990

PUBLIC DISCLOSURE COPY Return of Organization Exempt From Income Tax

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

Open to Public

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.

2020

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

For the 2020 calendar year, or tax year beginning 2020, and ending 20 В C Name of organization LANFest Check if applicable: D Employer identification number Address change Doing business as 45-1135701 E Telephone number Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return (360)292-54712616 12th Way SE Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Gross receipts Olympia, WA 98501-2759 178,399 Amended return Application pending Name and address of principal officer: Katie Briggs H(a) Is this a group return for subordinates? Yes Same as C above H(b) Are all subordinates included? Yes **X** 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions Tax-exempt status: Website: lanfest.com H(c) Group exemption number X Corporation Trust 2011 Form of organization: L Year of formation: M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: LANFest is dedicated to empowering gaming Activities & Governance communities and supporting charitable efforts by creating unique gaming experiences. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 3 6 Number of independent voting members of the governing body (Part VI, line 1b) 4 6 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 74 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 . . 7b 0 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 64,027 85,553 Revenue Program service revenue (Part VIII, line 2g) 140,681 81,328 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 7 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) (3,644) (13,517)12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 201,066 153,371 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 68,619 38,674 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 10,251 16,662 Expenses Professional fundraising fees (Part IX, column (A), line 11e) 0 **b** Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 145.125 83,959 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 230,406 132,884 19 Revenue less expenses. Subtract line 18 from line 12 (29,340)20.487 Net Assets or und Balances **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 47,742 39,794 21 Total liabilities (Part X, line 26) 5,374 418 22 Net assets or fund balances. Subtract line 21 from line 20 34,420 47,324 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Katie Briggs Sign Signature of officer Date Here Katie Briggs, President Type or print name and title Print/Type preparer's name Preparer's signature Date Check **Paid** Mark Hancock CRTP Mark Hancock CRTP 05-23-2021 self-employed P00857085 **Preparer** Firm's name Build Advisory Corporation Firm's EIN Use Only Firm's address 1840 41st Ave STE 200 PMB 115 Phone no. Capitola CA 95010 415-952-3695 X Yes May the IRS discuss this return with the preparer shown above? (see instructions) Nο

| Form | n 990 (2020) LANFest PUBLIC DISCLOSURE COPY 45-1135701 F | Page 2 |
|------------|--|--------|
| | rt III Statement of Program Service Accomplishments | |
| | Check if Schedule O contains a response or note to any line in this Part III | . 🗌 |
| 1 | Briefly describe the organization's mission: | |
| | LANFest is dedicated to empowering gaming communities and supporting charitable efforts by | |
| | creating unique gaming experiences. | |
| | | |
| _ | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? | |
| | | |
| 3 | If "Yes," describe these new services on Schedule O. | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | |
| | If "Yes," describe these changes on Schedule O. | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by | |
| • | expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, | |
| | the total expenses, and revenue, if any, for each program service reported. | |
| | | |
| 4a | (Code:) (Expenses \$ 88,870 including grants of \$ 38,674) (Revenue \$ |) |
| | For 2020, LANFest hosted 15 events and raised \$38,774 for charities across the nation. Chari | ties |
| | receiving donations from LANFest: EI.BO, Make A Wish Foundation, Northwest Harvest, Families | |
| | Unlimited, Vanderbilt Medical Center, Metro Chicago COVID Relief Fund, Austin Pets Alive, Ba | ylor |
| | Medical Center, Children's Miracle Network, Volunteers of America of Western Washington, and | the |
| | National Fallen Firefighters Fund. LANFest had 8,000 attendees that participated in weekend- | lono |
| | gaming events to benefit charity. | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | (Coder) (Function of Fig. 107 including graphs of the) (Function of Fig. 107) | |
| 4b | (Code:) (Expenses \$7,127 including grants of \$) (Revenue \$24,550 | ,) |
| | The PC Build Workshop is a program designed for first time PC builders. First time builders | |
| | purchase a PC kit with discounted parts from LANFest sponsors. LANFest assembles the kit, sh it out to the participants, and then teaches the builders how to build their first PC in a | трs |
| | workshop. | |
| | WOLKSHOP. | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$ |) |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4d | Other program services (Describe on Schedule O.) | |
| 4 0 | Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) | |
| 4e | (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 95,997 | |
| | 33,331 | |

LANFest 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 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors See instructions? | 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 | | Х |
| 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 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | 5 | | |
| 6 | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | - | | |
| Ü | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "Yes," complete Schedule D, Part I | 6 | | х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| - | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "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 | | x |
| 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. | | | |
| | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| | complete Schedule D, Part VI | 11a | | х |
| ı | 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 |
| • | 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 |
| • | 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 | |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Х |
| 1 | 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 | | l |
| 12a | | 111 | | Х |
| 120 | Schedule D, Parts XI and XII | 12a | | x |
| k | | 12u | | |
| | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | х |
| 14a | | 14a | | х |
| b | | | | |
| | 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 See instructions | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | |
| 40 | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | Х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | 4. | | |
| 20 | If "Yes," complete Schedule G, Part III | 19 | | Х |
| | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | 20a 20b | | Х |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 200 | | |
| - ' | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | x | |
| | U | | 42 | i |

Page 4

| Pa | rt 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 | | х |
| 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 | | х |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | through 24d and complete Schedule K. If "No," go to line 25a | 24a | | х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I- · · · · · · · · · · · · · · · · · · | 25a | | 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 Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II- | 26 | | Х |
| 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 | 27 | | |
| 28 | persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 20 | | | | |
| а | IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> | | | |
| u | "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 | | X |
| c | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i> | | | Λ |
| | "Yes." complete Schedule L. Part IV | 28c | | х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | |
| | complete Schedule N, Part II | 32 | | х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | Х | |
| 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 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | | | |
| | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | Х |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | | |
| | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 2.7 | | |
| 20 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. | 38 | Ţ | |
| Par | | 50 | Х | |
| ı aı | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| b | Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | х | |

Part V

Page **5**

| | | | 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 0 | | | |
| 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 <i>e-file</i> (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | х |
| 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 authority over, | | | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | х |
| 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 (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | х |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | х |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?•••••••••••••••••••••••••••••••••••• | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| | and services provided to the payor? | 7a | | х |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7c | | х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year • • • • • • • • • • • • • • • • • • • | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | х |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | x |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • • • • • • • • • • • • • • • | 7h | | х |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 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 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| | the organization is licensed to issue qualified health plans | | | |
| С | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | х |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation 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 or | | | |
| | 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 income? | 16 | | х |
| | If "Yes," complete Form 4720, Schedule O. | | | |

Page 6

| Гаі | 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 in Schedule O. See instructions. | | | |
| | Check if Schedule O contains a response or note to any line in this Part VI | <u></u> | • • • | . <u>X</u> |
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| | If there are material differences in voting rights among members of the governing body, or | | | |
| | 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 in line 1a, above, who are independent | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | |
| | any other officer, director, trustee, or key employee? | 2 | Х | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | |
| | supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | х |
| 6 | Did the organization have members or stockholders? | 6 | | х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | |
| | one or more members of the governing body? | 7a | | х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | = | | |
| | stockholders, or persons other than the governing body? | 7b | | х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| | the year by the following: | | | |
| а | The governing body? | 8a | х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | |
| | the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | х |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | х | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| | describe in Schedule O how this was done | 12c | х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | х | |
| 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 | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | х |
| b | Other officers or key employees of the organization | 15b | | 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 | | | |
| | with a taxable entity during the year? | 16a | | х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | |
| - | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | |
| | organization's exempt status with respect to such arrangements? | 16b | | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) | | | |
| - | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | Own website Another's website Upon request Other (explain on Schedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, | | | |
| . • | and financial statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | |
| | Katie Briggs (360)292-5471, 2616 12th Way SE, Olympia, WA 98501-2759 | | | |
| | NACTE DITUGO (JUU)434-JZII, 4UIU I4UI WAY DE, UIYMDIA, WA 30JUI-4/JX | | | |

EEA

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

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

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.

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.

| <u> </u> | Ī | | | | | | | , , , , , , , , , , , , , , , , , , , | | |
|---------------------------------|------------------------|--|-----------------------|--------------|--------------|------------------------------|------------------|---------------------------------------|----------------------------|-----------------------|
| | | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | | | |
| (A) | (B) | | | (D) | (E) | (F) | | | | |
| Name and title | Average | | | ı | Reportable | Reportable | Estimated amount | | | |
| | hours | | | compensation | compensation | of other | | | | |
| | per week | | | | | | | from the | from related organizations | compensation from the |
| | (list any hours for | 악 | اير | Q | Κe | en Hi | Fo | organization (W-2/1099-MISC) | (W-2/1099-MISC) | organization and |
| | related | dire | titut | Officer | y en | ghes | Former | (,, | | related organizations |
| | organizations | Individual trustee or director | Institutional trustee | | Key employee | t co | | | | |
| | below | ruste | l trus | | yee | mpe | | | | |
| | dotted line) | ď | tee | | | Highest compensated employee | | | | |
| | | | | | | e e | | | | |
| | | | | | | | | | | |
| (1) Derek Reese | 5.00 | | | | | | | | | |
| Chief Technology Officer | | | | х | | | | 2,500 | 0 | 0 |
| (2) Steven Offield | 5 .00 | | | | | | | | | |
| Chief Marketing & Comms Officer | | | | Х | | | | 2,500 | 0 | 0 |
| (3) Chris Allison | 5 .00 | | | | | | | | | |
| Chief Financial Officer | | | | Х | | | | 2,500 | 0 | 0 |
| (4) Bridget Reese | 5.00 | | | | | | | | | |
| Chief Operations Officer | | | | Х | | | | 2,500 | 0 | 0 |
| (5) Gary Briggs | 1.00 | | | | | | | | | |
| Non-Voting Board Member | | х | | | | | | 250 | 0 | 0 |
| (6) Chris Grassel | 1.00 | | | | | | | | | |
| Board Member & Chairperson | | x | | | | | | 0 | 0 | 0 |
| (7) Matt Basta | 1.00 | | | | | | | | | |
| Board Member | | х | | | | | | 0 | 0 | 0 |
| (8) Nathan Johnson | 1.00 | | | | | | | | | |
| Board Member | | х | | | | | | o | 0 | 0 |
| (9) Ahman Green | 1.00 | | | | | | | | | |
| Board Member | | х | | | | | | 0 | 0 | 0 |
| (10)Daniel Rogers | 1.00 | | | | | | | | | - |
| Board Member & Treasurer | | х | | х | | | | 0 | 0 | 0 |
| (11)Ruth Suehle | 1.00 | | | | | | | - | | - |
| Board Member & Secretary | = | х | | х | | | | 0 | 0 | 0 |
| (12)Katie Briggs | 5.00 | | | | | | | | | |
| President | | | | х | | | | 0 | 0 | 0 |
| (13) | | | | | | | | | | |
| `-' | | | | | | | | | | |
| (14) | | | | | | | | | | |
| <u> </u> | | | | | | | | | | |
| | | | | | | l | \Box | I | | l |

Form 990 (2020)

45-1135701

| Part | VII Section A. Officers, Directors, Trustees | s, Key Empl | oyees, | , and | j Hi | ghes | t Con | nper | nsated Employees | (continued) | | | | |
|-------------|---|---|--|-----------------------|----------|--------------|------------------------------|--------|---|---|-------|-------------------------------------|----------------------------------|----|
| | | | | | | (C) | | | | | | | | |
| | (A) Name and title | (B) Average hours per week | do not check more than or box, unless person is both officer and a director/truste | | | | | | (D) Reportable compensation from the | (E) Reportable compensation from related | n | (F) Estimated am of other compensat | | |
| | | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | organization (W-2/1099-MIS | | orga | rom the nization I organiz | |
| <u>(15)</u> | | | | | | | | | | | | | | |
| <u>(16)</u> | | | | | | | | | | | | | | |
| <u>(17)</u> | | | | | | | | | | | | | | |
| <u>(18)</u> | | | | | | | | | | | | | | |
| <u>(19)</u> | | | | | | | | | | | | | | |
| <u>(20)</u> | | | | | | | | | | | | | | |
| <u>(21)</u> | | | | | | | | | | | | | | |
| (22)_ | | | | | | | | | | | | | | |
| <u>(23)</u> | | | | | | | | | | | | | | |
| (24)_ | | | | | | | | | | | | | | |
| (25)_ | | | | | | | | | | | | | | |
| 1b c | Subtotal | tion A . | | | | | | | | | | | | |
| d 2 | Total (add lines 1b and 1c) | | | | | | | | 10,250 ore than \$100,000 | of | 0 | | | 0 |
| | reportable compensation from the organization | <u> </u> | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former officer, directed employee on line 1a? <i>If "Yes," complete Schedule</i> | | | - | ee, c | r hig | ghest o | comp | pensated | | | 3 | | х |
| 4 | For any individual listed on line 1a, is the sum of rorganization and related organizations greater that | eportable co | mpens | satio | | | | | | | | v | | _ |
| | individual | | | | | | | | | | | 4 | | х |
| 5 | Did any person listed on line 1a receive or accrue for services rendered to the organization? <i>If</i> "Yes, | • | | | • | | | - | zation or individual | | | 5 | | x |
| Sect | on B. Independent Contractors | , | | | | | | | | | | | | |
| 1 | Complete this table for your five highest compens compensation from the organization. Report comp | | | | | | | | | | vear | | | |
| | (A) | | | | <u>)</u> | - | | , | (B) | | . you | (C) | | |
| | Name and business addres | s | | | | | | | Description of service | es | C | Compens | ation | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (including | - | | | | sted | above |) wh | 0 | | | | | |

LANFest Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII

| | | | - | (A) | (B) | (C) | (D) |
|---|-----|---|---------------|---------------|---------------------------------------|-------------------------------|---------------------------------|
| | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under |
| | | | | | Tanouon To Toniao | 240111000101140 | sections 512–514 |
| | 1a | Federated campaigns 1a | | | | | |
| ts ts | b | Membership dues 1b | | | | | |
| ara oun | С | Fundraising events 1c | | | | | |
| s, G Amc | d | Related organizations 1d | | | | | |
| Gift ar/ | е | Government grants (contributions) - 1e | | | | | |
| in: | f | All other contributions, gifts, grants, | | | | | |
| utio er S | | and similar amounts not included above 1f | 85,553 | | | | |
| 풀皂 | g | Noncash contributions included in | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | lines 1a-1f 1g | \$ | | | | |
| | h | Total. Add lines 1a-1f | 1 | 85,553 | | | |
| | _ | | Business Code | | | | |
| <u>8</u> | | Event ticket sales | 900099 | 59,257 | 59,257 | | |
| e ⊆ | | PC Build workshops | 900099 | 24,550 | 24,550 | | |
| Program Service Revenue | | Refunds | 900099 | (2,479) | (2,479) | | |
| ev ev | d | | | | | | |
| δ _r | е | | | | | | |
| ₫ | | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | 81,328 | | | |
| | 3 | Investment income (including dividends, interest, | | _ | | | _ |
| | | other similar amounts) | | 7 | | | 7 |
| | 4 | Income from investment of tax-exempt bond proc | | | | | |
| | 5 | Royalties | | | | | |
| | 60 | (i) Real | (ii) Personal | | | | |
| | | Gross rents 6a Less: rental expenses 6b | | | | | |
| | | ' <u> </u> | | | | | |
| | | \ | | | | | |
| | | ` ′ | | | | | |
| | 7a | Gross amount from (i) Securities | (ii) Other | | | | |
| | | sales of assets other than inventory 7a | | | | | |
| | h | other than inventory Less: cost or other basis | | | | | |
| e | " | and sales expenses 7b | | | | | |
| Revenue | _ | Gain or (loss) 7c | | | | | |
| ě | | Net gain or (loss) | | | | | |
| _ | | Gross income from fundraising | | | | | |
| Othe | •• | events (not including \$ | | | | | |
| O | | of contributions reported on line | | | | | |
| | | 1c). See Part IV, line 18 8a | | | | | |
| | b | Less: direct expenses 8b | | | | | |
| | | | | | | | |
| | | Gross income from gaming | | | | | |
| | | activities, See Part IV, line 19 9a | | | | | |
| | b | Less: direct expenses 9b | | | | | |
| | С | Net income or (loss) from gaming activities • • | | | | | |
| | 10a | Gross sales of inventory, less | | | | | |
| | | returns and allowances | 10,329 | | | | |
| | b | Less: cost of goods sold 10b | | | | | |
| | | Net income or (loss) from sales of inventory · · | | (14,699) | (14,699) | | |
| | | | Business Code | | | | |
| snc • | 11a | Cash-back rewards | 900099 | 1,182 | 1,182 | | |
| anc | b | | | | | | |
| sell. | С | | | | | | |
| Miscellanous Revenue | d | All other revenue | | | | | |
| _ | е | Total. Add lines 11a-11d | | 1,182 | | | |
| | 12 | Total revenue. See instructions | | 153,371 | 67,811 | 0 | 7 |

Page **10**

Part IX Statement of Functional Expenses

| 0 4: | | All other organizations must complete column (A). |
|-------------------------------|--|--|
| Section Suricust and Suricust | organizatione mi let complete all collimne | All other organizations milet complete collimn (A) |
| | | |

| 00011 | Check if Schedule O contains a response or note to any line in this Part IX | | | | | | | | | |
|-------|---|----------------|-----------------|------------------|-------------|--|--|--|--|--|
| | Do not include amounts reported on lines 6b, 7b, (A) (B) (C) (D) | | | | | | | | | |
| | b, and 10b of Part VIII. | Total expenses | Program service | Management and | Fundraising | | | | | |
| 1 | Grants and other assistance to domestic organizations | | expenses | general expenses | expenses | | | | | |
| ' | and domestic governments. See Part IV, line 21 | 38,674 | 38,674 | | | | | | | |
| 2 | Grants and other assistance to domestic | 36,674 | 30,074 | | | | | | | |
| - | individuals. See Part IV, line 22 | | | | | | | | | |
| 3 | Grants and other assistance to foreign | | | | | | | | | |
| · | organizations, foreign governments, and | | | | | | | | | |
| | foreign individuals. See Part IV, lines 15 and 16 | | | | | | | | | |
| 4 | Benefits paid to or for members | | | | | | | | | |
| 5 | Compensation of current officers, directors, | | | | | | | | | |
| • | trustees, and key employees | 10,251 | 3,417 | 3,417 | 3,417 | | | | | |
| 6 | Compensation not included above, to disqualified | 10,251 | 3,417 | 3,417 | 3,411 | | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | | | | | | |
| | persons described in section 4958(c)(3)(B) | | | | | | | | | |
| 7 | Other salaries and wages | | | | | | | | | |
| 8 | Pension plan accruals and contributions (include | | | | | | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | | | | | | |
| 9 | Other employee benefits | | | | | | | | | |
| 10 | Payroll taxes | | | | | | | | | |
| 11 | Fees for services (nonemployees): | | | | | | | | | |
| а | Management | | | | | | | | | |
| b | Legal | 1,784 | | 1,784 | | | | | | |
| С | Accounting | 1,626 | | 1,626 | | | | | | |
| d | Lobbying | , | | · | | | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | | | | | | |
| f | Investment management fees | | | | | | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column | | | | | | | | | |
| | (A) amount, list line 11g expenses on Schedule O.) | 3,354 | | 3,354 | | | | | | |
| 12 | Advertising and promotion | 2,118 | 2,118 | | | | | | | |
| 13 | Office expenses | 10,600 | | 10,600 | | | | | | |
| 14 | Information technology | | | | | | | | | |
| 15 | Royalties | | | | | | | | | |
| 16 | Occupancy | 9,422 | 4,711 | 4,711 | | | | | | |
| 17 | Travel | 5,332 | 5,332 | | | | | | | |
| 18 | Payments of travel or entertainment expenses | | | | | | | | | |
| | for any federal, state, or local public officials | | | | | | | | | |
| 19 | Conferences, conventions, and meetings | 36,604 | 36,604 | | | | | | | |
| 20 | Interest | 329 | | 329 | | | | | | |
| 21 | Payments to affiliates | | | | | | | | | |
| 22 | Depreciation, depletion, and amortization | | | | | | | | | |
| 23 | Insurance | 3,320 | | 3,320 | | | | | | |
| 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 O.) | | | | | | | | | |
| а | Reimbursable expenses | 5,141 | 5,141 | | | | | | | |
| b | PayPal fees | 2,134 | | 2,134 | | | | | | |
| С | Miscellaneous overhead | 1,434 | | 1,434 | | | | | | |
| d | Bank charges & fees | 761 | | 761 | | | | | | |
| е | All other expenses | | | | | | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 132,884 | 95,997 | 33,470 | 3,417 | | | | | |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs | | | | | | | | | |
| | from a combined educational campaign and | | | | | | | | | |
| | fundraising solicitation. Check here if | | | | | | | | | |
| | following SOP 98-2 (ASC 958-720) | | | | | | | | | |

Part X **Balance Sheet**

LANFest

| | | Check if Schedule O contains a response or note to any line in this Part X | | | |
|-----------------------------|-----|--|-------------------|-----|------------------------|
| | | | (A) | | (B) |
| | | | Beginning of year | | End of year |
| | 1 | Cash - non-interest-bearing | 33,501 | 1 | 41,449 |
| | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 1,000 | 4 | 1,000 |
| | 5 | Loans and other receivables from any current or former officer, director, | | | |
| | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | | controlled entity or family member of any of these persons | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined | | | |
| | | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| s | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | |
| As | 9 | Prepaid expenses and deferred charges | | 9 | |
| - | 10a | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a | | | |
| | b | Less: accumulated depreciation 10b | | 10c | |
| | 11 | Investments - publicly traded securities | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 5,293 | 15 | 5,293 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 39,794 | 16 | 47,742 |
| | 17 | Accounts payable and accrued expenses | | 17 | |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| S | 22 | Loans and other payables to any current or former officer, director, | | | |
| Liabilities | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| abi | | controlled entity or family member of any of these persons | | 22 | |
| Ï | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | 5,374 | 24 | 418 |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | | of Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 5,374 | 26 | 418 |
| | | Organizations that follow FASB ASC 958, check here | | | |
| ces | | and complete lines 27, 28, 32, and 33. | | | |
| lan | 27 | Net assets without donor restrictions | | 27 | |
| Bal | 28 | Net assets with donor restrictions | | 28 | |
| pu | | Organizations that do not follow FASB ASC 958, check here | | | |
| Fu | | and complete lines 29 through 33. | | | |
| ō | 29 | Capital stock or trust principal, or current funds | | 29 | |
| ets | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| SS | 31 | Retained earnings, endowment, accumulated income, or other funds | 34,420 | 31 | 47,324 |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | 34,420 | 32 | 47,324 |
| Ž | 33 | Total liabilities and net assets/fund balances | 39,794 | 33 | 47,742 |
| EEA | | | , | | Form 990 (2020) |

3a

Х

the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

Schedule O.

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

Public Charity Status and Public Support

OMB No. 1545-0047

Employer identification number

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.

Open to Public Inspection

LANFest 45-1135701 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An 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: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having 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. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d U 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 II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing other support (see support (see above (see instructions)) document? instructions) instructions) Yes Nο (A) (B) (C) (D) (E) Total

Schedule A (Form 990 or 990-EZ) 2020 Page 2 LANFest 45-1135701 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in)▶ (a) 2016 **(b)** 2017 (c) 2018 (d) 2019 (f) Total (e) 2020 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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 Section B. Total Support Calendar year (or fiscal year beginning in)▶ **(b)** 2017 (d) 2019 (a) 2016 (c) 2018 (e) 2020 (f) Total Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business 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 instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) ▶ □ Section C. Computation of Public Support Percentage 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) % 15 Public support percentage from 2019 Schedule A, Part II, line 14 % 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this П b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check П 17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported П b 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part II

Schedule A (Form 990 or 990-EZ) 2020 **LANFest** 45-1135701 Page 3

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.)

| Sec | ction A. Public Support | | | | | | |
|-----|--|------------------|-------------------|------------------|------------------|-----------------|------------------|
| Cal | endar year (or fiscal year beginning in)▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received. (Do not include any "unusual grants.") | 26,858 | 51 | 2,762 | 7,460 | 85,553 | 122,684 |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 122,176 | 158,040 | 158,807 | 140,681 | 83,807 | 663,511 |
| 3 | Gross receipts from activities that are not an | | | ===,== | | | |
| | unrelated trade or business under section 513 • | | | | 73,113 | 10,329 | 83,442 |
| 4 | Tax revenues levied for the | | | | , | , | , |
| | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 149,034 | 158,091 | 161,569 | 221,254 | 179,689 | 869,637 |
| 7a | Amounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than disqualified | | | | | | |
| | persons that exceed the greater of \$5,000 | | | | | | |
| | or 1% of the amount on line 13 for the year | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| _ | line 6.) | | | | | | 869,637 |
| | ction B. Total Support | | | | | | |
| | endar year (or fiscal year beginning in)▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| | Amounts from line 6 | 149,034 | 158,091 | 161,569 | 221,254 | 179,689 | 869,637 |
| 10a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, rents, | | | | | | |
| | royalties, and income from similar sources | | | | 2 | 7 | 9 |
| D | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| _ | acquired after June 30, 1975 Add lines 10a and 10b | | | | | _ | |
| | Net income from unrelated business | | | | 2 | 7 | 9 |
| 11 | activities not included in line 10b, whether | | | | | | |
| | or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or | | | | | | |
| 12 | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | 149,034 | 158,091 | 161,569 | 221,256 | 179,696 | 869,646 |
| 14 | First 5 years. If the Form 990 is for the orga | | | | | | |
| | organization, check this box and stop here | | | | | | |
| Sec | ction C. Computation of Public Suppor | rt Percentage | , | | | | |
| | Public support percentage for 2020 (line 8, c | | | column (f)) . | | 15 | 100.00 % |
| | Public support percentage from 2019 Sched | | | | | 16 | 100.00 % |
| | ction D. Computation of Investment In | | | | | | |
| 17 | Investment income percentage for 2020 (line | 10c, column (| f), divided by li | ne 13, column | (f)) | 17 | 0.00 % |
| 18 | Investment income percentage from 2019 So | | | | | 18 | 0.00 % |
| 19a | 33 1/3% support tests - 2020. If the organiz | ation did not ch | neck the box o | n line 14, and l | ine 15 is more | than 33 1/3%, | and line |
| | 17 is not more than 33 1/3%, check this box | | | | | | |
| b | 33 1/3% support tests - 2019. If the organiz | | | | | | |
| | line 18 is not more than 33 1/3%, check this | | | | | | |
| 20 | Private foundation. If the organization did n | ot check a box | on line 14, 19 | a, or 19b, chec | k this box and | see instruction | ıs ▶ 🗌 |

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

LANFest

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in 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 lines 5b and 5c 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?
- 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).
- Bid 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 | | |
| | | |
| 3a | | |
| | | |
| 3b | | |
| 3с | | |
| 4- | | |
| 4a | | |
| | | |
| 4b | | |
| | | |
| 4c | | |
| 70 | | |
| | | |
| | | |
| 5a | | |
| 5b | | |
| 5c | | |
| | | |
| | | |
| 6 | | |
| | | |
| 7 | | |
| 8 | | |
| | | |
| 9a | | |
| 9b | | |
| | | |
| 9с | | |
| | | |
| 10a | | |
| 10b | | |
| | | |

45-1135701

LANFest

| Pai | t IV Supporting Organizations (continued) | | | |
|--------|---|--------|--------|-------|
| | r | | Yes | No |
| | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in lines 11b and | 44. | | |
| | , | 11a | | |
| | , , , , , , , , , , , , , , , , , , , | 11b | | |
| С | A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI . | 11c | | |
| Sec | tion B. Type I Supporting Organizations | 110 | | |
| | non Di Typo i oupporting organizationo | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |
| - | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | |
| | 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 officers, 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 | | |
| Sac | tion D. All Type III Supporting Organizations | | | |
| 000 | ion B. Air Type in Supporting Significations | | 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 line 2, above, 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 | | | |
| 800 | supported organizations played in this regard. | 3 | | |
| | tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins | truci | tions) | 1 |
| 1 a | The organization satisfied the Activities Test. Complete line 2 below. | uci | uons | |
| b | The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> | | | |
| | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s | see ir | struci | tions |
| | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| | 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 line 2a, above, 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 | 0: | | |
| _ | these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | 20 | | |
| h | trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | 3a | | |
| IJ | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |
| | | | 1 | |

Enter 0.85 of line 1.

Enter greater of line 2 or line 3.

Income tax imposed in prior year

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

PUBLIC DISCLOSURE COPY Schedule A (Form 990 or 990-EZ) 2020 LANFest 45-1135701 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3. Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 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) 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. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 7 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount **Current Year** Adjusted net income for prior year (from Section A, line 8, Column A) 1

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

2

3

4

5

6

| | le A (Form 990 or 990-EZ) 2020 LANFEST | CLOSURE COPY | 45-1 | | 5701 Page | ; 7 |
|----------|---|------------------------------------|---------------------------------------|----------|---|------------|
| Par | t V Type III Non-Functionally Integrated 509(a)(3) | Supporting Organiz | ations (continued |) | | |
| Sec | tion D - Distributions | | | | Current Year | |
| 1 | Amounts paid to supported organizations to accomplish exem | npt purposes | | 1 | | _ |
| | Amounts paid to perform activity that directly furthers exempt | | | | | _ |
| | organizations, in excess of income from activity | | | 2 | | |
| 3 | Administrative expenses paid to accomplish exempt purposes | s of supported organizat | tions | 3 | | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) - pr | rovide details in Part VI) | | 5 | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | | |
| 8 | Distributions to attentive supported organizations to which the | e organization is respons | sive | | | |
| | (provide details in Part VI). See instructions. | | | 8 | | |
| | Distributable amount for 2020 from Section C, line 6 | | | 9 | | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | | |
| Sec | tion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributior Pre-2020 | าร | (iii) Distributable Amount for 2020 | |
| | Distributable amount for 2020 from Section C, line 6 | | | | | |
| 2 | Underdistributions, if any, for years prior to 2020 | | | | | |
| | (reasonable cause required - explain in Part VI). See | | | | | |
| | instructions. | | | _ | | |
| | Excess distributions carryover, if any, to 2020 | | | | | |
| | From 2015 | | | | | |
| | From 2016 | | | | | |
| | From 2017 | | | | | |
| | From 2018 | | | | | |
| | From 2019 | | | _ | | |
| | Total of lines 3a through 3e | | | _ | | |
| | Applied to underdistributions of prior years | | | _ | | |
| | Applied to 2020 distributable amount | | | | | _ |
| <u> </u> | Carryover from 2015 not applied (see instructions) | | | _ | | |
| | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | _ | | |
| 4 | Distributions for 2020 from | | | | | |
| | Section D, line 7: \$ | | | - | | _ |
| | Applied to underdistributions of prior years Applied to 2020 distributable amount | | | _ | | |
| | Remainder. Subtract lines 4a and 4b from line 4. | | | | | _ |
| | Remaining underdistributions for years prior to 2020, if | | | - | | _ |
| 3 | any. Subtract lines 3g and 4a from line 2. For result | | | | | |
| | greater than zero, explain in Part VI . See instructions. | | | | | |
| | Remaining underdistributions for 2020. Subtract lines 3h | | | | | |
| J | and 4b from line 1. For result greater than zero, explain in | | | | | |
| | Part VI. See instructions. | | | | | |
| 7 | Excess distributions carryover to 2021. Add lines 3j | | | | | |
| • | and 4c. | | | | | |
| 8 | Breakdown of line 7: | | | \dashv | | |
| | Excess from 2016 | | | | | |
| | Excess from 2017 | | | | | |
| ~ | | | | | | |

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

c Excess from 2018 d Excess from 2019

e Excess from 2020

. . . .

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

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

SCHEDULE D (Form 990)

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.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

| <u>LAN</u> | <u>Fes</u> t | | | 5-1135701 |
|------------|--|--|----------------------|---|
| Pa | | | or Accounts. | |
| | Complete if the organization answered "Yes" or | n Form 990, Part IV, line 6. | | |
| | | (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 | • | | |
| | funds are the organization's property, subject to the organizat | tion's exclusive legal control? | | L Yes L No |
| 6 | Did the organization inform all grantees, donors, and donor a | dvisors in writing that grant funds car | n be used | |
| | only for charitable purposes and not for the benefit of the don | | | |
| _ | conferring impermissible private benefit? | | | Yes L No |
| Pa | rt II Conservation Easements. | | | |
| | Complete if the organization answered "Yes" of | | | |
| 1 | Purpose(s) of conservation easements held by the organization | | | |
| | Preservation of land for public use (e.g., recreation or ed | | | rically important land area |
| | Protection of natural habitat | ∐ Preser | vation of a certifi | ied historic structure |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualific | ed conservation contribution in the fo | rm of a conserva | tion |
| | easement on the last day of the tax year. | | | Held at the End of the Tax Year |
| a | | | <u> </u> | 2a |
| b | , | | | 2b |
| С | Number of conservation easements on a certified historic stru | | · · · · · · _ ; | 2c |
| d | Number of conservation easements included in (c) acquired a | | | |
| _ | historic structure listed in the National Register | | | 2d |
| 3 | Number of conservation easements modified, transferred, rel | eased, extinguished, or terminated by | y the organizatio | n during the |
| | tax year • | | | |
| 4 | Number of states where property subject to conservation eas | | | |
| 5 | Does the organization have a written policy regarding the per | | | □ v ₂ . □ v ₂ |
| • | violations, and enforcement of the conservation easements it | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, h | nandling of violations, and enforcing of | conservation eas | sements during the year |
| - | A | Pour de de la Company de la Co | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | ling of violations, and enforcing cons | ervation easeme | ents during the year |
| • | \$ | | 470(L)(4)(D)(i) | |
| 8 | Does each conservation easement reported on line 2(d) above | e satisty the requirements of section | (/ / / // | □ vee □ Ne |
| | and section 170(h)(4)(B)(ii)? | | | |
| 9 | | | | |
| | balance sheet, and include, if applicable, the text of the footn organization's accounting for conservation easements. | ote to the organization's illiancial stat | terrierits triat des | cribes trie |
| Pa | rt III Organizations Maintaining Collections | s of Art Historical Treasure | s or Other S | Similar Assets |
| | Complete if the organization answered "Yes" | | o, or ourier c | Additional |
| | If the organization elected, as permitted under FASB ASC 95 | | ent and halance | sheet works |
| | of art, historical treasures, or other similar assets held for pub | | | |
| | service, provide, in Part XIII the text of the footnote to its finar | | | Public |
| b | If the organization elected, as permitted under FASB ASC 95 | | | et works of |
| ~ | art, historical treasures, or other similar assets held for public | • | | |
| | provide the following amounts relating to these items: | combiner, education, or research in | iditificiance of p | ubile service, |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | b ¢ |
| | (ii) Assets included in Form 990, Part X | | | |
| 2 | If the organization received or held works of art, historical trea | | | - |
| - | following amounts required to be reported under FASB ASC 9 | | anoiai gairi, provi | 40 410 |
| , | Revenue included on Form 990, Part VIII, line 1 | | | ▶ € |
| a h | Assets included in Form 990 Part X | | | |
| μ | | | | |

45-1135701 Page 2
milar Δssets (continued)

| Га | t III Organizations Maintaining | conections of A | AIL, III | Stori | Cai i | reasures, o | וו טוו | iei Sillillai AS | 3612 (cc | IIIIIII | eu) |
|-------|---|-----------------------|------------|----------|----------|------------------|-----------|----------------------|------------------|-----------|-----|
| 3 | Using the organization's acquisition, accession | n, and other records | , check a | any of | the foll | lowing that mal | ke sigr | nificant use of its | | | |
| | collection items (check all that apply): | | | _ | | | | | | | |
| а | Public exhibition | | d | | Loan | or exchange pr | ogram | s | | | |
| b | Scholarly research | | е | | Other | | | | | | |
| С | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's colle | ections and explain | how they | y furth | er the | organization's e | exemp | t purpose in Part | | | |
| | XIII. | | | | | | | | | | |
| 5 | During the year, did the organization solicit or receive donations of art, historical treasures, or other similar | | | | | | | | | | |
| | assets to be sold to raise funds rather than to be maintained as part of the organization's collection? | | | | | | | | | | |
| Pai | rt IV Escrow and Custodial Arran | • | _ | | | | | | | _ | |
| | Complete if the organization a 990, Part X, line 21. | inswered "Yes" | on For | m 99 | 90, Pa | art IV, line 9, | or re | eported an amo | ount on I | orm | |
| 1a | Is the organization an agent, trustee, custodiar | n or other intermedia | ary for co | ntribu | tions o | or other assets | not | | _ | | _ |
| | included on Form 990, Part X? | | | | | | | | Yes | s | No |
| b | If "Yes," explain the arrangement in Part XIII ar | nd complete the follo | owing tab | ole: | | | | | | | |
| | | | | | | | | Am | ount | | |
| С | Beginning balance | | | | | | 10 | : | | | |
| d | Additions during the year | | | | | | 10 | I | | | |
| е | Distributions during the year | | | | | | 16 |) | | | |
| f | Ending balance | | | | | | 1f | | | | |
| 2a | Did the organization include an amount on For | m 990, Part X, line 2 | 21, for es | scrow | or cust | todial account l | liability | ? | . Yes | s 🗌 | No |
| b | If "Yes," explain the arrangement in Part XIII. C | theck here if the exp | olanation | has b | een pr | rovided on Part | XIII | | | | |
| Pai | rt V Endowment Funds. | | | | | | | | | | |
| | Complete if the organization a | nswered "Yes" | on For | m 99 | 0, Pa | art IV, line 10 |). | | | | |
| | | (a) Current year | (b) i | Prior ye | ar | (c) Two years ba | ack | (d) Three years back | (e) Four | r years b | ack |
| 1a | Beginning of year balance | | | | | | | | | | |
| b | Contributions | | | | | | | | | | |
| С | Net investment earnings, gains, and | | | | | | | | | | |
| | losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities and | | | | | | | | | | |
| | programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the currer | nt year end balance | (line 1g, | colun | nn (a)) | held as: | | | | | |
| а | Board designated or quasi-endowment | % | | | | | | | | | |
| b | Permanent endowment • % | | | | | | | | | | |
| С | Term endowment • % | | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c shoul | d equal 100%. | | | | | | | | | |
| 3a | Are there endowment funds not in the possess | sion of the organizat | ion that a | are he | ld and | administered f | or the | | | | |
| | organization by: | | | | | | | | | Yes | No |
| | (i) Unrelated organizations | | | | | | | | . 3a(i) | | |
| | (ii) Related organizations | | | | | | | | . 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related organization | ons listed as require | ed on Sc | hedul | eR?. | | | | . 3b | | |
| 4 | Describe in Part XIII the intended uses of the c | | vment fu | nds. | | | | | | | |
| Pai | rt VI Land, Buildings, and Equipm | | _ | - | | | _ | _ | | | |
| | Complete if the organization a | inswered "Yes" | on For | m 99 | 0, Pa | art IV, line 11 | ıa. S | ee Form 990, F | art X, li | ne 10 |). |
| | Description of property | (a) Cost or other | | (b | • | r other basis | | Accumulated | (d) Boo | k value | |
| | | (investme | ent) | \perp | (0 | other) | d | epreciation | | | |
| 1a | Land | | | \perp | | | | | | | |
| b | Buildings | | | \perp | | | | | | | |
| С | Leasehold improvements | | | \perp | | | | | | | |
| d | Equipment | | | \perp | | | | | | | |
| е | Other | | | | | | | | | | |
| Total | I. Add lines 1a through 1e. (Column (d) must ed | ual Form 990. Part | X. colum | n (B). | line 10 | Oc.) | | ▶ ⊤ | _ | | _ |

| 135701 | Page 3 |
|--------|--------|

| Part VII | Complete if the organization answer | ed "Yes" on For | m 990, Part IV, | line 11b. See Forr | n 990, Part X, line 12. |
|--------------------|--|-----------------|--------------------|--------------------------|---|
| | (a) Description of security or category (including name of security) | | (b) Book value | | (c) Method of valuation: or end-of-year market value |
| (1) Financial | derivatives | | | | |
| (2) Closely-he | eld equity interests | | | | |
| (3) Other | | | | | |
| (A) | | | | | |
| (B) | | | | | |
| (C) | | | | | |
| (D) | | | | | |
| (E) | | | | | |
| (F) | | | | | |
| (G) (H) | | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 1: | 2) | | | |
| Part VIII | Investments - Program Related. Complete if the organization answere | | m 990, Part IV, | line 11c. See Forn | n 990, Part X, line 13. |
| | (a) Description of investment | | (b) Book value | | (c) Method of valuation: or end-of-year market value |
| (1) | | | | Cost | or end-or-year market value |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | n (b) must equal Form 990, Part X, col. (B) line 1: | 21 | | | |
| Part IX | Other Assets. | 5.) | | | |
| | Complete if the organization answere | ed "Yes" on For | m 990. Part IV. | line 11d. See Forn | n 990. Part X. line 15. |
| , | · • | Description | , | | (b) Book value |
| (1)Other | current assets | • | | | 5,293 |
| (2) | | | | | , |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 1 | 5.) | | <u></u> | 5,293 |
| Part X | Other Liabilities. | | 000 B 111 | 1: 44 445.0 | E 000 D 11/ |
| | Complete if the organization answere line 25. | ed "Yes" on For | m 990, Part IV, | line 11e or 11f. Se | e Form 990, Part X, |
| 1. | (a) Description of liability | (b) Book v | /alue | | |
| | ncome taxes | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) T tol (0-1) | (h) must small Fame 2000 Pa () () () () () | | | | |
| | (b) must equal Form 990, Part X, col. (B) line 25.) | l | the ergonization's | financial statements the | at raparta tha |

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

45-1135701

| Pa | Reconciliation of Revenue per Audited Financial Statements With Rev | • | |
|--------------------|---|----------------------------|--|
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12 | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | | | |
| b | | | |
| С | | | |
| d | - ' | | |
| е | | | |
| 3 | Subtract line 2e from line 1 | | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| а | | | |
| b | | | |
| _C | | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | |
| Pa | Reconciliation of Expenses per Audited Financial Statements With E | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12 | | |
| 1 | Total expenses and losses per audited financial statements | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | | | |
| b | | | |
| C | | | |
| d | | 20 | |
| е 3 | Subtract line 2e from line 1 | | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| - | | | |
| • | | | |
| a h | | | |
| b | Other (Describe in Part XIII.) | 46 | |
| b c | Other (Describe in Part XIII.) | | |
| b c 5 | Other (Describe in Part XIII.) | | |
| b c 5 | Other (Describe in Part XIII.) | 5 | |
| b c 5 Pai | Other (Describe in Part XIII.) | rt V, line 4; Part X, line | |
| b c 5 Pai | Other (Describe in Part XIII.) | rt V, line 4; Part X, line | |
| b c 5 Pai | Other (Describe in Part XIII.) | rt V, line 4; Part X, line | |
| b c 5 Pai | Other (Describe in Part XIII.) | rt V, line 4; Part X, line | |
| b c 5 Pai | Other (Describe in Part XIII.) | rt V, line 4; Part X, line | |
| b c 5 Pai | Other (Describe in Part XIII.) | rt V, line 4; Part X, line | |
| b c 5 Pai | Other (Describe in Part XIII.) | rt V, line 4; Part X, line | |
| b c 5 Pai | Other (Describe in Part XIII.) | rt V, line 4; Part X, line | |
| b c 5 Pai | Other (Describe in Part XIII.) | rt V, line 4; Part X, line | |
| b c 5 Pai | Other (Describe in Part XIII.) | rt V, line 4; Part X, line | |
| b c 5 Pai | Other (Describe in Part XIII.) | rt V, line 4; Part X, line | |
| b c 5 Pai | Other (Describe in Part XIII.) | rt V, line 4; Part X, line | |
| b c 5 Pai | Other (Describe in Part XIII.) | rt V, line 4; Part X, line | |
| b c 5 Pai | Other (Describe in Part XIII.) | rt V, line 4; Part X, line | |
| b c 5 Pai | Other (Describe in Part XIII.) | rt V, line 4; Part X, line | |
| b c 5 Pai | Other (Describe in Part XIII.) | rt V, line 4; Part X, line | |
| b c 5 Pai | Other (Describe in Part XIII.) | rt V, line 4; Part X, line | |
| b c 5 Pai | Other (Describe in Part XIII.) | rt V, line 4; Part X, line | |
| b c 5 Pai | Other (Describe in Part XIII.) | rt V, line 4; Part X, line | |
| b c 5 Pai | Other (Describe in Part XIII.) | rt V, line 4; Part X, line | |
| b c 5 Pai | Other (Describe in Part XIII.) | rt V, line 4; Part X, line | |
| b c 5 Pai | Other (Describe in Part XIII.) | rt V, line 4; Part X, line | |
| b c 5 Pai | Other (Describe in Part XIII.) | rt V, line 4; Part X, line | |

EEA Schedule D (Form 990) 2020

SCHEDULE I (Form 990)

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.

2020 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

| Name of the organization | | | | | | Employer identification | number |
|--|---------------------------|------------------------------------|-----------------------------|---------------------------------------|---|---------------------------------------|------------------------------------|
| LANFest | | | | | | 45-1135701 | |
| Part I General Information on | | | | | | | |
| 1 Does the organization maintain records to | substantiate the amo | unt of the grants or assista | ance, the grantees' eligil | bility for the grants or as | sistance, and | | |
| the selection criteria used to award the gra | | | | | | | . X Yes No |
| 2 Describe in Part IV the organization's proc | | | | | | | |
| Part II Grants and Other Assistand | | _ | | | | es" on Form 990, | |
| Part IV, line 21, for any recipi | | | <u> </u> | | | T | 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 |
| (1)EI.BO | | | | | | | |
| 1511 Pranther Ave | | | | | | | Charitable |
| Saint Louis MO 63139 | 81-1763324 | 501(c)(3) | 9,246 | | | | operations |
| (2) Volunteers of America of We | | | | | | | |
| P.O. Box 839 | 01 0555100 | E01 () (0) | 6 001 | | | | Charitable |
| Everett WA 98206 | 91-0577129 | 501 (c) (3) | 6,001 | | | | operations |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (7) | | | | | | | |
| (5) | | | | | | | |
| | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (6) | | | | | | | |
| (9) | | | | | | | |
| | | | | | | | |
| (10) | | | | | | | |
| 2 Enter total number of section 501(c)(3) and | d government organiz | ations listed in the line 1 ta | l able | <u> </u> | | ▶ | |
| 3 Enter total number of other organizations li | isted in the line 1 table | | | | | <u></u> | |

| (a) Type of grant or assistance | (b) Number of | (c) Amount of | (d) Amount of | (e) Method of valuation (book, | (f) Description of noncash assistance |
|---------------------------------|---------------------------|-----------------------|------------------------|--------------------------------|---------------------------------------|
| | recipients | cash grant | noncash assistance | FMV, appraisal, other) | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Supplemental Information. Pr | rovide the information re | quired in Part I, lir | ne 2; Part III, columr | n (b); and any other additi | onal information. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

EEA

SCHEDULE O (Form 990 or 990-EZ)

PUBLIC DISCLOSURE COPY 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.

OMB No. 1545-0047

Open to Public Inspection

45-1135701

Department of the Treasury Internal Revenue Service Name of the organization

LANFest

Employer identification number

| 01. Officer, directors, etc. family relationship (Part VI, line 2) |
|--|
| Gary Briggs, Board Member, and Katy Briggs, President are married. Bridget Reese, Chief |
| Operating Officer, and Derek Reese, Chief Technology Officer, are siblings. |
| |
| 02. Local chapters, branches, affiliates (Part VI, line 10a) |
| LANfest has informal relationships with affiliates in several State that assist with |
| events. LANfest's Board is in the process of formalizing these relationships through the |
| adoption of policies and procedures to recognize its affiliates as chapters. |
| |
| 03. Form 990 governing body review (Part VI, line 11) |
| The Board delegates the preparation of the Form 990 to the President. The President |
| engages a professional return preparer and compiles the annual financial information. The |
| return preparer drafts the Form 990 with the President's oversight. The President provides |
| the Board Members with a complete copy of the draft Form 990 prior to filing. |
| |
| 04. Conflict of interest policy compliance (Part VI, line 12c) |
| Board members are required to disclose any conflicts of interest on an annual basis. |
| |
| 05. Governing documents, etc, available to public (Part VI, line 19) |
| Governing documents and LANfest's Forms 1023 and 990 are provided to the public upon |
| request. |
| |
| 06. Part VII, response or note to any other line in Part VII |
| Gary Briggs is a member of the Board of Directors but does not vote. |

SCHEDULE R (Form 990)

Department of the Treasury

LANFest

PUBLIC DISCLOSURE COPY

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.

► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

OMB No. 1545-0047

Employer identification number

45-1135701

2020

Open to Public Inspection

| i de la companya de l | | J | | | , | | | |
|--|------|--------------|----------------------------|--|------------------------|----------------------------------|------------------------|---------------------------|
| (a) Name, address, and EIN (if applicable) of disregarded entity | | Prima | (b) ary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f Direct cor en |) ntrolling titv |
| (1) LAN All Night LLC, | | | | J ,, | | | | , |
| 777 LAKE CAROLYN PKWY APT 1128 | | | | | | | | |
| Irving TX 75039-4495 | | Charitable | e gaming | TX | 9,866 | | LANFest | |
| (2) LANFest Austin LLC, | | | | | | | | |
| 6201 SNEED CV APT 825 | | | | | | | | |
| Austin TX 78744-4214 | | Charitable | e gaming | TX | | | LANFest | |
| (3) | | | | | | | | |
| | | | | | | | | |
| (4) | | | | | | | | |
| | | | | | | | | |
| (5) | | | | | | | | |
| | | | | | | | | |
| Part II Identification of Related Tax-Exempt Organization one or more related tax-exempt organizations du | | | organization a | answered "Yes" o | n Form 990, Part | IV, line 34 beca | use it had | |
| (a) | | (b) | (c) | (d) | (e) | (f) | 0 5 | (g) 12(b)(13) |
| Name, address, and EIN of related organization | Prim | ary activity | Legal domicile (state | | Public charity status | | g Sec. 5 contro | 12(b)(13) lled entity? |
| | | | or foreign country) | | (if section 501(c)(3)) | entity | Yes | No |
| (1) | | | | | | | | |
| | | | | | | | | |
| (0) | | | | | | | | |
| (2) | | | | | | | | |
| | | | | | | | | |
| (3) | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| (4) | | | | | | | | |
| | | | | | | | | |
| (5) | | | | | | | | |
| | | | | 1 | | 1 | | 1 |

LANFest

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

| DOGGGGG IT HAG ON | io oi illoro rolatoa orgal | neadono (| oa to a pa | ranoromp daming | and take your. | | | | | | | | | | | | | | |
|--|----------------------------|---|---------------------------|-------------------|---|--------------------------------|--|-----------------------|---------------------------------|-------------------------------|----|-------------------------------|--|-------------------------------|--|--|------------------------------|--|-------------------------|
| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h |) | (i) | (j) | | (k) | | | | | | | |
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | e entity | income (related, unrelated, excluded from | income (related, unrelated, | income (related, inco unrelated, excluded from | Share of total income | Share of end-of- year assets | Disproportionate allocations? | | Disproportionate allocations? | | Disproportionate allocations? | | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | General or managing partner? | | Percentage ownership |
| | | country) | | sections 512-514) | | | Yes | No | | Yes | No | | | | | | | | |
| (1) | | | | | | | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | | | | | | | |

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) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i | i) |
|-----|--|------------------|--|------------------------------|--|-----------------------|-----------------------------|-------------------------|--------------------|----|
| | Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign country) | Direct controlling entity | Type of entity (C corp, S corp, or trust) | Share of total income | Share of end-of-year assets | Percentage ownership | ge Section 512(b)(| |
| | | | | | | | | | Yes | No |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| (5) | | | | | | | | | | |

Yes

No

| Schedule R | (Form 990) 2020 | |
|------------|-----------------|--|
| | | |
| | | |

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V

Transactions with Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | | | 1a | |
|--|-------------|-----------------|-----------------------|--------------|-------------|
| b Gift, grant, or capital contribution to related organization(s) | | | | 1b | |
| c Gift, grant, or capital contribution from related organization(s) | | | | 1c | |
| $\textbf{d} \ \ \text{Loans or loan guarantees to or for related organization} (s) \qquad \dots $ | | | | 1d | |
| e Loans or loan guarantees by related organization(s) | | | | 1e | |
| | | | ! | | |
| $\begin{tabular}{lll} f & \end{tabular} Dividends from related organization(s) & \dots & $ | | | | 1f | |
| g Sale of assets to related organization(s) | | | | 1g | |
| $\begin{picture}(20,20) \put(0,0){\line(1,0){100}} \put(0,0){\line(1,0){10$ | | | | 1h | |
| $i \text{Exchange of assets with related organization(s)} \dots \\ \dots$ | | | | 1i | |
| j Lease of facilities, equipment, or other assets to related organization(s) | | | | 1j | |
| | | | ! | | |
| ${\bf k}$ Lease of facilities, equipment, or other assets from related organization(s) | | | | 1k | |
| I Performance of services or membership or fundraising solicitations for related organization(s) | | | | 11 | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | | | 1m | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | 1n | |
| o Sharing of paid employees with related organization(s) | | | | 10 | |
| | | | ! | | |
| p Reimbursement paid to related organization(s) for expenses | | | | 1p | |
| q Reimbursement paid by related organization(s) for expenses | | | | 1q | |
| | | | 1 | | |
| r Other transfer of cash or property to related organization(s) | | | | 1r | |
| s Other transfer of cash or property from related organization(s) | | | | 1s | |
| If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, included | | | | · · · · · · | |
| (a) | (b) | (c) | (d) | | |
| Name of related organization | Transaction | Amount involved | Method of determining | | lved |
| · | type (a-s) | | ű | | |
| | | | | | |
| (1) | | | | | |
| | | | | | |
| (2) | | | | | |
| | | | | | |
| (3) | | | | | |
| | | | | | |
| (4) | | | | | |
| | | | | | |
| (5) | | | | | |
| •• | | | | | |
| (6) | | | | | |
| EA | <u> </u> | 1 | Sched | lule R (Forn | n 990) 2020 |

EE

Schedule R (Form 990) 2020 LANFest 45-1135701 Page 4

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) | (b) | (c) | (d) | (е | ;) | (f) | (g) | (h |) | (i) | (j) |) | (k) |
|----------|---------------------------|------------------|--|------------------|---|----|--|-----|--------|--|-----|--------------------------------|----|-----|
| Name, ad | ddress, and EIN of entity | Primary activity | (state or foreign income (related, ex- | | Predominant income (related, unrelated, excluded from tax under sections 512-514) | | Share of Disproportionate end-of-year assets | | tions? | onate Code V-UBI Gene s? amount in box 20 man | | neral or anaging artner? | | |
| | | | | 35555.5 012 014) | Yes | No | | | Yes | No | | Yes | No | |
| 1) | | | | | | | | | | | | | | |
| 2) | | | | | | | | | | | | | | |
| 3) | | | | | | | | | | | | | | |
| 1) | | | | | | | | | | | | | | |
| 5) | | | | | | | | | | | | | | |
| 6) | | | | | | | | | | | | | | |
| 7) | | | | | | | | | | | | | | |
| 3) | | | | | | | | | | | | | | |
| 9) | | | | | | | | | | | | | | |
| 0) | | | | | | | | | | | | | | |
| 1) | | | | | | | | | | | | | | |
| 2) | | | | | | | | | | | | | | |

EEA

IRS ବ୍ୟମିକ Signature Authorization for an Exempt Organization

| | - | _ | |
|---|---|---|--------------|
| or calendar year 2020, or fiscal year beginning | | | . and ending |

Do not send to the IRS. Keep for your records.

2020

OMB No. 1545-0047

| Department of the Treasury Internal Revenue Service | ► Go to www.irs.gov/Form8879EO for the late | est information | |
|---|---|--|------------------------|
| Name of exempt organization or per | | | dentification number |
| LANFest | | 45-113 | 35701 |
| Name and title of officer or person s | ubject to tax | 10 110 | ,5.01 |
| Katie Briggs, Pres | sident | | |
| | eturn and Return Information (Whole Dollars Onl | v) | |
| | n for which you are using this Form 8879-EO and enter the applic | | eturn. If vou |
| | a, 3a, 4a, 5a, 6a, or 7a, below, and the amount on that line for th | | • |
| | b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not el | | |
| return, then enter -0- on the | e applicable line below. Do not complete more than one line in P | art I. | |
| 1a Form 990 check here | ▶ 🗵 b Total revenue , if any (Form 990, Part VIII, column (A | A), line 12) | 1b 153,371 |
| 2a Form 990-EZ check he | | | |
| 3a Form 1120-POL check | | | |
| 4a Form 990-PF check he | | | |
| 5a Form 8868 check here | ` | , | |
| 6a Form 990-T check here | | | |
| 7a Form 4720 check here | | | |
| | n and Signature Authorization of Officer or Per | | |
| | I declare that I am an officer of the above organization or | _ | ax with respect to |
| (name of organization) | | and that I have examir | |
| · | n and accompanying schedules and statements, and, to the best | | . , |
| | . I further declare that the amount in Part I above is the amount s | • | • |
| • | nediate service provider, transmitter, or electronic return originato | • • | |
| • | an acknowledgement of receipt or reason for rejection of the trar | , , | |
| ` ' | rund, and (c) the date of any refund. If applicable, I authorize the | ` ' | • |
| | ic funds withdrawal (direct debit) entry to the financial institution | • | |
| • | federal taxes owed on this return, and the financial institution to | · | • |
| • • | he U.S. Treasury Financial Agent at 1-888-353-4537 no later tha | • | |
| • • | thorize the financial institutions involved in the processing of the | • • • • • | • |
| , | cessary to answer inquiries and resolve issues related to the pay | • • | |
| | as my signature for the electronic return and, if applicable, the co | · | |
| , , | 7 11 | | |
| PIN: check one box only | | | |
| x I authorize Build | d Advisory Corporation to enter my PIN ERO firm name | N 12345 as my s Enter five numbers, but do not enter all zeros | ignature |
| state agency(ies) re | 20 electronically filed return. If I have indicated within this return to egulating charities as part of the IRS Fed/State program, I also a disclosure consent screen. | ., | • |
| electronically filed i | rson subject to tax with respect to the organization, I will enter my return. If I have indicated within this return that a copy of the retu as part of the IRS Fed/State program, I will enter my PIN on the | rn is being filed with a state age | ency(ies) |
| Signature of officer or person subject | et to tay | Date ▶ 05-1 | 7-2021 |
| | ion and Authentication | Date ► 03-1 | . 2021 |
| | r six-digit electronic filing identification | | |
| · · · · · · · · · · · · · · · · · · · | your five-digit self-selected PIN. | | 11027 |
| | | D | Oo not enter all zeros |
| I certify that the above num | eric entry is my PIN, which is my signature on the 2020 electroni | cally filed return indicated above | e Loonfirm |
| • | urn in accordance with the requirements of Pub. 4163 , Moderniz | • | |
| IRS e-file Providers for Bus | • | .ou o-i iio (ivioi) iiiioiiiialioii ioi | , tati IOHZOU |
| II CO C-IIIC I TOVIGETS TOI DUS | moss rotallis. | | |
| | | - · · · · · · · · · · · · | 0.001 |

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So