(Rev. January 2020) Department of the Treasury Internal Revenue Service

A For the 2019 calendar year, or tax year beginning

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

OMB No. 1545-0047

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

► Go to www.irs.gov/Form990 for instructions and the latest information. and ending

Open to Public Inspection

В	Check if applicable:	C Name of organization		D Employer identific	cation number
_	Address	THE FESTIVAL FOUNDATION			
F	change Name	D/B/A NATIONAL CHERRY FESTIVAL Doing business as NATIONAL CHERRY FESTIVAL		26-08831	18
H	change Initial	2011.9 240111000 40	Doom/quita		
F	return Final	Number and street (or P.O. box if mail is not delivered to street address) 521 S UNION STREET	Room/suite	E Telephone number 231-947-4	
_	return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,538,274.
Г	Amende			H(a) Is this a group re	
F	Ireturn Applica- tion	F Name and address of principal officer: IAN HOLLANDS		for subordinates	
	pending	SAME AS C ABOVE		H(b) Are all subordinates in	·····- —
$\overline{}$	Tax-exen	npt status: $X = 501(c)(3) = 501(c)(1)$ (insert no.) $4947(a)(1)(1)$	or 527	1 ' '	list. (see instructions)
		► WWW.CHERRYFESTIVAL.ORG	01 027	H(c) Group exemption	
		ganization: X Corporation Trust Association Other	1 Year		State of legal domicile: MI
		Summary			, otato or logal actiniono.
		riefly describe the organization's mission or most significant activities: PROV	IDE PR	OGRAMS & EV	ENTS THAT
Activities & Governance	P	ROMOTE & EDUCATE THE COMMUNITY ABOUT CHI	ERRIES	AND AGRICU	LTURE.
rna	2 C	neck this box if the organization discontinued its operations or dispose	sed of more	than 25% of its net as	sets.
Ne.	1			3	12
Ğ	1	umber of independent voting members of the governing body (Part VI, line 1b)		·····	12
တ္		otal number of individuals employed in calendar year 2019 (Part V, line 2a)			8
itie	1	otal number of volunteers (estimate if necessary)			2100
햕		otal unrelated business revenue from Part VIII, column (C), line 12			0.
⋖		et unrelated business taxable income from Form 990-T, line 39			0.
		,		Prior Year	Current Year
ø	8 C	ontributions and grants (Part VIII, line 1h)		340,315.	317,683.
Revenue	9 P	ogram service revenue (Part VIII, line 2g)		2,234,805.	3,146,279.
eve	10 In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		594.	742.
ď	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		453,667.	582,904.
	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,029,381.	4,047,608.
		rants and similar amounts paid (Part IX, column (A), lines 1-3)		13,375.	12,639.
	1	enefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ý		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		354,196.	380,496.
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ē	b To	otal fundraising expenses (Part IX, column (D), line 25)	0.		
й	17 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,652,514.	3,447,567.
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,020,085.	3,840,702.
		evenue less expenses. Subtract line 18 from line 12		9,296.	206,906.
Or Sec	2	·		ginning of Current Year	End of Year
sets	20 To	otal assets (Part X, line 16)		853,685.	1,469,219.
ASS	21 To	otal liabilities (Part X, line 26)		128,924.	537,552.
Net Assets Fund Baland	22 N	et assets or fund balances. Subtract line 21 from line 20		724,761.	931,667.
		Signature Block			
Und	der penalti	es of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of my	knowledge and belief, it is
true	e, correct,	and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	

Sig	_J n	Signature of officer		Date	
He	re	KATHLEEN PAYE, EXECUTIVE DIRECTOR			
	J	Type or print name and title			
		rint/Type preparer's name Preparer's signature	П	Date Check Cif	PTIN
Pai		EIDI WENDEL, CPA		self-employe	
	—	irm's name DGN , LLC		Firm's EIN ▶	20-2349670
Use	Only F	irm's address P.O. BOX 947			
		TRAVERSE CITY, MI 49685-0947		Phone no.23	1-946-1722
Ма	y the IRS	discuss this return with the preparer shown above? (see instructions)			X Yes No

Form 990 (2019)

Pai	Statement of Program Service Accomplishments	v
_	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: SERVE THE COMMUNITY BY PROVIDING PROGRAMS AND EVENTS THAT CELE	םם א ייים
	PROMOTE AND EDUCATE THE COMMUNITY ABOUT CHERRIES AND AGRICULTU	
	THEIR IMPORTANCE TO THE GRAND TRAVERSE REGION, COMMUNITY INVOL	
	VOLUNTEERISM, PATRIOTISM, AND THE HISTORY, ART AND CULTURE OF	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
•	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total e	
	the second secon	
4a		,967,781. ₎
	THE FESTIVAL FOUNDATION, D/B/A THE NATIONAL CHERRY FESTIVAL HO	STS EIGHT
	DAYS OF EVENTS TO PROMOTE THE CHERRY AND AGRICULTURE INDUSTRY	IN THE
	GRAND TRAVERSE REGION. EVENTS INCLUDE NIGHTLY LIVE ENTERTAINME	NT, THREE
	PARADES, FOOT RACES, CULINARY AND WINE EVENTS, AIR SHOWS, HORT	ICULTURAL
	TOURS, FIREWORKS, CHILDREN'S PROGRAMMING AND HERITAGE RELATED	
	ACTIVITIES. THE FESTIVAL FOUNDATION ALSO HOSTS THE ICEMAN COM	ETH
	MOUNTAIN BIKE RACE ANNUALLY, AS WELL AS OTHER EVENTS WHICH SUP	PORT AND
	PROMOTE THE GRAND TRAVERSE REGION.	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ \text{including grants of \$} \text{(Revenue \$})
4e	Total program service expenses ► 3,276,880.	
		Form 990 (2019)

THE FESTIVAL FOUNDATION D/B/A NATIONAL CHERRY FESTIVAL

Form 990 (2019)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
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		Х
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		Х
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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	X	<u> </u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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THE FESTIVAL FOUNDATION D/B/A NATIONAL CHERRY FESTIVAL

Form 990 (2019)

Part IV 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	X	
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? If "Yes," complete			,,
	Schedule J	23	-	X
24 a	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	24a		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2.10		
_	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		
25 a	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		Х
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? If "Yes," complete			l
	Schedule L, Part I	25b		X
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%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	LI		
	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</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			\ _{3,7}
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
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	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			l
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			\ _{3,7}
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	x	
Pai	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	<u> </u>
_ u	Objects & Oak adula O acadaina a consequence acceptate a constitue in this Data.			
	Check if Schedule O contains a response or note to any line in this Part v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 30			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 2			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

932004 01-20-20

Form **990** (2019)

THE FESTIVAL FOUNDATION D/B/A NATIONAL CHERRY FESTIVAL

Form 990 (2019)

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a	8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	ority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	unt)?	4a		X
b	If "Yes," enter the name of the foreign country ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	ınts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the or	ganization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				37
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services		7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was re	equirea	7.		х
٦	to file Form 8282? If "Yes." indicate the number of Forms 8282 filed during the year 7d		7с		- 22
	,		7e		Х
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contr Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7 6		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
			8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	1			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter:	i			
	Gross income from members or shareholders	1			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104		12a		
	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.		10-		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
h	Note: See the instructions for additional information the organization must report on Schedule O.				
D	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	, I			
^	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13t				
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration				
	excess parachute payment(s) during the year?		15		х
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment inc	ome?	16		Х
	If "Yes," complete Form 4720, Schedule O.				

26-0883148 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	.2		
	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 on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	.2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		other			
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the			· -		
•	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99				+	X
5	Did the organization become aware during the year of a significant diversion of the organization's asset			. —	+	X
6	Did the organization become aware during the year or a significant diversion of the organization s associated by the organization have members or stockholders?			6	+	X
_	Did the organization have members of stockholders, or other persons who had the power to elect or app			.	+	+
7a		•		7a		x
L	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, st			. <u>/a</u>	+	125
D				76		X
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year			. 7b		125
8		•	•	0-	х	
a	The governing body?				X	+
b	Each committee with authority to act on behalf of the governing body?			. 8b	+*	+
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach the control of the second of the control of the					l x
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			. 9		Λ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Co	ae.)		1	T
40-	Did the every institute have least shorters by another average.			40.	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			. 10a	+	125
D	If "Yes," did the organization have written policies and procedures governing the activities of such change have been accompanied to appropriate and procedures governing the activities of such changes and procedures governing the activities are accomplicated to the changes and procedure governing the activities are accomplicated to the changes and procedure governing the activities are accomplicated to the changes are accomplicated to the change governing the changes are accomplicated to the change governing the change go			10b		
110	and branches to ensure their operations are consistent with the organization's exempt purposes?					1
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	belore II	ing the form?	116	22	
				40-	x	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13					+
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to			. 12b) <u>^</u>	-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye			١.,	. x	
	in Schedule O how this was done			120		1
13	Did the organization have a written whistleblower policy?			13		-
14	Did the organization have a written document retention and destruction policy?			. 14	X	
15	Did the process for determining compensation of the following persons include a review and approval	by indep	endent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				37	
а	The organization's CEO, Executive Director, or top management official				77	
b	Other officers or key employees of the organization			. 15b	X	
	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	ent with	a			١
	taxable entity during the year?			. 16a	1	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		cipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's				
_	exempt status with respect to such arrangements?			. 16k)	
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ►MI					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990-T (Section 501(c)(3)s on	ly) ava	ilable
	for public inspection. Indicate how you made these available. Check all that apply.					
	Other (explain of					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict of in	terest policy,	and fin	ancial	
	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 boo	ks and re	ecords >			
	KATHLEEN PAYE - 231-947-4230					
	521 S. UNION STREET, TRAVERSE CITY, MI 49684					

Page 7

Form 990 (2019) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

oxdet Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	box	not c , unle	ss pe	ition more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee	Ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) BRETT FEDORINCHIK	2.00	X		x				0.	0.	0.
(2) MEREDITH HAWES	2.00	^		^				0.	0.	0.
PRESIDENT ELECT	2.00	X		x				0.	0.	0.
(3) BEKAH LYNCH	2.00	Δ		^				0.	0.	<u> </u>
PRESIDENT	2.00	X		x				0.	0.	0.
(4) JEFF NEEDHAM	2.00									
SECRETARY		Х		Х				0.	0.	0.
(5) JOHN LYNCH	2.00									
EX-OFFICIO		Х						0.	0.	0.
(6) KIM WHITE	6.00									
TREASURER		Х		Х				0.	0.	0.
(7) STACEY ISLES	2.00									
BOARD MEMBER		Х						0.	0.	0.
(8) MIKE MEINDERTSMA	2.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(9) JESSICA ALPERS	2.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(10) KELLI KABERLE	2.00	l								•
BOARD MEMBER		Х						0.	0.	0.
(11) MICHELE LURVEY	2.00									•
BOARD MEMBER	2 00	Х						0.	0.	0.
(12) CHERYL WIEBER	2.00	,,							0	0
BOARD MEMBER	40 00	Х						0.	0.	0.
(13) KATHLEEN PAYE	40.00	-		٠.				75 724	0	י בי בי
EXECUTIVE DIRECTOR	ļ			Х				75,724.	0.	3,535.
		-								
		\vdash								
		\cdot								
		\vdash			\vdash	\vdash				
		1								
-										
		1								
000007 04 00 00						_		·	1	Form 990 (2010)

Form **990** (2019)

Form **990** (2019)

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	(do box	not c	Posi heck ss pe	ition more rson i		one h an	(D) Reportable compensation	(E) Reportable compensation	J	an	(F) stimate nount	
		(list any hours for related organizations below line)	Individual trustee or director	onal trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	2)	com fr org and	other pensa om the anizat d relat anization	e ion ed
											=			
											\dashv			
											\dashv			
											\dashv			
											\dashv			
1b	Subtotal		<u> </u>				<u> </u>	<u> </u>	75,724.		0.		3,5	35.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A						▶	75,724.		0.		3,5	0. 35.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportable	,			0
3	Did the organization list any former officer,			кеу е	empl	loye	e, oı	hig	ghest compensated emp	oloyee on	ſ		Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	ım of reportab	le co	ompe	ensa	ation	n and	d otl		the organization		3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	accrue comper	nsat	ion f	rom	any	unr/					4		X
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	piete Scheaui	е Ј Т	or su	ıcn _l	pers	son .					5		
1	Complete this table for your five highest co										ensa	ation 1	from	
	(A) Name and business			ONE					(B) Description of s		C	(C ompe) nsatio	n
	Tatal combanati di	Lord'			-1.				I also accelled					
2	Total number of independent contractors (i \$100,000 of compensation from the organic	· ·	ot lii	mite	a to		se lis)	stec	a above) who received m	nore than				

932008 01-20-20

Form 990 (2019) D/B/A N.
Part VIII Statement of Revenue

		Check if Schedule O contains a response or	r noto to any lir	oo in this Dort VIII			
		Check if Schedule O contains a response of	note to any iii	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenuè excluded
						business revenue	from tax under
							sections 512 - 514
nts	1 a	Federated campaigns1a					
e j	b	Membership dues1b					
s, (c	Fundraising events 1c					
# E		Related organizations 1d	2,344.				
s,		Government grants (contributions) 1e					
Sign		All other contributions, gifts, grants, and					
E E	•		15,339.				
호텔	_	··· 	295,675.				
Contributions, Gifts, Grants and Other Similar Amounts	_		33,073.	317,683.			
9	n	Total. Add lines 1a-1f	·····	317,003.			
		<u> </u>	Business Code	1 000 051	1 000 051		
<u>:</u>	2 a			1,999,051.	1,999,051.		E.C.1. 400
e S	b	SPONSORSHIPS	900099	761,402.			761,402.
Program Service Revenue	C		900099	318,576.	318,576.		
e a	c	CORPORATE MEMBERSHIPS	900099	67,250.	67,250.		
о Б	е						
죠	f	All other program service revenue					
		Total. Add lines 2a-2f		3,146,279.			
	3	Investment income (including dividends, interes					
	_	other similar amounts)		742.			742.
	4	Income from investment of tax-exempt bond pro					
	5	•	•				
	5	Royalties (i) Real	(ii) Personal				
	_		(II) Fersonal				
		Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
	C	Net rental income or (loss)	>				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
ne		and sales expenses 7b					
l Je	c	Gain or (loss) 7c					
Revenue		Net gain or (loss)					
ē		Gross income from fundraising events (not					
됩	-	including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events	·····				
	9 a	Gross income from gaming activities. See	04 144				
			94,144.				
	b	Less: direct expenses 9b	950.	00.404	00.404		
	C	Net income or (loss) from gaming activities		93,194.	93,194.		
	10 a	Gross sales of inventory, less returns					
			66,189.				
	b	Less: cost of goods sold 10b4	89,716.				
		Net income or (loss) from sales of inventory		476,473.	476,473.		
			Business Code				
ار ورد	11 a	MISCELLANEOUS	900099	13,237.	13,237.		
nue nue	b			,	•		
Miscellaneous Revenue	c		-				
is R		All other revenue					
Σ				13,237.			
	12	Total. Add lines 11a-11d	P	4,047,608.	2 967 781	n	762,144.
		TOTAL LEVELUE, ORG HISH HUHUHS					

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			, ,	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		схренаев	general expenses	Схропаса
-	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	12,639.	12,639.		
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	75,724.		75,724.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.70		0.50	
7	Other salaries and wages	272,890.		272,890.	
8	Pension plan accruals and contributions (include	0 605		0 607	
_	section 401(k) and 403(b) employer contributions)	8,627.		8,627.	
9	Other employee benefits	72 755		22 255	
10	Payroll taxes	23,255.		23,255.	
11	Fees for services (nonemployees):	201 175	291,175.		
a	Management	291,175. 16,565.	291,175.	16,565.	
b		28,006.		28,006.	
c C	5 ·····	20,000.		20,000.	
u e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch O.)	462,431.	455,181.	7,250.	
12	Advertising and promotion	82,830.	82,770.	60.	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	168,679.	163,179.	5,500.	
17	Travel	11,336.	5,494.	5,842.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			,	
20	Interest	4,027.		4,027.	
21	Payments to affiliates	E0 040	<u> </u>	4 252	
22	Depreciation, depletion, and amortization	70,218.	65,946.	4,272.	
23	Insurance	72,287.	35,038.	37,249.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) ENTERTAINMENT	793,424.	793,394.	30.	
a h	EOUIPMENT RENTAL	361,396.	358,641.	2,755.	
b c	INKIND EXPENSES	295,675.	295,675.	2,133.	
c d	SUPPLIES	129,047.	115,707.	13,340.	
	All other expenses SEE SCH O	660,471.	602,041.	58,430.	
25	Total functional expenses. Add lines 1 through 24e	3,840,702.	3,276,880.	563,822.	0
26	Joint costs. Complete this line only if the organization	3,020,7020	-, - : - ; - : - ;	203,0220	
	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** (2019)

Part X | Balance Sheet

Pa	πλ	Balance Sheet					
		Check if Schedule O contains a response or	note to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			67,461.	1	127,709
	2	Savings and temporary cash investments			500,043.	2	610,440
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			35,693.	4	65,705
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t				5	
	6	Loans and other receivables from other disquared					
		under section 4958(f)(1)), and persons descr			6		
t2	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			115,437.	8	104,844
Ä	9	Prepaid expenses and deferred charges			6,265.	9	13,356
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	345,937.			
	b	Less: accumulated depreciation		194,512.	67,688.	10c	151,425
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets	10,998.	14	393,865		
	15	Other assets. See Part IV, line 11	50,100.	15	1,875		
	16	Total assets. Add lines 1 through 15 (must e			853,685.	16	1,469,219
	17	Accounts payable and accrued expenses			22,751.	17	54,968
	18	Grants payable		18			
	19	Deferred revenue			55,900.	19	53,891
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	ete Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or f	ormer offic	cer, director,			
Ě		trustee, key employee, creator or founder, su	ubstantial o	contributor, or 35%			
Liabilities		controlled entity or family member of any of t	hese pers	ons		22	
_	23	Secured mortgages and notes payable to un	related thi	rd parties		23	
	24	Unsecured notes and loans payable to unrel	ated third	parties		24	384,027
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on li	nes 17-24)	. Complete Part X			
		of Schedule D			50,273.	25	44,666
	26	Total liabilities. Add lines 17 through 25			128,924.	26	537,552
s		Organizations that follow FASB ASC 958,	check her	e ▶ X			
Š		and complete lines 27, 28, 32, and 33.					
alar	27	Net assets without donor restrictions			724,761.	27	931,667
ĕ	28	Net assets with donor restrictions				28	
Ĕ		Organizations that do not follow FASB AS	C 958, che	eck here 🕨 📖			
ř		and complete lines 29 through 33.					
ţ	29	Capital stock or trust principal, or current fur				29	
sse	30	Paid-in or capital surplus, or land, building, o	r equipmeı	nt fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			504 544	31	001 11-
Š	32	Total net assets or fund balances			724,761.	32	931,667
	33	Total liabilities and net assets/fund balances			853,685.	33	1,469,219

Form 990 (2019)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				08.
2	Total expenses (must equal Part IX, column (A), line 25)	2				02.
3	Revenue less expenses. Subtract line 2 from line 1	3				06.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		724	<u>, 7</u>	61.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10		31	, 6	67.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	it			
	Act and OMB Circular A-133?		<u></u> [3	Ba		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		5	th		i

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

THE FESTIVAL FOUNDATION Employer identification number Name of the organization D/B/A NATIONAL CHERRY FESTIVAL 26-0883148 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

Schedule A (Form 990 or 990-EZ) 2019 D/B/A NATIONAL CHERRY FESTIVAL

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support				•		
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						_
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	d, fourth, or fifth to	ax year as a sectio	on 501(c)(3)	
_	organization, check this box and stor	here	·····				<u></u> ▶∟
	ction C. Computation of Publ						
	Public support percentage for 2019 (I					14	%
	Public support percentage from 2018					15	%
16a	33 1/3% support test - 2019. If the o	•		•		•	
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac				· · · · · · · · · · · · · · · · · · ·	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the				-		
	organization meets the "facts-and-circ		-	•			
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l			
					Sche	edule A (Form 990	or 990-EZ) 2019

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	qualify under the tests listed b	elow, please comp	lete Part II.)				
Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5,382.	8,693.	199,597.	340,315.	317,683.	871,670.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		2,584,493.	2,669,256.	3,080,663.	4,206,612.	12,541,024.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5	5,382.	2,593,186.	2,868,853.	3,420,978.	4,524,295.	13,412,694.
78	Amounts included on lines 1, 2, and						_
ŀ	3 received from disqualified persons Amounts included on lines 2 and 3 received	+					0.
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	: Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						13,412,694.
Se	ction B. Total Support						, ,
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	5,382.	2,593,186.	2,868,853.	3,420,978.	4,524,295.	13,412,694.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income	7.	267.	288.	594.	742.	1,898.
	(less section 511 taxes) from businesses acquired after June 30, 1975						
ď	: Add lines 10a and 10b	7.	267.	288.	594.	742.	1,898.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			4,050.			4,050.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		5,941.		12,340.	13,237.	31,518.
13	Total support. (Add lines 9, 10c, 11, and 12.)	5,389.	2,599,394.	2,873,191.	3,433,912.	4,538,274.	13,450,160.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						<u></u>
Se	ction C. Computation of Publi	ic Support Per	centage				
15	Public support percentage for 2019 (li	ine 8, column (f), di	ivided by line 13,	column (f))		15	99.72 %
	Public support percentage from 2018					16	99.74 %
Se	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	19 (line 10c, colum	nn (f), divided by li	ne 13, column (f))		17	.01 %
18	Investment income percentage from 2					18	.01 %
19a	33 1/3% support tests - 2019. If the						
Ŀ	more than 33 1/3%, check this box are 33 1/3% support tests - 2018. If the						▶ X
•	line 18 is not more than 33 1/3%, che	•			*	•	
20	Private foundation. If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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 **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI 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 12a or 12b in Part I, answer (b) and (c) 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 **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c 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 Part VI 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported 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 amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 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 organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	За		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	90		
	10-		
	10a		
	10b		
~ O	90 or 90	00-F7	2010

Pa	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 (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	tion of Type I capper and organizations		Yes	No
4	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
1				
	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 Part VI 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		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II 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 Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	-		
	<i>y</i>		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 Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
_				
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant 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 Part VI the role the organization's			
<u> </u>	supported organizations played in this regard.	3		
	tion 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 yea(see instructions)) -		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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 Part VI identify			
	those supported organizations and explain 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 (a) 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 Part VI 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 (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

932025 09-25-19

Schedule A (Form 990 or 990-EZ) 2019 D/B/A NATIONAL CHERRY FESTIVAL

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 4 Add lines 1 through 3. 5 5 Depreciation and depletion 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) 6 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (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): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Schedule A (Form 990 or 990-EZ) 2019 D/B/A NATIONAL CHERRY FESTIVAL 26-0883148 Page 7

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)					
	on D - Distributions		,	Current Year				
1	Amounts paid to supported organizations to accomplish exe							
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported						
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	S					
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which t	he organization is responsive)					
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2019 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019				
1	Distributable amount for 2019 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2019 (reason-							
	able cause required- explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2019							
	From 2014							
b	From 2015							
С	From 2016							
d	From 2017							
е	From 2018							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2019 distributable amount							
i	Carryover from 2014 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2019 from Section D,							
	line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2019 distributable amount							
С	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2019, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2019. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2020. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
	Excess from 2015							
	Excess from 2016							
	Excess from 2017							
	Excess from 2018							
_	Excess from 2019							

Schedule A (Form 990 or 990-EZ) 2019

THE FESTIVAL FOUNDATION

Schedule A	(Form 990 or 990-EZ)	₂₀₁₉ D/B/A	NATIONAL	CHERRY	FESTIVAL	26-0883	3148 Page 8
Part VI	Part IV, Section A, lir line 1; Part IV, Section	nes 1, 2, 3b, 3c, 4 on D, lines 2 and 3	·b, 4c, 5a, 6, 9a, 9b 3; Part IV, Section I	o, 9c, 11a, 11b E, lines 1c, 2a,	, and 11c; Part IV, Sect 2b, 3a, and 3b; Part V,	II, line 17a or 17b; Part III, li ion B, lines 1 and 2; Part IV, line 1; Part V, Section B, lin r any additional information	, Section C, e 1e; Part V,
	(See Instructions.)						

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE FESTIVAL FOUNDATION

D/B/A NATIONAL CHERRY FESTIVAL

Employer identification number 26-0883148

Pai	t I Organizations Maintaining Donor Advise		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		2
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	. . , ,	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
_	S		a.v., v., a.
8	Does each conservation easement reported on line 2(d) above	•	
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
Pai	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	f Art Historical Treasures or O	thar Similar Assats
rai	Complete if the organization answered "Yes" on Form	-	ther Sillinal Assets.
10	If the organization elected, as permitted under FASB ASC 95		and balance shoot works
Id	of art, historical treasures, or other similar assets held for pub	'	
	service, provide in Part XIII the text of the footnote to its finar	· · · · · · · · · · · · · · · · · · ·	•
h	If the organization elected, as permitted under FASB ASC 95		
b	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	combiner, education, or research in fair	icianice of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea		
_	the following amounts required to be reported under FASB A	•	. ga, provide
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
	Assets included in Form 990, Part X		

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Schedule D (Form 990) 2019

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Par	t III Organizations Maintaining C	collections of A	rt, Hist	torical Tr	easures, d	or Othe	r Similar A	ssets(con	tinued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following tha	ıt make siç	gnificant use	of its		
	collection items (check all that apply):									
а	Public exhibition	d	ı 🔲 i	Loan or exc	hange progra	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizati	on's exem	npt purpose ir	n Part XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or oth	er similar a	assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's c	ollection?			Yes		☐ No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered	"Yes" on F	Form 990, Par	t IV, line 9,	or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	sets not i	ncluded			_
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									
								Amou	nt	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fe							Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanatio	n has been	n provided on	Part XIII			<u> </u>	
Par	t V Endowment Funds. Complete i	f the organization an	swered	"Yes" on Fo	orm 990, Part	: IV, line 10).			
		(a) Current year	(b) P	rior year	(c) Two year	rs back (d	1) Three years l	back (e) Fo	ur years	s back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1	g, column (a	a)) held as:	•		•		
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%	_							
С	Term endowment									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	and administe	red for the	e organizatior	1		
	by:								Yes	No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations)	
b	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the								•	
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990), Part IV	/, line 11a. S	See Form 990), Part X, li	ne 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) Acc	cumulated	(d) Bo	ok valı	ie .
		basis (investr	nent)	basis	(other)	depr	eciation			
1a	Land									
	Buildings									
	Leasehold improvements				4,002.		133.		3,8	69.
	Equipment			33	7,135.	1	94,379.	14		756.
	Other				4,800.					300.
	. Add lines 1a through 1e. (Column (d) must e		X. colun	nn (B). line	10c.)			1:	51,4	

Schedule D (Form 990) 2019

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

D /D /3 373 FT 01	L FOUNDATION NAL CHERRY FE	! ያጥፒ ነን ል፣. 26	-0883148 Page
Part VII Investments - Other Securities.	MAD CHERKI FE	DIIVAL 20	0005140 Page
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			·
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	: 15.)	_	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes	~		11 666
(2) DUE TO NCF TRANSITION, INC	<i>.</i> .		44,666
(3)			
(4)			
(5)			1

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2019

44,666.

(6) (7) (8)

	edule D (Form 990) 2019 D/B/A NATIONAL CHERRY FES			83148 _{Page}
Pai	rt XI Reconciliation of Revenue per Audited Financial Staten		enue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		1 1	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1		
	Net unrealized gains (losses) on investments			
b				
C				
d	,			
_	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ا مه ا		
a	, , , ,			
b		•	40	
_	Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)			
5 Pa	rt XII Reconciliation of Expenses per Audited Financial State			
ıu	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	-	penses per metarn.	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	· · · · · ·	2a		
a b				
C	, , , , , , , , , , , , , , , , , , , ,			
	Other losses Other (Describe in Part XIII.)			
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b	<u> </u>	4c	
5				
	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad			ne 2; Part XI,
PAI	RT X, LINE 2:			
THI	E INTERNAL REVENUE SERVICE HAS DETERMINED	THE FESTI	VAL FOUNDATIO	ON TO BE
EX]	EMPT FROM FEDERAL TAX UNDER SECTION 501(C)(3) OF TH	IE INTERNAL RI	EVENUE
COI	DE AND ARE CLASSIFIED BY THE INTERNAL REV	ENUE SERVI	CE AS OTHER !	THAN
PR:	IVATE FOUNDATIONS. THE FESTIVAL IS SUBJEC	T TO INCOM	IE TAX ONLY OI	N THE
BU	SINESS INCOME NOT RELATED TO ITS EXEMPT P	URPOSE. SU	JCH TAXES ARE	
GEI	NERALLY INSIGNIFICANT.			

THE FESTIVAL FILES INFORMATION RETURNS IN THE U.S. FEDERAL JURISDICTION WHICH ARE NO LONGER SUBJECT TO EXAMINATION BY TAX AUTHORITIES FOR YEARS BEFORE DECEMBER 31, 2016.

Schedule D (Form 990) 2019

THE FESTIVAL FOUNDATION D/B/A NATIONAL CHERRY FESTIVAL

Schedule D (Form 990) 2019	D/B/A	NATIONAL	CHERRY	FESTIVAL	26-0883148	Page 5
Schedule D (Form 990) 2019 Part XIII Supplemental Infor	mation (co	ontinued)				
Cappiementai imei	mation (co	intinaca)				
						_
-						
						_
			·	· · · · · · · · · · · · · · · · · · ·		

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE FESTIVAL FOUNDATION

Employer identification number

	ATIONAL CHERRY FES	.I.T A	ΑЬ		26-0883	140
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.						
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total			•			
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration

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

Schedule G (Form 990 or 990-EZ) 2019

Soh	odu	THE FES le G (Form 990 or 990-EZ) 2019 D/B/A N	TIVAL FOUNDA		26-	0883148 Page 2
Pa						
		of fundraising event contributions and gre	_			
		<u> </u>	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
<u>e</u>			(event type)	(event type)	(total number)	(-1)
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
es	5	Noncash prizes				
xpens	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		>	
_		Net income summary. Subtract line 10 from li				
Pa	ırt I		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total coming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue			94,144.	94,144.
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses			950.	950.
	6	Volunteer labor	Yes % No	Yes % No	X Yes 100.00 % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	950.
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			93,194.
9	Ent	ter the state(s) in which the organization condu	ıcts gaming activities: M	I		
		he organization licensed to conduct gaming a				X Yes No
b	If "	No," explain:				
						11
		ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes X No

Schedule G (Form 990 or 990-EZ) 2019

THE FESTIVAL FOUNDATION

Schedule G (Form 990 or 990-EZ) 2019 D/B/A NATIONAL CHERRY FESTIVAL 26-	0883148	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	X No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	X No
13 Indicate the percentage of gaming activity conducted in:		
	120	04
a The organization's facility	1 11 11 11	<u> </u>
b An outside facility	136 1200	•00 %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name ▶ BRENDA PROUGH		
Address ► 732 HANNAH ST TRAVERSE CITY, MI 49686		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount		
of gaming revenue retained by the third party > \$		
c If "Yes," enter name and address of the third party:		
,		
Name ▶ _		
That is a second of the second		
Address		
Address		
16 Gaming manager information:		
Name		
Gaming manager compensation ▶ \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	└── Yes	X No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year ▶ \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P.	art III. lines 9.	9b. 10b.
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,,,	,,
Too, Too, To, and Tro, as applicable. Also provide any additional information. See instituctions.		
		_
		-

THE FESTIVAL FOUNDATION D/B/A NATIONAL CHERRY FESTIVAL

Schedule G	i (Form 990 or 990-EZ)	D/B/A	NATIONAL	CHERRY	FESTIVAL	26-0883148	Page 4
Part IV	i (Form 990 or 990-EZ) Supplemental Infor	mation (co	ontinued)				
		· · ·	· · · · · · · · · · · · · · · · · · ·				
							
							

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for the latest information. THE FESTIVAL FOUNDATION

OMB No. 1545-0047

Open to Public Inspection

Name o	f the organization THE FESTI D/B/A NAT	VAL FOUNI 'IONAL CHI	DATION ERRY FESTIVA	AL				$\begin{array}{c} \textbf{Employer identification number} \\ 26-0883148 \end{array}$
Part I	General Information on Grants a	and Assistance						
cr	oes the organization maintain records riteria used to award the grants or assi escribe in Part IV the organization's pro	stance?						tion X Yes No
Part II						anization answered "\	Yes" on Form 990. Par	t IV. line 21, for any
	recipient that received more than	_			•		,	, , ,
1 (a	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	nter total number of section 501(c)(3) a			he line 1 table	<u></u>	<u> </u>	<u> </u>	_

THE FESTIVAL FOUNDATION D/B/A NATIONAL CHERRY FESTIVAL

26-0883148

Page 2

Schedule I (Form 990) (2019) Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (b) Number of (c) Amount of (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (d) Amount of non-(f) Description of noncash assistance cash assistance recipients cash grant QUEENS SCHOLARSHIPS 7,639 0. MICHIGAN YOUTH CYCLING SCHOLARSHIP 5,000 0 Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Part I

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Schedule M (Form 990) 2019

Name of the organization

Types of Property

THE FESTIVAL FOUNDATION D/B/A NATIONAL CHERRY FESTIVAL Employer identification number 26-0883148

(a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures Art - Fractional interests 3 Books and publications 4 5 Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded 9 10 Securities - Closely held stock Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 23 Scientific specimens 24 Archeological artifacts 254,700.FMV (OPERATION SUP) 25 X 31,975.FMV (WAREHOUSE LEA) 0 26 Other (PROFESSIONAL) X 0 7,000.FMV 27 Other X 0 2,000.FMV (PRIZES 28 Other Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes." describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

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

THE FESTIVAL FOUNDATION Schoolule M (Form 900) 2010 D/B/A NATIONAL CHERRY FESTIVAL

Schedule M	(Form 990) 2019	D/B/A	NATIONAL	CHERRY	FESTIVAL		26-0883148	Page 2
Part II	Supplemental	Informati	n Provide the	information re	quired by Part I lines	30b, 32b, and 33, received, or a comb	and whether the organiz pination of both. Also cor	ation

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ ► Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

THE FESTIVAL FOUNDATION D/B/A NATIONAL CHERRY FESTIVAL

Employer identification number 26-0883148

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

GRAND TRAVERSE REGION.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FESTIVAL FOUNDATION FORM 990 AND SCHEDULES ARE REVIEWED INITIALLY BY THE FOUNDATION'S EXECUTIVE DIRECTOR AND ACCOUNTANT FOLLOWED BY THE TREASURER AND FINANCE COMMITTEE. UPON APPROVAL BY THE FINANCE COMMITTEE, THE TAX RETURN IS AVAILABLE FOR REVIEW BY THE FULL BOARD OF DIRECTORS. OUTSIDE PUBLIC ACCOUNTING AND LEGAL SERVICES ARE RETAINED TO ADDRESS SPECIFIC TAX ISSUES.

FORM 990, PART VI, SECTION B, LINE 12C:

THE FESTIVAL FOUNDATION'S CONFLICT OF INTEREST POLICY OUTLINES POTENTIAL AREAS OF CONFLICT, PROCEDURES TO ADDRESS VIOLATIONS ALONG WITH ANNUAL STATEMENTS OF COMPLIANCE AND PERIODIC REVIEWS. ADHERENCE TO THIS POLICY IS THE RESPONSIBILITY OF THE EXECUTIVE DIRECTOR AND THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15:

THE HIRING AND SETTING OF THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS THE RESPONSIBILITY OF THE FESTIVAL FOUNDATION'S BOARD OF DIRECTORS. IF NEEDED, OUTSIDE INFORMATION IS OBTAINED FOR REVIEW OF COMPENSATION LEVELS.

FORM 990, PART VI, SECTION C, LINE 19:

EACH REQUEST WILL BE REVIEWED ON AN INDIVIDUAL BASIS BY THE EXECUTIVE DIRECTOR.

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

Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization THE FESTIVAL FOUNDATION D/B/A NATIONAL CHERRY FESTIVAL	Employer identification number 26-0883148
FORM 990, PART IX, LINE 11G, OTHER FEES:	
COMPUTER SERVICES:	
PROGRAM SERVICE EXPENSES	1,100.
MANAGEMENT AND GENERAL EXPENSES	110.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,210.
WEB SITE SERVICES:	
PROGRAM SERVICE EXPENSES	12,419.
MANAGEMENT AND GENERAL EXPENSES	3,742.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	16,161.
INTERNET SERVICES:	
PROGRAM SERVICE EXPENSES	4,800.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,800.
CONTRACTUAL SERVICES:	
PROGRAM SERVICE EXPENSES	122,014.
MANAGEMENT AND GENERAL EXPENSES	1,040.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	123,054.
OTHER PROFESSIONAL SERVICES:	
PROGRAM SERVICE EXPENSES	114,000.
MANAGEMENT AND GENERAL EXPENSES 932212 09-06-19	2,358. Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization D/B/A NATIONAL CHERRY FESTIVAL Schedule O (Form 990 or 990-EZ) (2019) THE FESTIVAL FOUNDATION D/B/A NATIONAL CHERRY FESTIVAL	Employer identification number 26-0883148
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	116,358.
MARKETING SERVICES:	
PROGRAM SERVICE EXPENSES	82,088.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	82,088.
BOOKING AGENT:	
PROGRAM SERVICE EXPENSES	53,344.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	53,344.
JUDGES:	
PROGRAM SERVICE EXPENSES	1,175.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,175.
JENTEES CONTRACT:	
PROGRAM SERVICE EXPENSES	64,241.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	64,241.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	462,431.

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization THE FESTIVAL FOUNDATION D/B/A NATIONAL CHERRY FESTIVAL	Employer identification number 26-0883148
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENS	ES:
DONATIONS:	_~ ·
PROGRAM SERVICE EXPENSES	112,546
MANAGEMENT AND GENERAL EXPENSES	4,263.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	116,809.
AWARDS AND PRIZES:	
PROGRAM SERVICE EXPENSES	92,327.
MANAGEMENT AND GENERAL EXPENSES	2,195.
FUNDRAISING EXPENSES	0 .
TOTAL EXPENSES	94,522.
CITY FEE:	
PROGRAM SERVICE EXPENSES	69,734.
MANAGEMENT AND GENERAL EXPENSES	120.
FUNDRAISING EXPENSES	0 .
TOTAL EXPENSES	69,854.
TRANSPORTATION:	
PROGRAM SERVICE EXPENSES	63,327.
MANAGEMENT AND GENERAL EXPENSES	1,420.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	64,747.
SECURITY:	
	F0 065
PROGRAM SERVICE EXPENSES	58,967.
MANAGEMENT AND GENERAL EXPENSES 932212 09-06-19 Sch	0 . edule O (Form 990 or 990-EZ) (2019
2.7	

Name of the organization THE FESTIVAL FOUNDATION D/B/A NATIONAL CHERRY FESTIVAL	Employer identification number 26-0883148
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	58,967
BANK AND CREDIT CARD FEES:	
PROGRAM SERVICE EXPENSES	49,283
MANAGEMENT AND GENERAL EXPENSES	8,109
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	57,392.
HOSTING:	
PROGRAM SERVICE EXPENSES	49,605
MANAGEMENT AND GENERAL EXPENSES	6,361
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	55,966
UTILITIES:	
PROGRAM SERVICE EXPENSES	35,657
MANAGEMENT AND GENERAL EXPENSES	14,056
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	49,713
DUES & LICENSES:	
PROGRAM SERVICE EXPENSES	30,211
MANAGEMENT AND GENERAL EXPENSES	5,067
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	35,278
PRINTING & COPYING:	
932212 09-06-19	Schedule O (Form 990 or 990-EZ) (2019

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization THE FESTIVAL FOUNDATION D/B/A NATIONAL CHERRY FESTIVAL	Employer identification number 26-0883148
PROGRAM SERVICE EXPENSES	29,088.
MANAGEMENT AND GENERAL EXPENSES	761.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	29,849.
MISC.:	
PROGRAM SERVICE EXPENSES	2,988.
MANAGEMENT AND GENERAL EXPENSES	9,788.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	12,776.
POSTAGE & SHIPPING:	
PROGRAM SERVICE EXPENSES	5,218.
MANAGEMENT AND GENERAL EXPENSES	1,249.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,467.
MERCHANDISE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	3,786.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,786.
PHOTOGRAPHY:	
PROGRAM SERVICE EXPENSES	3,090.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,090.
932212 09-06-19 3 9	Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization THE FESTIVAL FOUNDATION D/B/A NATIONAL CHERRY FESTIVAL	Employer identification number 26-0883148
MAINTENANCE AND REPAIRS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	668.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	668.
FOOD & BEVERAGE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	587.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	587.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 660,471.
FORM 990, PART XII, LINE 2C	
NO PROCESS CHANGES FROM THE PRIOR YEAR.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Attach to Form 990.

So to www.irs.gov/Form990 for instructions and the latest information.

2019
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

THE FESTIVAL FOUNDATION
D/B/A NATIONAL CHERRY FESTIVAL

Employer identification number 26-0883148

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a) (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country) Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year. (a) (b) (c) (d) (e) (f) (g) Section 512(b)(13) Legal domicile (state or **Exempt Code** Public charity Direct controlling Name, address, and EIN Primary activity controlled of related organization section status (if section entity entity? foreign country) 501(c)(3)) Yes No NCF TRANSITION, INC. - 38-1319574 521 S UNION STREET FESTIVAL Х TRAVERSE CITY, MI 49684 MICHIGAN 501(C)(4) FOUNDATION

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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managin partner	(k) Percentage ownership
o K-1 (Form 1065)	Yes No	_ l
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?	
		country)		== == == ==				Yes	No
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No			
1 During the tax year, did the organization engage in any of the following transaction	s with one or more r	elated organizations listed	in Parts II-IV?			Х			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity									
b Gift, grant, or capital contribution to related organization(s)									
c Gift, grant, or capital contribution from related organization(s)									
d Loans or loan guarantees to or for related organization(s)									
e Loans or loan guarantees by related organization(s)				1e		Х			
f Dividends from related organization(s)									
g Sale of assets to related organization(s)									
h Purchase of assets from related organization(s)									
i Exchange of assets with related organization(s)									
j Lease of facilities, equipment, or other assets to related organization(s)				1j		Х			
k Lease of facilities, equipment, or other assets from related organization(s)				1k		х			
I Performance of services or membership or fundraising solicitations for related orga				11		Х			
m Performance of services or membership or fundraising solicitations by related orga				1m		Х			
n Sharing of facilities, equipment, mailing lists, or other assets with related organizati				1n		Х			
Sharing of paid employees with related organization(s)									
p Reimbursement paid to related organization(s) for expenses									
q Reimbursement paid by related organization(s) for expenses				1q		Х			
						Х			
r Other transfer of cash or property to related organization(s)									
s Other transfer of cash or property from related organization(s)									
2 If the answer to any of the above is "Yes," see the instructions for information on w	vho must complete t	his line, including covered	relationships and transaction thresholds.						
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved					
(1) NCF TRANSITION, INC.	S	2,344.	COST						
(2)									
(3)									
(4)									
(5)									
(6)									
	// 2								

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners see 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionat	or- amount in box 2 of Schedule K-1	General of managing partner?	(k) Percentage ownership

Schedule R	R (Form 990) 2019	D/B/A	NATIONAL	CHERRY	FESTIVAL	26-0883148 Page 5
Part VII	R (Form 990) 2019 Supplemental Info	rmation				
	Provide additional inform	nation for resp	onses to question	s on Schedule	e R. See instructions	
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