# FOR TAX YEAR 2020

VIRGINIA HIGHLAND CIVIC ASSOCIATION

Adair and Rosedale 1104 Rosedale Drive NE Atlanta, GA 30306 (404)313-5561

# Adair and Rosedale

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May 03, 2021

Virginia Highland Civic Association PO Box 8401 Station F Atlanta, GA 31106

Virginia Highland Civic Association:

Enclosed is the 2020 federal return for a tax-exempt organization, prepared for Virginia Highland Civic Association from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (404)313-5561.

Sincerely,

Ellin

Robert Tallini, EA Adair and Rosedale

Form	99	o			Re	turn	of O	raaniz	zation	. Evo	mnt I	From Ind	omo	Tay			OMB No. 1545-0047
Form	m 990 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)												2020				
			Uno	der se	ction	501(c),	527, or	4947(a)(	(1) of the	e Interna	al Rever	nue Code (ex	xcept pr	ivate foun	datior	ns)	2020
Denartm	ent of th	e Treasury			► De	o not ei	nter soc	ial secu	rity numl	bers on	this for	m as it may	be mad	le public.			Open to Public
		e Service			►	Go to	www.ir	s.gov/Fo	rm990 fo	or instr	uctions	and the late	est infor	mation.			Inspection
A Fo	or the 2	2020 calenda	ar y <u>ea</u>	r, or t	ax ye	ar begi	nning					, 2020,	and end	ing			, 20
B Ch	eck if ap	plicable:	с	Name	of orga	nization <b>V</b>	irgin	ia Hig	hland	Civi	c Asso	ociation			DE	mploy	er identification number
Ad	dress ch	ange		Doing	busines	ss as											58-2019516
Na	me chan	ige		Numbr	er and s	street (or F	P.O. box if	mail is not d	elivered to	street add	ress)		Room/su	uite	E Te	elepho	ne number
Init	ial returr	ı	Р	о вс	x 84	401 s	tatio	n F									(404)281-5303
Fir	al return	/terminated		City or	r town, s	state or pr	ovince, co	untry, and ZI	IP or foreigr	n postal co	ode				GG	Gross r	eceipts
An	nended r	eturn	А	tlan	nta,	GA 3	1106								\$		28,010
Ap	plication	pending	F	Name	and ad	dress of p	rincipal off	icer: Davi	ld Bra	ndenb	erger			H(a) Is this a	group re	turn for	subordinates? Yes X No
			s	ame	as (	c abo	ve				-			H(b) Are all	subord	inates	included? Yes No
I Ta	x-exemp	t status:	501(c)(	3)	<b>X</b> 501	(c) ( <b>4</b>	) 🗲 (ir	nsert no.)	494	47(a)(1) or		527		If "No,	" attach	a list.	See instructions
J We	ebsite:	► N/A												H(c) Group	exempt	tion nu	imber 🕨
K Fo	rm of or	anization: X	Corpor	ation	Tru	st 🗌 As	sociation	Other	•			L Year of forma	ition: <b>19</b> '				domicile: GA
Part	-	Summar												-			
	1	Briefly descri		e organ	nizatio	n's mis	sion or r	nost siani	ficant ac	tivities:	The	purpose	of th	ne Asso	liat	ion	is the
		-		-				-									f residents of
ce	-	Virginia					0_ 0.				500-						
Jan	-	<u>viiginia</u>	mrg	<u></u> an													
Governance	2	Check this bo	ov ► [			anizatio	n discor	tinued its	operatio	ons or d	isnosed	of more than	25% of	its not assu	ate		
65		Number of v			-										1	<u>ı</u>	11
ళ		Number of in	-			-	-										
Activities &			•		0			0	• •	•	. ,						11
ivit		Total number															0
Act		Total number			•			• /									200
		Total unrelat						-	( )							-	0
	D	Net unrelate	a busi	ness ta	axable	eincom	e from F	orm 990-	T, Part I,	, line 11						a	0
	•	Constributions	م ام مر م		(D = ++	\/III_lim								Prior Year			Current Year
		Contributions	-	-	•		,										16,057
nu		Program ser												44	8,08	9	11,953
Revenue		Investment ir															0
Ř		Other revenu															0
		Total revenue				-		•		. ,				44	8,08	9	28,010
		Grants and s			•	•		. ,	,								0
		Benefits paid											·				0
s		Salaries, oth		•						. ,			·				0
Expenses		Professional		•	```			· · ·	,				•				0
be		Total fundrai	-	•	•		•	,	·			0	<u> </u>				
ш		Other expens	•	-		. ,.			,						8,47		52,945
		Total expens				`	•		`		,				8,47		52,945
	19	Revenue les	s expe	inses.	Subt	ract line	18 from	n line 12							9,61		(24,935)
Net Assets or Fund Balances														inning of Cur			End of Year
sets		Total assets	•		,									1,11	9,05	2	1,094,117
t As nd B		Total liabilitie	•		,												0
		Net assets o			ces.	Subtrac	t line 21	from line	20				•	1,11	9,05	2	1,094,117
Part		Signatu															
		s of perjury, I dec nd complete. Dec												wledge and be	eliet, it is	5	
										-	-						
<b>C</b> :		Barry	-														
Sign		Signatur	e of offic	;er												Date	
Here			-		-	reasu	rer										
	,	Type or			title												
		Print/Type pre	parer's r	name			Prepare	er's signature		M.	lini	Date		Check	х	if P	PTIN
Paid		Robert	Tall	.ini,	, EA		Robe	rt Tal	lini,	EA	~~~~	05-03-2	021	self-er	nployed		P00687119
Prep	arer	Firm's name	►		Ada	air a	nd Ro	sedale	,				1	Firm's EIN 🕨			
Use	Only	Firm's address	5 Þ		110	)4 Ro	sedal	e Driv	e NE				1	Phone no.			
					At	lanta	GA 3	0306							40	<u>4-3</u> :	13-5561
May th	ne IRS	discuss this	return	with tl	he pre	parer s	hown at	ove? (se	e instruc	tions)							X Yes 🗌 No

Form	990 (2020) Virginia Highland Civic Association	58-2019516	Page <b>2</b>
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
1	Briefly describe the organization's mission:		
	The purpose of the Association is the promotion and futherance of the common	good, genera	al 👘
	welfare, and interests of residents of Virginia-Highland.		
	District and the second state of the Manufacture and the state of the second state of the second state of the state of the second state of the sec		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		
	If "Yes," describe these new services on Schedule O.	tes <u>x</u>	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
5	services?	Ves 🕅	No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	ed by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c		
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$17,512 including grants of \$) (Revenue	\$	)
	Park maintenance - maintain and beautify four total parks in the neighborhood	d.	
4b	(Code: ) (Expenses \$ 11,326 including grants of \$ ) (Revenue	\$ 11,	567)
	Summerfest _ Celebrate the beginning of summer with diverse arts, great food		
	much more.	· · · · · ·	
		<u> </u>	
4c	(Code:) (Expenses \$4,388 including grants of \$) (Revenue	\$	)
	Communications Committee - Providing newsletters, website, etc. to keep resi	dents informe	ea.
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 2,827 including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses        36,053		
EEA		Form	<b>990</b> (2020)

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Pa	rt IV Checklist of Required Schedules			1
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•		1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2		x
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		v
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		x
U	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			-
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	- ·		А
Ū	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		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section $170(b)(1)(A)(ii)$ ? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	146		v
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		x
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		~
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		~
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	- "		-
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		-	
	If "Yes," complete Schedule G, Part III	19		x
20 a		20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	· · · · ·			`

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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		x
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?	05h		
26	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		
27	controlled entity or family member or any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26		x
27				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		v
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part	21		x
20	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV.	28a		x
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? If	200		~
Ŭ	"Yes," complete Schedule L, Part IV.	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M.	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
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		x
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		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 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	x	
Par				
	Check if Schedule O contains a response or note to any line in this Part V		-	$-\square$
			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		

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Yes	No
2a	Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	-		
	<b>Note:</b> 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?			x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	0.0		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			x
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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		
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		
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		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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			
40-	against amounts due or received from them.)	40-		
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.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
ь	<b>Note:</b> 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	-		
C 1/3	Enter the amount of reserves on hand	140		v
14a b	Did the organization receive any payments for indoor tanning services during the tax year?			x
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule $Q$	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		v
	excess parachute payment(s) during the year?	15		x
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	0		x

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Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	a "No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructio	ns.		
	Check if Schedule O contains a response or note to any line in this Part VI			. x
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u> </u>		
	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	<u> </u>		
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		x
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?			x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7-		
<b>L</b>	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
2	the year by the following: The governing body?	8a	v	
a b	Each committee with authority to act on behalf of the governing body?	8b	x x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	00		
5	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		x
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		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	-	x	
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	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	x	
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		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	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.			
4.5	Own website Another's website X 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,			
20	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			
	Barry Loudis (404)281-5303, PO Box 8401 Station F, Atlanta, GA 31106			

Form 990 (20	20) Virginia Highland Civic Association	58-2019516	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co Independent Contractors	ompensated Employe	es, and
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete	this table for all persons required to be listed. Report compensation for the calendar year ending with o	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.

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

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

			•		C)					
(A)	Name and title         Average         box, unless person is both an         F		(D)	(E)	(F)					
Name and title			Reportable	Reportable	Estimated amount					
	hours	officer and a director/trustee) from		compensation	compensation	of other				
	per week			from the	from related organizations	compensation from the				
	(list any hours for	Individual trustee or director	organization		(W-2/1099-MISC)	organization and				
	related	lirec	itutio	cer	'em	bloye	mer	. ,		related organizations
	organizations	al tru	Institutional trustee		Key employee	e con				
	below	Jstee	trust		ee	Ipen				
	dotted line)	Ű	ee			sate				
						٩				
(1) Leah Matthews	5.00			_						
Director		x						0	0	0
(2) Mike Lewis	5.00							•		<b>v</b>
Director		x						0	0	0
(3) Johnson Bazzel	5.00							<b>v</b>		<b>v</b>
Director		x						0	0	0
(4) Anurag Sahn	5.00									
Director		x						0	0	0
(5) Ian Stedman	5.00									
Director		x						0	0	0
(6) David Taylor-Klaus	5.00									
Director		х						0	0	0
(7) Cherry Frederick	5.00									
Director		х						0	0	0
(8) Louis Franzoni	5.00									
Vice President		х		х				0	0	0
(9) David Brandenberger	5.00									
President		х		х				0	0	0
(10)Katie_Voelpel	5.00									
Secretary		х		х				0	0	0
(11)Barry Loudis	5.00									
Treasurer		х		х				0	0	0
(12)										
(13)										
<u>(14)</u>										

	90 (2020) Virginia Highland										3-20195	516	P	'age <b>8</b>
Part	VII Section A. Officers, Directors, Trustee	es, Key Emp	oloyee	s, ar			est Co	omp	ensated Employe	es (contin	ued)			
	(A) Name and title	(B) Average hours per week	box,	unles	Po eck m ss pe	rson is	nan one s both ar /trustee)		(D) Reportable compensation from the organization	(E) Reportab compensat from relate organizatio	able ation ated	com	(F) ated amo of other opensati om the	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-N		orgar	organiz	
(15)														
<u>(16)</u>														
(17)														
(18)														
(19)														
(20)														
(23)														
(24)														
(25)														
1b c	Subtotal	ion A	· · ·					-						
d	Total (add lines 1b and 1c)							•	0		0			0
2	Total number of individuals (including but not limit reportable compensation from the organization		listed a	bove	e) w	ho re	eceiveo	d mo	ore than \$100,000	of			Yes	No
3	Did the organization list any <b>former</b> officer, direct employee on line 1a? <i>If</i> "Yes," <i>complete Schedu</i>						-					3		x
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater th													
5	individual	compensatio	on from	any	unr	elate	ed orga	aniza	ation or individual			4		x
Socti	for services rendered to the organization? If "Yes on B. Independent Contractors	s," complete	Sched	ule .	J for	suc	h pers	on		••••	<u></u>	5		х
1	Complete this table for your five highest compensation													
	compensation from the organization. Report comp (A)	bensation for	the cal	enaa	ar ye	ear e	naing	with	or within the organ (B)	nization's ta	ax year.	(C)		
	Name and business addres	SS							Description of servic	es		Compensa	ation	
. <u></u>														
2	Total number of independent contractors (includin received more than \$100,000 of compensation from	-				ted a	above)	) wh	0					

Form 990 (2020)

Form 9	90 (20	20) Virgi	nia	Highla	nd C	ivic Associat	ion		58-20195	16 Page 9
Part	VIII	Statement of Rev	enu	le						
		Check if Schedule O co	ontair	ns a respons	se or n	ote to any line in this	s Part VIII			[
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .			1a					
<i>6</i>	b	Membership dues			1b					
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events			1c	16,057				
ษัฏ	d	Related organizations .			1d					
àifts ar A	е	Government grants (contr	ributi	ons)	1e					
s, G mils	f	All other contributions, gif	ts, gi	rants,						
tion r Si		and similar amounts not i	ncluc	ded above	1f					
othe	g	Noncash contributions inc	clude	d in						
onti Dd O		lines 1a-1f			1g	\$				
ы В	h	Total. Add lines 1a-1f				<u> </u>	16,057			
						Business Code				
	2a	Summerfest				900099	11,567	11,567		
Program Service Revenue	b	Tour of Homes				900099				
Ser	c	Morningside Mile				900099				
evel 1	d	General Income				900099	386	386		
Reg	е									
Pro	f	All other program service	rever	nue						
	g	Total. Add lines 2a-2f .				•••••	11,953			
	3	Investment income (includi	ing d	ividends, int	erest, a	and				
		other similar amounts) .								
	4	Income from investment of	tax-	exempt bon	d proc	eeds►				
	5	Royalties	<u></u>			· · · · · · ►				
				(i) Rea	al	(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	c	Rental income or (loss)	6c							
	d	I Net rental income or (loss)				· · · · · · •				
	7a	a Gross amount from				(ii) Other				
		sales of assets								
		other than inventory	7a							
	b	Less: cost or other basis								
ne		and sales expenses	7b							
/en	c	Gain or (loss)	7c							
Other Revenue	d	Net gain or (loss)			. <u></u>	<u></u>				
Jer	8a	Gross income from fundra	ising							
ŧ		events (not including \$		16,057	_					
		of contributions reported o	on line	e						
		1c). See Part IV, line 18			8a	1				
	b	Less: direct expenses .			8b					
	c	Net income or (loss) from	fundı	raising even	ts	· · · · · · •				
	9a	Gross income from gaming	g							
		activities, See Part IV, line	19		9a	1				
	b	Less: direct expenses .			9b	)				
	c	Net income or (loss) from	gami	ing activities		<u></u> ▶				
	10a	Gross sales of inventory, I	ess							
		returns and allowances .			10a	a				
	b	Less: cost of goods sold	••		10	<b>b</b>				
	c	Net income or (loss) from	sales	s of inventor	у	· · · · · · •				
						Business Code				
S	11a									
nue	b									
ella ven	c									
Miscellanous Revenue	d	All other revenue								
2	е	Total. Add lines 11a-11d	<b>.</b>	<u></u>	<u></u> .	· · · · · · · · •				
		Total revenue. See instru					28,010	11.953	0	0

Part IX

#### 20) Virginia Highland Civic Association Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all c	columns. All other orga			
	Check if Schedule O contains a response or note to	any line in this Part IX			
Do n	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
8b, 9	b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	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) $\hfill \ .$				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	2,771		2,771	
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.)	3,856	3,856		
12	Advertising and promotion	7,170	7,170		
13	Office expenses	594		594	
14	Information technology	4,388	4,388		
15	Royalties				
16	Occupancy				
17					
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,560		4,560	
23		8,231		8,231	
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.)				
a L	Parks Committee	17,512	17,512		
b	Planning Committee	2,684	2,684		
с С					
d	All other expenses	1 100	4.4.5	<b>B</b> 2 C	
е 25	•	1,179	443	736	^
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	52,945	36,053	16,892	0
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here <b>b</b> if following SOP 98-2 (ASC 958-720)				

	990 (20		58	3-201	9516 Page 11
Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X		<u></u>	
			(A)		(B)
	1		Beginning of year		End of year
	1	Cash - non-interest-bearing	62,636	1	
	2	Savings and temporary cash investments	150,004	2	192,265
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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	
Ś	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
¥	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment. cost or other			
		basis. Complete Part VI of Schedule D 10a 901,852			
	b	Less: accumulated depreciation	901,852	10c	901,852
	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		4,560	14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,119,052	16	1,094,117
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Lial		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	25	0
	20	Organizations that follow FASB ASC 958, check here	0	20	0
		and complete lines 27, 28, 32, and 33.			
ses	27	Net assets without donor restrictions	1,119,052	27	1,094,117
lanc	28	Net assets with donor restrictions	1,119,052	28	1,094,117
Ba	20	Organizations that do not follow FASB ASC 958, check here		20	
pur		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
tso	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
sse	31	Retained earnings, endowment, accumulated income, or other funds		31	
it A:	32	Total net assets or fund balances	1,119,052	32	1,094,117
Re	33	Total liabilities and net assets/fund balances	1,119,052	33	1,094,117
			_,,002		Earm 000 (2020)

EEA

Form 990 (2020)

Form	990 (2020) Virginia Highland Civic Association	58-201951	6	Pa	age <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		28,	010
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		52,	945
3	Revenue less expenses. Subtract line 2 from line 1	. 3		(24,	935)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4	1,	119,	052
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain on Schedule O)	. 9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	. 10	1,	094,	117
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗌
				Yes	No
1	Accounting method used to prepare the Form 990: 🕱 Cash 🗌 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		x
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
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?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Earm	000 (	20201

EEA

Form 990 (2020)

Form 8879-EO	for an	Signature Authorization Exempt Organization		OMB No. 1545-0047
		ginning, and ending		2020
Department of the Treasury		nd to the IRS. Keep for your records.		2020
Internal Revenue Service		v/Form8879EO for the latest information.	Tourselitered	leader much an
Name of exempt organization or pe			Taxpayer identif	
Virginia Highland	Civic Association		58-201951	.6
Barry Loudis, Tre				
	eturn and Return Informatio	n (Whole Dollars Only)		
Check the box for the return check the box on line 1a, 2 blank, then leave line 1b, 2 return, then enter -0- on th 1a Form 990 check here 2a Form 990-EZ check here 3a Form 1120-POL check 4a Form 990-PF check here 5a Form 8868 check here 6a Form 990-T check here 6a Form 990-T check here 7a Form 4720 check here 7a Form 4720 check here 7a Form 4720 check here 1 Under penalties of perjury, (name of organization)	n for which you are using this Form 88 2a, 3a, 4a, 5a, 6a, or 7a, below, and the 2b, 3b, 4b, 5b, 6b, or 7b, whichever is e applicable line below. Do not comp ► X b Total revenue, if any (Form ere ► b Total revenue, if any k here ► b Total tax (Form ere ► b Total tax (Form ere ► b Total tax (Form ere ► b Total tax (Form 990) b Total tax (Form 990) b Total tax (Form 4720) b Total tax (Form 4720) chan and Signature Authorizati I declare that I am an officer of an and accompanying schedules and st . I further declare that the amount in Pa mediate service provider, transmitter, o an acknowledgement of receipt or re ifund, and (c) the date of any refund. I nic funds withdrawal (direct debit) entry federal taxes owed on this return, and	79-EO and enter the applicable amount, if any he amount on that line for the return being file s applicable, blank (do not enter -0-). But, if yo	d with this form to bu entered -0- on 	1b       28,010         2b
confidential information nec	cessary to answer inquiries and resolve	ed in the processing of the electronic payment of e issues related to the payment. I have selecte um and, if applicable, the consent to electronic	d a personal	
PIN: check one box only				
X I authorize Adai	r and Rosedale ERO firm name	to enter my PIN <u>19516</u> Enter five numbers, b do not enter all zeros	as my signat ut	ture
state agency(ies) r PIN on the return's As an officer or pe electronically filed	regulating charities as part of the IRS disclosure consent screen. rson subject to tax with respect to the or return. If I have indicated within this re	ndicated within this return that a copy of the ret Fed/State program, I also authorize the aforem organization, I will enter my PIN as my signatu atum that a copy of the return is being filed with n, I will enter my PIN on the return's disclosure	re on the tax yea	o enter my r 2020 ies)
Signature of officer or person subje	rt to tax	Date	▶ 05-03-20	021
	ion and Authentication	Date	, 33 03-21	
ERO's EFIN/PIN. Enter yo	our six-digit electronic filing identification your five-digit self-selected PIN.		0212 0103 Do not	L 5 enter all zeros
•	turn in accordance with the requirement	ature on the 2020 electronically filed retum indi ents of <b>Pub. 4163</b> , Modernized e-File (MeF) Ir		
ERO's signature   Robe	rt Tallini, EA	Date	▶ 05-03-20	021
	ERO Must Reta	ain This Form - See Instructions		
	Do Not Submit This For	m to the IRS Unless Requested To	Do So	
For Paperwork Reduction	n Act Notice, see instructions.			Form 8879-EO (2020)

990		Ove	erflow Statement			<b>2020</b> Page 1
Name(s) as shown on return			~;~;;~;~~		FEIN	
Virginia Hi	Igniand	CIVIC ASSO	ciation			58-2019516
			Fundraising			
Description	<b>`</b>					Amount
Local busir	iess Co	vid GoFundM	e campaign			16,05
	1000 00			Total:	\$ <u></u>	16,05
	Part T	X Statement	of Functional	Expenses, li	ne 11	C
	TALCI	x beatement	or runceronar	ыкрепьев, тт		
Description						Amount
Accounting				Total	_ <u>,</u> \$	2,77 <b>2,77</b>
				IOLAI:	ې	
	Part I	X Statement	of Functional	Expenses, li	ne 11	g
Description	ı					Amount
<u>Tour of H</u> on	<u>.</u> nes ope	rations			\$	(30
<u>Artist Mark</u>	<u>cet</u>					1,15
Road Race						50
Sponsorship	<u>Commi</u>	SSION		Total·	_د	2,50 <b>3,85</b>
				IULAI.	P	
	Part I	X Statement	of Functional	Expenses, li	ne 12	
Description	_			_	ne 12	Amount
	ı		of Functional	_	\$	<b>Amount</b> 7,17
	ı			_	\$	<b>Amount</b> 7,17
	ı			_	\$	<b>Amount</b> 7,17
	<u>advert</u>	ising		Total:	<u>\$</u> \$	Amount 7,17 7,17
Summerfest	<u>advert</u> Part I	ising X Statement	of Functional	Total: Expenses, li	<u>\$</u> \$ ne 13	Amount 7,17 7,17
Summerfest Description	n <u>advert</u> Part I	ising X Statement	of Functional	Total: Expenses, li	<u>\$</u> \$ ne 13	Amount 7,17 7,17
Summerfest Description	n <u>advert</u> Part I	ising X Statement	of Functional	Total: Expenses, li	<u>\$</u> \$ ne 13	Amount 7,17 7,17
Summerfest Description	n <u>advert</u> Part I	ising X Statement	of Functional	Total: Expenses, li	<u>\$</u> \$ ne 13	Amount 7,17 7,17
Summerfest Description	n advert Part I n tion	ising X Statement	of Functional	Total: Expenses, li Total:	\$ \$ ne 13 \$ \$	Amount 7,17 7,17 Amount 59 59
Summerfest Description	n advert Part I n tion	ising X Statement	of Functional	Total: Expenses, li Total:	\$ \$ ne 13 \$ \$	Amount 7,17 7,17 Amount 59 59
Summerfest Description Administrat	Part I	ising X Statement	of Functional	Total: Expenses, li Total: Expenses, li	 \$ ne 13  \$ ne 14	Amount 7,17 7,17 7,17 Amount 59 59
Summerfest Description Administrat	Part I	ising X Statement	of Functional	Total: Expenses, li Total: Expenses, li	 \$ ne 13  \$ ne 14	Amount 7,17 7,17 Amount 59 59
Summerfest Description Administrat	Part I	ising X Statement	of Functional	Total: Expenses, li Total: Expenses, li	 \$ ne 13  \$ ne 14	Amount 7,17 7,17 Amount 59 59
Summerfest Description Administrat	Part I	ising X Statement	of Functional	Total: Expenses, li Total: Expenses, li	 \$ ne 13  \$ ne 14	Amount 7,17 7,17 Amount 59 59
Summerfest Description Administrat	Part I	ising X Statement	of Functional	Total: Expenses, li Total: Expenses, li	 \$ ne 13  \$ ne 14	Amount 7,17 7,17 Amount 59 59
Summerfest Description Administrat	Part I	ising X Statement	of Functional	Total: Expenses, li Total: Expenses, li	 \$ ne 13  \$ ne 14	Amount 7,17 7,17 Amount 59 59
Administrat	Part I	ising X Statement	of Functional	Total: Expenses, li Total: Expenses, li	 \$ ne 13  \$ ne 14	Amount 7,17 7,17 Amount 59 59
Summerfest Description Administrat	Part I	ising X Statement	of Functional	Total: Expenses, li Total: Expenses, li	 \$ ne 13  \$ ne 14	Amount 7,17 7,17 Amount 59 59
Summerfest Description Administrat	Part I	ising X Statement	of Functional	Total: Expenses, li Total: Expenses, li	 \$ ne 13  \$ ne 14	Amount 7,17 7,17 Amount 59 59
Summerfest Description Administrat	Part I	ising X Statement	of Functional	Total: Expenses, li Total: Expenses, li	 \$ ne 13  \$ ne 14	Amount 7,17 7,17 Amount 59 59

990	Overflow Statement	<b>2020</b> Page 2
Name(s) as shown on return		FEIN
	ghland Civic Association	58-2019516
	Part IX Statement of Functional Expenses, li	ne 23
Description	L	Amount
<u>General ins</u>	urance Total	_ <u>\$ 8,231</u> \$ <b>8,231</b>
	10041:	\$ <u>0,231</u>
	Part IX Statement of Functional Expenses, li	ne 24a
Description	L	Amount
	Park	
<u>N HIGNIANG</u>   Triangle Da	Park rk	<u>6,270</u> 2,230
		950
	Total:	950 \$ <b>17,512</b>
	Planning Committee	
Description		Amount
Consulting	& Research Total.	\$ <u>2,684</u> \$ <b>2,684</b>
Description	Other Program Services	Amount
	d Events Committee	\$ 443
	Total:	\$443
	Other Program Services	
Description	orating Committee	<u>Amount</u> \$ 736
	Total:	\$ <u>736</u>
		·

Г

SCHEI	DULE D
(Form	990)

# **Supplemental Financial Statements**

Complete if the organization answered "Vec" on Form 000

OMB No. 1545-0047

(FOIIII 990)		Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.					2020	
► Attach to Form 990					Open to	Public		
•	rtment of the Treasury al Revenue Service	► Go to www.irs.gov/Forms		he latest information	n.		Inspecti	
	e of the organization					entification n	•	
	-	d Civic Association				019516		
		tions Maintaining Donor Advised Fu	unds or Other Similar	Funds or Account				
		if the organization answered "Yes" on						
	·		(a) Donor advised		(	b) Funds and	other accoun	ts
1	Total number at en	nd of year						
2	Aggregate value of	f contributions to (during year)						
3	Aggregate value of	f grants from (during year)						
4	Aggregate value a	tend of year						
5	Did the organizatio	on inform all donors and donor advisors in w	riting that the assets held in	n donor advised				
	funds are the organ	nization's property, subject to the organization	on's exclusive legal control	?	• • •		Yes	No
6	Did the organizatio	on inform all grantees, donors, and donor adv	visors in writing that grant f	unds can be used				
	only for charitable p	purposes and not for the benefit of the dono	r or donor advisor, or for ar	ny other purpose			_	
_		ssible private benefit?	<u></u>		· • • •		Yes	No
Pa		vation Easements.						
		e if the organization answered "Yes" or		e 7.				
1	,	servation easements held by the organizatio						
	_	of land for public use (e.g., recreation or edu	cation)	Preservation of a h		• •		a
	Protection of n		L	Preservation of a c	ertified	historic stru	icture	
2	Preservation o		l concernation contribution	in the form of a serve	nation			
2		hrough 2d if the organization held a qualified	conservation contribution	In the form of a conse	vation			
а		ast day of the tax year.			2a	Held at the	e End of th	e Tax Year
b					2a 2b			
c	-	vation easements on a certified historic struc			2c			
d		vation easements included in (c) acquired al						
-					2d			
3		vation easements modified, transferred, rele			ation du	uring the		
	tax year 🕨					-		
4	Number of states v	where property subject to conservation ease	ement is located					
5	Does the organizat	tion have a written policy regarding the perio	odic monitoring, inspection,	handling of				
	violations, and enfo	prcement of the conservation easements it h	iolds?		• • • •		Yes	No
6	Staff and volunteer	hours devoted to monitoring, inspecting, ha	ndling of violations, and er	forcing conservation e	aseme	nts during t	he year	
	▶							
7		es incurred in monitoring, inspecting, handlir	ng of violations, and enforce	ing conservation ease	ments c	during the y	ear	
	►\$							
8		vation easement reported on line 2(d) above	• •		.,			□
~	and section 170(h)					• • • • •	Yes	∐ No
9		be how the organization reports conservatio						
		include, if applicable, the text of the footnote ounting for conservation easements.	a to the organization's final	ncial statements that o	escribe	stne		
Pa		zations Maintaining Collections	of Art Historical Tr	easures or Othe	ar Sim	nilar Ass	ots	
14	U	te if the organization answered "Yes" of			, 011	iliai 733	013.	
1a	,	elected, as permitted under FASB ASC 958			ice sher	et works		
	-	asures, or other similar assets held for publi						
		Part XIII the text of the footnote to its finan				-		
b		elected, as permitted under FASB ASC 958			sheet w	orks of		
	•	ures, or other similar assets held for public e						
		ng amounts relating to these items:	· · ·			-		
	•	ded on Form 990, Part VIII, line 1				▶ \$		
		ed in Form 990, Part X						
2	If the organization	received or held works of art, historical treas	sures, or other similar asse	ets for financial gain, p	rovide t			
	following amounts	required to be reported under FASB ASC 9	58 relating to these items:					

▶ \$

▶ \$

	ule D (Form 990) 2020 Virginia Highla						58-2019		Page 2
Pa	rt III Organizations Maintaining	Collections of	Art, Histor	ical Treas	sures, o	or Otl	her Similar As	sets (co	ntinued)
3	Using the organization's acquisition, accession	n, and other records,	, check any of	the following	that make	e signif	icant use of its		
	collection items (check all that apply):								
а	Public exhibition		d 🗌	Loan or exc	hange pro	ogram	S		
b	Scholarly research		е 🗌	Other					
с	Preservation for future generations								
4	Provide a description of the organization's coll	lections and explain	how they furth	er the organi	zation's ex	xempt	purpose in Part		
	XIII.								
5	During the year, did the organization solicit or	receive donations of	art, historical	reasures, or	other simi	ilar			
	assets to be sold to raise funds rather than to							Yes	No
Pa	rt IV Escrow and Custodial Arra		<u> </u>						
	Complete if the organization a		on Form 99	0. Part IV	. line 9.	or re	ported an amo	unt on F	orm
	990, Part X, line 21.			,	,,	00			•••••
1a	Is the organization an agent, trustee, custodiar	or other intermedia	ry for contribut	ions or other	assets no	ot			
iu			-					. 🗌 Yes	No
b	If "Yes," explain the arrangement in Part XIII a					••••		. 🔤 163	
D			owing table.				Amo		
-	Designing belongs					10		Jun	
C	Beginning balance					10			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on For		-						No
	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has l	peen provide	d on Part 2	XIII .			
Pa	rt V Endowment Funds.			_					
	Complete if the organization a	answered "Yes"	on Form 99	<u>90, Part IV</u>	, line 10	).			
		(a) Current year	(b) Prior ye	ar <b>(c)</b> '	Two years ba	ack	(d) Three years back	(e) Four y	ears back
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 current	nt vear end balance	(line 1a. colum	n (a)) held a	s:				
_ 	Board designated or quasi-endowment	%	(	(u))					
h	Permanent endowment > %								
c	Term endowment ► %	0							
U	The percentages on lines 2a, 2b, and 2c shoul	d equal 100%							
20	Are there endowment funds not in the posses		tion that are by	ld and admir	nictorod for	r tha			
3a		Sion of the organiza		au anu aumi				<b></b>	Yes No
	organization by:								Tes NO
	0							3a(i)	
	()							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza			e R?		• • •	• • • • • • • • •	3b	
4	Describe in Part XIII the intended uses of the	•	wment funds.						
Pa	rt VI Land, Buildings, and Equip					_			
	Complete if the organization a	answered "Yes"	on Form 9	90, Part IV	, line 11	a. Se	ee ⊢orm 990, P	art X, lin	e 10.
	Description of property	(a) Cost or oth		) Cost or other	basis		Accumulated	(d) Book	value
		(investm	ent)	(other)		de	preciation		
1a	Land	••		901,	852			9	01,852
b	Buildings	••							
С	Leasehold improvements	•••							
d	Equipment								
е	Other								
Tota	I. Add lines 1a through 1e. (Column (d) must		rt X, column (l	B), line 10.c)				9	01,852

Part VII	Investments - Other Securities.				
	Complete if the organization answered	"Yes" on For	m 990, Part IV, lii	ne 11b. See Form	990, Part X, line 12.
	<ul> <li>(a) Description of security or category (including name of security)</li> </ul>		(b) Book value		<ul> <li>Method of valuation: r end-of-year market value</li> </ul>
	erivatives				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
,	n (b) must equal Form 990, Part X, col. (B) line 12.	)			
Part VIII	Investments - Program Related.	,			
	Complete if the organization answered	"Yes" on For	m 990, Part IV, lir	ne 11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value		) Method of valuation:
			(b) Book value		r end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col. (B) line 13.	)			
Part IX	Other Assets.	/			
J	Complete if the organization answered	"Yes" on For	m 990, Part IV, lir	ne 11d. See Form	990, Part X, line 15.
		scription			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Columi	n (b) must equal Form 990, Part X, col. (B) line 15.	)			
Part X	Other Liabilities.				
	Complete if the organization answered	"Yes" on For	m 990, Part IV, lir	ne 11e or 11f. See	e Form 990, Part X,
	line 25.				
1.	(a) Description of liability	<b>(b)</b> Book v	alue		
(1) Federal ir	ncome taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 25.) . ►				
2. Liability for	uncertain tax positions. In Part XIII, provide the text	of the footnote to	the organization's fin	ancial statements that	reports the
-	iability for uncertain tax positions under FASB ASC		-		·

Virginia Highland Civic Association

58-2019516

Page 3

Schedule D (Form 990) 2020

	ule D (Form 990) 2020 Virginia Highland Civic Association	58-2019516	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	-	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expense	es per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments         2b		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
C	Add lines <b>4a</b> and <b>4b</b>		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	
Pa	rt XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G	Supplemer	ntal Informatio	on Regard	ding Fund	Iraising or Gan	ning Act	ivities	OMB No. 1545-0047
(Form 990 or 990-EZ)		if the organization	answered "Y	es" on Form	990, Part IV, line 17,	- 18, or 19, or		2020
Department of the Treasury Internal Revenue Service		► At	tach to Form	990 or Form	Form 990-EZ, line 6a 990-EZ. nd the latest informa			Open to Public Inspection
Name of the organization		30 to www.irs.gov/r			na the latest morma	uon.	Employer ide	entification number
Virginia Highland	Civic Asso	ociation						19516
			he organiz	zation ans	wered "Yes" on	Form 99		
	-	t required to con	-				o, : a	,
1 Indicate whether the		,			ies. Check all that a	apply.		
a Mail solicitations	0	C C		-	f non-government g			
<b>b</b> Internet and emai	solicitations		f 🗌 S	Solicitation of	f government grants	;		
c 🗌 Phone solicitation	S		g 🗌 🤅	Special fund	aising events			
d 🗌 In-person solicitat	ions							
2a Did the organization	have a written or	r oral agreement w	ith any indivi	dual (includir	ng officers, directors	, trustees,		
or key employees lis	ed in Form 990,	Part VII) or entity	in connectior	n with profess	sional fundraising se	ervices?	<u> </u>	es 🗌 No
<b>b</b> If "Yes," list the 10 hi	0 1	· ·	indraisers) p	ursuant to ag	reements under wh	ich the fund	draiser is to b	e
compensated at leas	t \$5,000 by the c	organization.						
		1				(		
(i) Name and address	of individual			draiser have r control of	(iv) Gross receipts		ount paid to tained by)	(vi) Amount paid to (or retained by)
or entity (fundra	iser)	(ii) Activity		outions?	from activity		ser listed in	organization
			Yes	No		C	ol. <b>(i)</b>	
1			103					
•								
2								
3								
4								
5								
6								
7								
1								
8								
9								
10								
Total	the organization		ensed to sol	► icit contributi	ons or has been no	tified it is e>	kempt from	

Schedule G (Form 990 or 990-EZ) 2020	Virginia High	land Civic	Association

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		gross receipts greater than	\$5,000.							
			(a) Event #1 Covid GoFund	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))				
			(event type)	(event type)	(total number)					
Revenue	1	Gross receipts	16,057			16,057				
ĽĽ.	2	Less: Contributions								
	3	Gross income (line 1 minus								
		line 2)	16,057			16,057				
		·								
	4	Cash prizes								
	5	Noncash prizes								
nses	6	Rent/facility costs								
Direct Expenses	7	Food and beverages								
Direct	8	Entertainment								
	9	Other direct expenses								
	10	Direct expense summary. Add lines								
D	11	Net income summary. Subtract line				16,057				
Pa	rt II			Yes" on Form 990, Part	TV, line 19, or reported r	nore than				
		\$15,000 on Form 990-EZ,	line ba.							
е			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)				
Revenue						···· (-) ······				
Re	1	Gross revenue								
	2	Cash prizes								
ses		·								
Expen	3	Noncash prizes								
Direct Expenses	4	Rent/facility costs								
Δ	-	Other direct our encode								
	5	Other direct expenses	Yes %	Yes %	Yes %					
	6	Volunteer labor	□ Tes %	□ Tes %	□ Tes %					
	7	Direct expense summary. Add lines	2 through 5 in column (d)							
	8	Net gaming income summary. Subt	tract line 7 from line 1 colum	mn (d)	<b>_</b>					
	0	The gaming income summary. Subl	uacume / nomine i, colu	(u)	•••••					
9	Fn	ter the state(s) in which the organizat	tion conducts daming activi	ties <sup>.</sup>						
a		the organization licensed to conduct of				Yes 🗌 No				
b										
~		- / - · · · · · · · · · · · · · · · · ·								
10a	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?									
			•	0						
b	lf "	Yes," explain:								

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

# 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

20

Open to Public Inspection

Employer identification number

Virginia Highland Civic Association

58-2019516

## 01. Form 990 governing body review (Part VI, line 11)

The form is reviewed by the Treasurer.

## 02. Conflict of interest policy compliance (Part VI, line 12c)

Directors are expected to self-monitor their activities and interests and report any

instance that could give rise to a conflict of interest with the stated goals and

achievements of the organization.

#### 03. Governing documents, etc, available to public (Part VI, line 19)

The organization has limited documents available on its website including bylaws, meeting

miniutes, Form 990, budgets and yearly strategic plans.

#### 04. List of other fees for services expenses (Part IX, line 11g)

Summerfest & Tour of Homes operating expenses: \$3,856

Statement of Program Service Accomplis		
Name(s) as shown on return	Your So	cial Security Number 58-2019516
Virginia Highland Civic Association		58-2019516
Form 990-Part III(a)		Statement #4
Statement of Service Accomplis	nment	
-		
Program Service Code		
Program Service Expenses	\$2684	
Grants and allocations included in above expense	<b>\$</b> 0	
Program Services Revenue	\$0	
Explanation		
Planning Committee - Oversee all aspects of organizations act	ivities	

	Statement of Program Service Acco	omplishments	2020 PG01
lame(s) as shown on return		•	Your Social Security Number
'irginia Highlar	d Civic Association		58-2019516
	Form 990-Part III() Statement of Service Accor		Statement #4
Program Service	Code		
rogram Service	Expenses	\$443	
	ations included in above expense	\$0	
rogram Services	Revenue	\$0	
Explanation			
	nts -make information available and pro		ghborhood events th
issemination of	its electronic newsletter, the Voice.		

Statement of Program Service Acco	omplishments	<b>2020</b> PG01	
Name(s) as shown on return		Your Social Security Number	
Virginia Highland Civic Association		58-2019516	
Form 990-Part III(c Statement of Service Accom		Statement #4	
Program Service Code			
Program Service Expenses	\$0		
Grants and allocations included in above expense	\$0		
Program Services Revenue	\$0		

#### Explanation

Runners and neighbors celebrate the arrival of Spring with an incredible block party featuring live entertainment, fun, and refreshments. The funds raised from the race and block party are used to enhance our neighborhood partnership between Morningside Lenox Park Association (MLPA), Virginia-Highland Civic Association (VCHA), and area businesses, joining forces to revitalize the North Highland Corridor through Atlanta's original intown neighborhoods.

	Statement of Program Service Accom	plishments 2020 PG01
me(s) as shown on return		Your Social Security Number
irginia Highla	nd Civic Association	58-2019516
	Form 990-Part III(d) Statement of Service Accomp	Statement #4
rogram Service		
rogram Service		\$0
	cations included in above expense	\$0
rogram Service	s Revenue	\$0
xplanation		
	Preserve, protect, and enhance a safe qua	lity of life for residents and vis
E Virginia-Hig	hland.	

Statement of Program Service Acco	mplishments	2020 PG01
Name(s) as shown on return		Your Social Security Number
Virginia Highland Civic Association		58-2019516
Form 990-Part III(e Statement of Service Accom		Statement #4
Program Service Code		
Program Service Expenses	\$0	
Grants and allocations included in above expense	\$0	
Program Services Revenue	\$0	

## Explanation

Virginia Highland Tour of Homes: Acquaint area residents and the general public with the area's history and development by showcasing approximately twelve homes and local restaurants each year.