |                                       |                         |                                        |                                 |
|                  |                                                                      |                                       |                         |                                        |                                 |
| Revenue          |                                                                      |                                       |                         |                                        |                                 |
| ver              |                                                                      |                                       |                         |                                        |                                 |
| $\aleph_{\rm e}$ |                                                                      |                                       |                         |                                        |                                 |
|                  |                                                                      |                                       |                         |                                        |                                 |
|                  |                                                                      |                                       |                         |                                        |                                 |
|                  | 1 Gross receipts                                                     | 90,232                                | 63,017                  |                                        | 153,249                         |
|                  | <b>2</b> Less: Contributions                                         |                                       |                         |                                        |                                 |
|                  | <b>3</b> Gross income (line 1 minus                                  |                                       |                         |                                        |                                 |
|                  | line 2)                                                              | 90,232                                | 63,017                  |                                        | 153,249                         |
|                  | <b>4</b> Cash prizes                                                 | 3,078                                 |                         |                                        | 3,078                           |
| တွ               | 5 Noncash prizes                                                     |                                       |                         |                                        |                                 |
| Expenses         | <b>6</b> Rent/facility costs                                         | 1,330                                 |                         |                                        | 1,330                           |
| <del>x</del> pe  | <b>7</b> Food and beverages                                          | 222                                   |                         |                                        | 222                             |
| iii              | 8 Entertainment                                                      |                                       |                         |                                        |                                 |
| Direct           | 9 Other direct expenses                                              | 35,696                                | 37,909                  |                                        | 73,605                          |
| Δ                | ·                                                                    | · · · · · · · · · · · · · · · · · · · | 37,303                  |                                        | ·                               |
|                  | 10 Direct expense summary. Add lines 4 t                             | -                                     |                         |                                        | 78,235                          |
|                  | 11 Net income summary. Subtract line 10                              |                                       |                         | •                                      | 75,014                          |
| Pal              | <b>Gaming.</b> Complete if the organization on Form 990-EZ, line 6a. | anization answered "Ye                | s" on Form 990, Part I  | .v, line 19, or reported               | more than \$15,000              |
| e                | ·                                                                    |                                       | (b) Pull tabs/Instant   |                                        | (d) Total gaming (add           |
| <u> </u>         |                                                                      | (a) Bingo                             | bingo/progressive bingo | (c) Other gaming                       | col.(a) through col.(c))        |
| Revenue          |                                                                      |                                       |                         |                                        |                                 |
| <u> </u>         | 1 Gross revenue                                                      |                                       |                         |                                        |                                 |
| ses              | 2 Cash prizes                                                        |                                       |                         |                                        |                                 |
| ĕ                |                                                                      |                                       |                         |                                        |                                 |
| ង្គ              | 3 Noncash prizes                                                     |                                       |                         |                                        |                                 |
| Direct Expense   | 4 Rent/facility costs                                                |                                       |                         |                                        |                                 |
| ä                | 5 Other direct expenses                                              |                                       |                         |                                        |                                 |
|                  | 5 Other direct expenses                                              | □ <b>V</b> oc 0/ <sub>2</sub>         | ☐ Yes %                 | Yes %                                  |                                 |
|                  |                                                                      | ☐ Yes%                                |                         |                                        |                                 |
|                  | <b>6</b> Volunteer labor                                             | ∐ No                                  | ∐ No                    | ∐ No                                   |                                 |
|                  | 7 Direct expense summary. Add lines 2 t                              | through 5 in column (d)               |                         |                                        |                                 |
|                  |                                                                      |                                       |                         | _                                      |                                 |
|                  | 8 Net gaming income summary. Subtrac                                 | t line 7 from line 1, colum           | n (d)                   | <u> •                             </u> |                                 |
| 9                | Enter the state(s) in which the organizati                           | on conducts gaming activi             | ties:                   |                                        |                                 |
| а                | Is the organization licensed to conduct ga                           | aming activities in each of           | these states?           |                                        | ☐ Yes ☐ No                      |
| b                | If "No," explain:                                                    |                                       |                         |                                        |                                 |
|                  |                                                                      |                                       |                         |                                        | I                               |
| 10a              | Were any of the organization's gaming lic                            |                                       |                         |                                        |                                 |
| b                | If "Yes," explain:                                                   |                                       |                         |                                        |                                 |
|                  |                                                                      |                                       |                         |                                        |                                 |
|                  |                                                                      |                                       |                         |                                        |                                 |

| Sche | dule G (Form 990 or 990-EZ) 202                                   | .0                                                                    |                                    |                 |               | F       | Page <b>3</b> |
|------|-------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------|-----------------|---------------|---------|---------------|
| 11   | Does the organization conduct o                                   | jaming activities with nonmembers                                     | 5?                                 |                 | · 🗌 Yes       | □No     |               |
| 12   | Is the organization a grantor, be formed to administer charitable |                                                                       | member of a partnership or other   | entity          | □Yes          |         |               |
| 13   | Indicate the percentage of gami                                   | ng activity conducted in:                                             |                                    | 1               |               |         |               |
| а    | The organization's facility .                                     |                                                                       |                                    | 13              | Ba            |         | %             |
| b    | An outside facility                                               |                                                                       |                                    | 13              | ВЬ            |         | %             |
| 14   | Enter the name and address of                                     | the person who prepares the orga                                      | nization's gaming/special events b | ooks and record | ds:           |         |               |
|      | Name •                                                            |                                                                       |                                    |                 |               |         |               |
|      | Address 🟲                                                         |                                                                       |                                    |                 |               |         |               |
| 15a  | Does the organization have a corevenue?                           | ontract with a third party from who                                   | om the organization receives gamin | -               | · 🗆 Yes       | Пис     |               |
| b    | If "Yes," enter the amount of ga                                  | ming revenue received by the org                                      | anization 🕨 \$                     |                 | □ les         | 110     |               |
|      | amount of gaming revenue reta                                     | ined by the third party ▶ \$                                          |                                    |                 |               |         |               |
| С    | If "Yes," enter name and addres                                   | s of the third party:                                                 |                                    |                 |               |         |               |
|      | Name •                                                            |                                                                       |                                    |                 |               |         |               |
|      | Address •                                                         |                                                                       |                                    |                 |               |         |               |
|      |                                                                   |                                                                       |                                    |                 |               |         |               |
| 16   | Gaming manager information:                                       |                                                                       |                                    |                 |               |         |               |
|      | Name ►                                                            |                                                                       |                                    |                 |               |         |               |
|      | Gaming manager compensation                                       | <b>&gt;</b> \$                                                        |                                    |                 |               |         |               |
|      | Description of services provided                                  | <b>&gt;</b>                                                           |                                    |                 |               |         |               |
|      | ☐ Director/officer                                                | ☐ Employee                                                            | ☐ Independent contra               | ctor            |               |         |               |
| 17   | Mandatory distributions:                                          |                                                                       |                                    |                 |               |         |               |
| а    |                                                                   | ler state law to make charitable di                                   | stributions from the gaming procee | eds to          | · 🔲 Yes       | Пио     |               |
| b    |                                                                   | is required under state law distribunt activities during the tax year | uted to other exempt organizations | or spent        | <u></u> гез   |         |               |
| Par  |                                                                   |                                                                       | ions required by Part I, line 2t   | o, columns (ii  | i) and (v): a | nd Part |               |
|      |                                                                   |                                                                       | licable. Also provide any additi   |                 |               |         | s             |
|      | Return Reference                                                  |                                                                       | Explanation                        |                 |               |         |               |

efile GRAPHIC print - DO NOT PROCESS As Filed Data 
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I

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

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

OMB No. 1545-0047
2020

DLN: 93493132043731

Open to Public Inspection

| reasury<br>nternal Revenue Service                                           |                                          | ► Go to <u>ww</u>                                                 | <u>/w.irs.gov/Form990</u> for                      |                                          | on.                                                         |                                          | Inspection                         |
|------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------|------------------------------------------|-------------------------------------------------------------|------------------------------------------|------------------------------------|
| lame of the organization                                                     |                                          |                                                                   |                                                    |                                          |                                                             | Employer identific                       | ation number                       |
| ATHFEST INC                                                                  |                                          |                                                                   |                                                    |                                          |                                                             | 20-0425341                               |                                    |
| Part I General Inform                                                        | nation on Grants                         | and Assistance                                                    |                                                    |                                          |                                                             |                                          |                                    |
| <ol> <li>Does the organization ma<br/>the selection criteria used</li> </ol> |                                          |                                                                   |                                                    |                                          | for the grants or assistant                                 | e, and                                   | ☑ Yes ☐ N                          |
| 2 Describe in Part IV the or                                                 |                                          |                                                                   |                                                    |                                          |                                                             |                                          |                                    |
| Part II Grants and Other that received more                                  | Assistance to Dome than \$5,000. Part II | n <mark>estic Organizations</mark> a<br>I can be duplicated if ad | and Domestic Governme<br>ditional space is needed. | ents. Complete if the o                  | rganization answered "Yes'                                  | on Form 990, Part IV, line               | 21, for any recipient              |
| (a) Name and address of organization or government                           | (b) EIN                                  | (c) IRC section<br>(if applicable)                                | (d) Amount of cash<br>grant                        | (e) Amount of non-<br>cash<br>assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of<br>noncash assistance | (h) Purpose of grant or assistance |
| 1) See Additional Data                                                       |                                          |                                                                   |                                                    |                                          |                                                             |                                          |                                    |
| (2)                                                                          |                                          |                                                                   |                                                    |                                          |                                                             |                                          |                                    |
| (3)                                                                          |                                          |                                                                   |                                                    |                                          |                                                             |                                          |                                    |
| (4)                                                                          |                                          |                                                                   |                                                    |                                          |                                                             |                                          |                                    |
| (5)                                                                          |                                          |                                                                   |                                                    |                                          |                                                             |                                          |                                    |
| (6)                                                                          |                                          |                                                                   |                                                    |                                          |                                                             |                                          |                                    |
| 7)                                                                           |                                          |                                                                   |                                                    |                                          |                                                             |                                          |                                    |
| (8)                                                                          |                                          |                                                                   |                                                    |                                          |                                                             |                                          |                                    |
| (9)                                                                          |                                          |                                                                   |                                                    |                                          |                                                             |                                          |                                    |
| (10)                                                                         |                                          |                                                                   |                                                    |                                          |                                                             |                                          |                                    |
| [11]                                                                         |                                          |                                                                   |                                                    |                                          |                                                             |                                          |                                    |
| 12)                                                                          |                                          |                                                                   |                                                    |                                          |                                                             |                                          |                                    |
|                                                                              |                                          | -                                                                 |                                                    |                                          |                                                             |                                          | 2                                  |

(Form 990)

| Schedule I (Form 990) 2020 |                 |                                         |                                                 |            |                                  |                               |                 | Page <b>2</b>                         |
|----------------------------|-----------------|-----------------------------------------|-------------------------------------------------|------------|----------------------------------|-------------------------------|-----------------|---------------------------------------|
|                            |                 | Domestic Individ<br>nal space is needed | <b>luals.</b> Complete if the or <u>c</u><br>d. | ganization | answered "Yes" on F              | orm 990, Part IV, li          | ne 22.          |                                       |
| (a) Type of grant or a     | ssistance       | <b>(b)</b> Number of recipients         | of <b>(c)</b> Amou<br>cash gr                   |            | (d) Amount of noncash assistance | (e) Method of v<br>FMV, appra |                 | (f) Description of noncash assistance |
| (1)                        |                 |                                         |                                                 |            |                                  |                               |                 |                                       |
| (2)                        |                 |                                         |                                                 |            |                                  |                               |                 |                                       |
| (3)                        |                 |                                         |                                                 |            |                                  |                               |                 |                                       |
| (4)                        |                 |                                         |                                                 |            |                                  |                               |                 |                                       |
| (5)                        |                 |                                         |                                                 |            |                                  |                               |                 |                                       |
| (6)                        |                 |                                         |                                                 |            |                                  |                               |                 |                                       |
| (7)                        |                 |                                         |                                                 |            |                                  |                               |                 |                                       |
| Part IV Suppleme           | ntal Informatio | <b>on.</b> Provide the ir               | nformation required in                          | Part I,    | line 2; Part III, colu           | ımn (b); and any              | other additiona | al information.                       |
| Return Reference           | Explanation     | on                                      |                                                 |            |                                  |                               |                 |                                       |

### **Additional Data**

ATHENS, GA 30603

FOUNDATION 396 OCONEE STREET ATHENS, GA 30601

NUCI PHILLIPS MEMORIAL

**Software ID: Software Version:** 

**EIN:** 20-0425341

Name: ATHFEST INC

| Form 990,Schedule I, Part                          | II, Grants and | Other Assistance to                     | Domestic Organiza                  | tions and Domest                         | ic Governments.                                             |                                        |                                    |
|----------------------------------------------------|----------------|-----------------------------------------|------------------------------------|------------------------------------------|-------------------------------------------------------------|----------------------------------------|------------------------------------|
| (a) Name and address of organization or government | (b) EIN        | <b>(c)</b> IRC section<br>if applicable | <b>(d)</b> Amount of cash<br>grant | (e) Amount of non-<br>cash<br>assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| CLARKE COUNTY SCHOOL<br>DIST                       | 58-6010495     | GOV                                     | 15,196                             |                                          |                                                             |                                        | MUSIC EQUIPMENT                    |

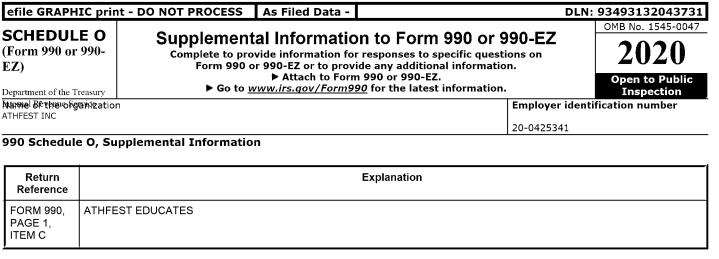
15,000

COUNSELING

PO BOX 1708

58-2409414

| Form 990, Schedule I, Part                         | orm 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |                               |                             |                                          |                                                             |                                           |                                    |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------|------------------------------------------|-------------------------------------------------------------|-------------------------------------------|------------------------------------|
| (a) Name and address of organization or government | (b) EIN                                                                                                      | (c) IRC section if applicable | (d) Amount of cash<br>grant | (e) Amount of non-<br>cash<br>assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of<br>non-cash assistance | (h) Purpose of grant or assistance |
| OTHER GRANTS                                       |                                                                                                              |                               | 18,998                      |                                          |                                                             |                                           |                                    |



Return

| Reference                                    | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PAGE 2,<br>PART III,<br>LINE 4A | ATHFEST EDUCATES PRODUCES THE ANNUAL ATHFEST MUSIC & ARTS FESTIVAL. ATHFEST SHOWCASES LOCA L, REGIONAL AND NATIONAL TALENT TO ATHENS RESIDENTS AND RESIDENTS OF SURROUNDING COMMUNITI ES AND STATES. OVER THE PAST 25 YEARS THE FESTIVAL HAS GAINED A DEDICATED FAN BASE AND WE SEE FESTIVAL GOERS FROM ALL OVER GEORGIA AND THE SOUTHEAST. THE ATHENS CONVENTION AND VISI TORS BUREAU ESTIMATES THAT APPROXIMATELY 60,000 PEOPLE ATTEND ATHFEST ANNUALLY. THE FESTIV AL GIVES MORE THAN 120 MUSICIANS AN OPPORTUNITY TO PERFORM LIVE AND GET THEIR MUSIC OUT TO THOUSANDS OF FANS THEY MAY NOT HAVE REACHED OTHERWISE. LESS THAT 10% OF THE BANDS WHO APP LY TO PERFORM AT ATHFEST ARE ACCEPTED TO PERFORM ON THE MAIN AND SECOND STAGES. IN ADDITIO N, NEARLY 60 LOCAL AND REGIONAL ARTISTS SHOWCASE THEIR ART IN THE ATHFEST ARTISTS MARKET. THIS ARTIST MARKET IS A JURIED ARTIST MARKET AND ATHFEST TAKES PRIDE IN SELECTING HIGH-QUA LITY ARTIST TO PARTCIPATE. |

Explanation

| Return<br>Reference                          | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PAGE 2,<br>PART III,<br>LINE 4B | ATHFEST EDUCATES ACCEPTS GRANT APPLICATIONS FROM LOCAL EDUCATORS AND YOUTH DEVELOPMENT SPE CIALTIES WORKING IN ATHENS, GA SCHOOLS, 501(C)(3) NONPROFITS, COMMUNITY ORGANIZATIONS, AND GOVERNMENT PROGRAMS WITH K-12 YOUTH IN THE AREAS OF MUSIC AND ARTS EDUCATION. ATHFEST EDU CATES AWARDS GRANTS ANNUALLY TO SUPPORT THE ADVANCEMENT OF HIGH-QUALITY MUSIC AND ARTS EDU CATION PROGRAMS. ON AVERAGE, ATHFEST EDUCATES GRANTS SERVE APPROXIMATELY 6,000 STUDENTS EA CH YEAR. THESE GRANTS ENABLE YOUNG PEOPLE TO ATTEND LIVE, PROFESSIONAL MUSICAL AND ARTISTI C PERFORMANCES AND INSTALLATIONS, PARTICIPATE IN HANDS-ON MUSIC AND ARTS PROGRAMS, AND INC REASE THEIR ACCESS TO, AND USE OF, PROFESSIONAL MUSIC AND ARTS EQUIPMENT. IN ADDITION, ATHF EST EDUCATES PROUDLY AWARDS GRANTS TO PERMIT EDUCATORS AND YOUTH DEVELOPMENT SPECIALTIES TO ATTEND PROFESSIONAL DEVELOPMENT OPPORTUNITIES. AS OF 2020, ATHFEST EDUCATES HAS AWARDED OVER 454,000 IN GRANTS. |

Return

| Reference |                                                                                            |
|-----------|--------------------------------------------------------------------------------------------|
| FORM 990, | THE ULTIMATE MISSION OF ATHFEST EDUCATES IS TO ADVANCE MUSIC AND ARTS EDUCATION FOR THE YO |
| PAGE 2,   | UNG PEOPLE OF ATHENS. ONE WAY WE ACHIEVE THIS GOAL IS THROUGH THE KIDFEST COMPONENT OF THE |
| PART III, | ATHFEST MUSIC & ARTS FESTIVAL. KIDFEST IS A THREE-DAY CELEBRATION THAT SHOWCASES KID-FRIE  |
| LINE 4C   | NDLY BANDS AND GIVES YOUTH AN OPPORTUNITY TO PARTICIPATE IN FREE ARTS-BASED ACTIVITIES APP |
|           | ROXIMATELY 3,000 YOUTH ATTEND KIDSFEST EACH YEAR. KIDSFEST PRIDES ITSELF ON GIVING UP-AND- |
|           | COMING MIDDLE SCHOOL AND HIGH SCHOOL-AGED MUSICIANS THE STAGE AND A CHANCE TO PERFORM LIVE |
|           | IN FRONT OF ATHFEST FESTIVAL-GOERS. WE BELIEVE THIS EXPOSURE, BE IT FOR BAND MEMBERS OR T  |
|           | HEIR YOUNG FANS, IS BUILDING THE BASIS FOR MUSIC APPRECIATION AND ENCOURAGING ALL YOUTH TO |
|           | GET EXCITED ABOUT PLAYING MUSIC. KIDSFEST IS FREE AND IS A DRAW FOR MANY OF OUR AREA'S LO  |
|           | W-INCOME RESIDENTS WHICH IS PARTICULARLY VALUABLE TO OUR MISSION SINCE LOW-INCOME COMMUNIT |
|           | LIES OFTEN DO NOT HAVE THE FINANCIAL RESOURCES NEEDED TO ATTEND LIVE MUSICAL PERFORMANCES  |

Explanation

Return Explanation

Reference

FORM 990,
PAGE 6,
PART VI,
INS OF THE ORGANIZATION ELECT THE BOARD OF OFFICERS FOR THE YEAR. ALL COMMITTEE CHAIRS ARE
NOMINATED BY THE BOARD FOR THOSE WHO VOLUNTEER FOR THE POSITION. THE
EXISTING COMMITTEE CHAIRS VOTE FOR THE NEXT YEARS SLATE OF CHAIR POSITIONS. COMMITTEE CHA
IRS OF THE ORGANIZATION ELECT THE BOARD OF OFFICERS FOR THE YEAR. ALL COMMITTEE CHAIRS ARE
INFORMATION OF THE BOARD OF DIRECTORS.

Return Explanation

Reference

| FORM 990, | DECISIONS BY THE EXECUTIVE COMMITTEE ARE SUBJECT TO THE APPROVAL BY THE BOARD. COMMITTEES  |
|-----------|--------------------------------------------------------------------------------------------|
| PAGE 6,   | ARE GIVEN BUDGETS AND ANY EXPENSES OUTSIDE THOSE BUDGETED ARE APPROVED BY THE BOARD IN ADV |
| PART VI,  | ANCE.                                                                                      |
| LINE 7B   |                                                                                            |

Return Explanation
Reference

| FORM 990, | THE RETURN WAS PREPARED BY A THIRD PARTY TAX PREPARER WHO SENT THE RETURN TO THE EXECUTIVE |
|-----------|--------------------------------------------------------------------------------------------|
| PAGE 6,   | DIRECTOR FOR REVIEW. THE 990 WAS THE APPROVED BY THE FINANCE COMMITTEE BEFORE IT WAS FILE  |
| PART VI,  | D                                                                                          |
| LINE 11B  |                                                                                            |

Return Explanation
Reference

| FORM 990, | A CONFLICT OF INTEREST POLICY IS REVIEWED AND SIGNED BY THE BOARD AND ALL COMMITTEE CHAIRS |
|-----------|--------------------------------------------------------------------------------------------|
| PAGE 6,   | ON AN ANNUAL BASIS. ALL EXISTING OR POTENTIAL CONFLICTS ARE MADE KNOWN TO THE BOARD AND T  |
| PART VI,  | HE CHAIRS.                                                                                 |
| LINE 12C  |                                                                                            |

D - 4.....

| Reference | Explanation                                                                                |   |
|-----------|--------------------------------------------------------------------------------------------|---|
| FORM 990, | JILL HELME WAS HIRED AS THE ATHFEST EDUCATES EXECUTIVE DIRECTOR ON APRIL 15, 2014. JILL HA | ı |
| PAGE 6,   | S HER MASTERS DEGREE IN NONPROFIT LEADERSHIP AND BRINGS WITH HER EXTENSIVE EXPERIENCE IN N | ı |
| PART VI,  | ONPROFIT MANAGEMENT INCLUDING GRANT MAKING, PROGRAM DEVELOPMENT, PROGRAM EVALUATION AND EV | ı |
| LINE 15A  | ENT PLANNING. JILL HAS BEEN WORKING IN YOUTH DEVELOPMENT AND EDUCATION FOR MORE THAN 15 YE | ı |
|           | ARS AND 10 OF THOSE YEARS HAVE BEEN IN 501(C)(3)NONPROFT SETTINGS.                         | ı |

Funlamation

Return Explanation

| FORM 990, | CONTRACTS WITH OFFICERS, BOARD MEMBERS, COMMITTEE CHAIRS OR THEIR RELATED BUSINESS ENTITIE |
|-----------|--------------------------------------------------------------------------------------------|
| PAGE 6,   | S ARE ALL MADE THROUGH WRITTEN CONTRACTS AND APPROVED IN ADVANCE BY THE UNRELATED MEMBERS. |
| PART VI,  |                                                                                            |
| LINE 15B  |                                                                                            |

Return Explanation
Reference

| FORM 990, | CURRENTLY COPIES OF THE ORGANIZATIONS FORM 990 ARE MADE AVAILABLE FOR PUBLIC INSPECTION AT |
|-----------|--------------------------------------------------------------------------------------------|
| PAGE 6,   | THE ORGANIZATIONS OFFICES DURING NORMAL BUSINESS HOURS. FINANCIAL REPORTS AND DOCUMENTS A  |
| PART VI,  | RE ALSO OPEN TO PUBLIC INSPECTION AS REQUESTED.                                            |
| LINF 19   |                                                                                            |

990 Schedule O, Supplemental Information Return Explanation Reference

FORM 990, PART XI, LINE 9