Under section 50 t(c), 527, or 4947(a(1) of the internal Revenue Code (except private foundations)       Denter social security numbers on this form, as it may be made public.         Open to Public Interactions       > Go to www.irs.gov/Orm909CE to instructions and the latest information.       Denter Public Interactions         A For the 5200 calendar prer, or tax year beginning       AUG 1, 2020 and ending       JUL 31, 2021         A for the 5200 calendar prer, or tax year beginning       AUG 1, 2020 and ending       JUL 31, 2021         A form to 2000 Calendar prer, or tax year beginning       AUG 1, 2020 and ending       JUL 31, 2021         A form to 2000 Calendar prer, or tax year beginning       AUG 1, 2020 and ending       JUL 31, 2021         A form to 2000 Calendar previous, country, and 2P or foreign postal code       Forount 80 the form control control on province, country, and 2P or foreign postal code       Forourb 1 hours and the normalization in the required to attack Schedule 80 the 2A forours 80 the form tax schedule 1 in the control control on the schedule for the schedule form to cognitation:       If the schedule form tax is chedule 1 in the control control on the schedule for tax is chedule 1 in the schedule form to cognitation:       S 73, 4227.         Perform of organization:       I form of organization:       I form of organization:       S 73, 4227.         I worden terming the schedule form tax is control or more or fut to assets (fort in the organization asset control tax is control to the schedule for	Form	99	90-EZ	notani or organization Exempt	Fr	om	n In					OMB No. 1545-0047	
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B       model: a construction       D Employer identification number         Address construction       Andress construction       47 - 18 55 21 0         Name construction       EVENT FREER SECTION       47 - 18 55 21 0         Name construction       EVENT frame, State or province, country, and 2P or forsign postal code       F Celepont frame, state or province, country, and 2P or forsign postal code       F Celepont frame, state or province, country, and 2P or forsign postal code       F Celepont frame, state or province, country, and 2P or forsign postal code       F Celepont frame, state or province, country, and 2P or forsign postal code       F Celepont frame, state or province, country, and 2P or forsign postal code       F Celepont frame, state or province, country, and 2P or forsign postal code       F Celepont frame or postal code       F				Go to www.irs.gov/Form990EZ for instructions a	nd	the la	ntest i	nformati	ion.			Inspection	
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Important         Important         Finite Provide         Finite Provide         Finite Provide         Finite Provide           Branchaster         2708 MASHBURN PD.         Chip ot lown, Sala or province, country, and ZIP or foreign posal code         Finite Provide         Finite Provide           Branchaster and         NASHVILLE, TN 37210         Namete I         Finite Provide         Finite Provide           If weakers:         INTERSECTIONMUSIC - ORG         Other (specify)         Hohek IIII the organization is not required to attach Scholdule B         The organization is not required to attach Scholdule B           I accounting Master (chick only one)         LX (Softy(SU) 501(0)         If itera organization         That accomptisation         S 73, 427.           Part of organization         LX (Softy(SU) 501(0)         Softwaster (structure)         S 73, 427.           Part of the softwaster (structure)         SEE         SCHEDULE O         4         1           Check the organization used Schedule O to respond to any question in this Part 1         Immediation of the organization on used Schedule O to respond to any question in this Part 1         Immediation of the organization of the organiza		٦											
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J       Tax exempt status (check only one)       IX       501(c) (1)       (insert no.)       4947(a)(1) or       527       (form 990.990-EZ, or 990-PF).         K       Form of organization:       IX       Corporation       Trist       Association       0 time         L       Add lines 50, cond 7b to line by othermine gross checipts. If gross checipts is gross checipts as gross checipts as gross checipts as gross checipts. If gross and provide the organization used Schedule 0 to respond to any question in this Part 1       IX       IX       To the organization used Schedule 0 to respond to any question in this Part 1       IX       IX       IX       To the organization used Schedule 0 to respond to any question in this Part 1       IX												-	S
K       Form of organization:       X       Corporation       Trust       Association       Other         L       Add lines 5b, 6c, and 7 to line 9 to determine gross receipts are \$200,000 or more, or if total assets (Part II, column (6)) isolicated of form 990-f2       S       73,427.         Part I       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)       X         Check if the organization used Schedule 0 to respond to any question in this Part I       X       X         1       Contributions, gifts, grants, and smilar amounts received       1       1       71, 826.         2       Program service revenue inclufung government tees and contracts       2       1, 600.       3         3       Membership dues and assessments       3       4       1       56         6       Garing government torm asie of assets other than inventory       Isa       56       56         6       Garing and fundraising events;       50       56       56       56         6       Garing and fundraising events; cont orthoutions seceeds 515,000)       66       66       66       66       66       66       66       66       66       66       66       66       66       66       66       66       72       72       72       72 <td< td=""><td></td><td></td><td>-</td><td></td><td>10</td><td>47/0)/</td><td>(1) an</td><td>507</td><td>1</td><td></td><td></td><td></td><td></td></td<>			-		10	47/0)/	(1) an	507	1				
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, in Form 990 instead of Form 990 HZ. S 373,427. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule 0 to respond to any question in this Part 1 [X] 1 Contributions, gifts, grants, and similar amounts received [1 71, 826]. 2 Program service revene including government less and contracts [3 4] 1 contributions of the same state evenue including government less and contracts [3 4] 4 investment income [SEE_SCHEDULE O [4 1]. 5 a Gross amount from sale of assets other than inventory [subtract lines b from line 5a] 6 Gaming and fundraising events: a Gross income from funding events (subtract lines b from line 5a] 6 Gaming and fundraising events (subtract lines 5b from line 5a] 6 Gaming and fundraising events (subtract lines 5b from line 5a] 6 Gaming events reported on line 1 (lattach Schedule G if greater than stip.000) b Gross income from gaming (attach Schedule G if greater than stip.000) c Less; direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7 a Gross alse of inventory. [ses returns and lowances [7 a] 9 Use stip.000, [6 ] 9 Total revence. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 [7 b] 10 Grants and similar amounts pad (list in Schedule 0) [7 b] 11 (2 19, 350. 12 Volgenses. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 [9 9] (7 a, 78 0. 13 Professional less and there payments to independent contractors [1 3] 3, 78 0. 14 Occupancy, rent, utilities, and simplan (events (column (A)) [1 2 236. 15 Professional less and other payments to independent contractors [1 3] 3, 78 0. 13 Professional less and othere payments to or members [1 236.] 14 Decupancy, rent, utilities, and simplar organ to paymone [1 4] 1, 300 0. 15 Professional less and other payments to organ (fine [2, column (A)) [1 237.] 16 Total			• •			47(a)(	( ) or [	527	(F0	orm 990	, 990-е	Z, or 990-PF).	
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end       Investment income       SEE       SCHEDULE O       4       1.         5a       Gross amount from sale of assets other than inventory       5a       5b       5c         6       Gaining and fundraising events:       5a       5c       5c         6       Gaming and fundraising events:       6a       5c       5c         6       Gross income from fundraising events (not including \$       of contributions       5c         6       Gross sincome from fundraising events (not including \$       of contributions       6d         7       Gross siles of inventory, less returns and allowances       6d       6d         7       Gross sales of inventory, less returns and allowances       7a       7b       7c         7       Gross sales of inventory (subtract line 7b from line 7a)       8       7d       7d         7       Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       73, 427.       7d         10       Grasts and similar amounts paid (list in Schedule 0)       11       11       11         12       Salaries, other compensation, and employee benefits       11       11       11         12       Salaries, other compensation, and employee benefits       11       12       19, 350.         13		3	Membership di	ues and assessments						3			
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Sign       Sign       6a         b       Gross income from fundraising events (not including \$ of contributions from fundraising events exceeds \$15,000)       6b       6c         c       Less: direct expenses from gaming and fundraising events       6c       6d         d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d         7a       Gross sales of inventory, less returns and allowances       7a       7c         b       Less: cost of goods sold       7c       8         c       Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c       8         9       Total revenue (describe in Schedule 0)       10       8       9       73, 427.         10       Grants and similar amounts paid (list in Schedule 0)       10       11       11         11       Salaries, other compensation, and employee benefits       12       19, 350.         13       Professional fees and other payments to independent contractors       13       3, 780.         14       Occupancy, rent, utilities, and maintenance       14       1, 300.       15       236.         16       Other expenses (describe in Schedule 0)       SEE       SCHEDULE O       16       33, 575.         13       P		-	•	•									
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from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000       6b         c       Less: direct expenses from gaming and fundraising events       6c       6d         d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d         7a       Gross sales of inventory, less returns and allowances       7a       7c         b       Less: cost of goods sold       7c       8         c       Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c       8         a       Other revenue (describe in Schedule 0)       8       9       73, 4227.         10       Grants and similar amounts paid (list in Schedule 0)       10       11         11       Esciencial fundrais, and employee benefits       12       19, 350.         13       3, 780.       13       3, 780.         14       0.0       14       1, 300.         15       2.36c.       16       33, 575.         17       Total expenses. (describe in Schedule 0)       16       17       58, 241.         18       Excess or (deficit) for the year (subtract line 17 from line 9)       18       15, 186.       19       287.         19 <td< td=""><td>Sev</td><td>b</td><td>Gross income f</td><td>from fundraising events (not including \$ of</td><td>f con</td><td>tributi</td><td>ions</td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	Sev	b	Gross income f	from fundraising events (not including \$ of	f con	tributi	ions						
c       Less: direct expenses from gaming and fundraising events       6c         d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d         7a       Gross sales of inventory, less returns and allowances       7a       6d         b       Less: cost of goods sold       7b       7c         c       Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c       8         9       Total revenue (describe in Schedule 0)       8       9       73, 4277.         10       Grants and similar amounts paid (list in Schedule 0)       10       10         11       Benefits paid to or for members       11       12       19, 3500.         12       19, 3500.       13       3, 780.       14       1, 3000.         13       Professional fees and other payments to independent contractors       13       3, 780.       14       0.         14       0ccupancy, rent, utilities, and maintenance       14       1, 300.       15       2366.         15       Printing, publications, postage, and shipping       15       236.       16       33, 575.         17       Total expenses. Add lines 10 through 16       17       58, 2411.       18       15, 186. <t< td=""><td>ш</td><td></td><td>from fundraisir</td><td>ng events reported on line 1) (attach Schedule G if the sum of such</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	ш		from fundraisir	ng events reported on line 1) (attach Schedule G if the sum of such									
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d         7a       Gross sales of inventory, less returns and allowances       7a         b       Less: cost of goods sold       7b         c       Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c         8       Other revenue (describe in Schedule 0)       8         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       73, 4227.         10       Grants and similar amounts paid (list in Schedule 0)       10         11       Benefits paid to or for members       11         12       19, 350.       13       3, 780.         13       3, 780.       14       1, 300.         14       0ccupancy, rent, utilities, and maintenance       14       1, 300.         15       2366.       16       33, 575.         17       Total expenses (describe in Schedule 0)       18       15, 186.         18       Excess or (deficit) for the year (subtract line 17 from line 9)       18       15       236.         18       Excess or (deficit) for the year (subtract line 27, column (A))       18       15, 186.       15       287.         19       Net assets or fund balances at beginning of year (from			0		6b								
7a       Gross sales of inventory, less returns and allowances       7a         b       Less: cost of goods sold       7b         c       Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c         8       Other revenue (describe in Schedule 0)       8         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       73, 427.         10       Grants and similar amounts paid (list in Schedule 0)       10       10         11       Benefits paid to or for members       11       12         12       Salaries, other compensation, and employee benefits       12       19, 350.         13       Professional fees and other payments to independent contractors       13       3, 780.         14       Occupancy, rent, utilities, and maintenance       14       1, 300.         15       236.       15       236.         16       Other expenses (describe in Schedule 0)       SEE       SCHEDULE O         18       Excess or (deficit) for the year (subtract line 17 from line 9)       18       15, 186.         19       Net assets or fund balances at beginning of year (from line 27, column (A))       19       287.         20       Other changes in net assets or fund balances (explain in Schedule 0)       20       0.		C											
b       Less: cost of goods sold       7b         c       Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c         8       Other revenue (describe in Schedule 0)       8         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       9       73, 427.         10       Grants and similar amounts paid (list in Schedule 0)       10       10         11       Benefits paid to or for members       11         12       Salaries, other compensation, and employee benefits       12       19, 350.         13       Professional fees and other payments to independent contractors       13       3, 780.         14       Occupancy, rent, utilities, and maintenance       15       236.         15       Printing, publications, postage, and shipping       15       237.         16       Other expenses (describe in Schedule 0)       18       15, 186.         17       Total expenses. Add lines 10 through 16       17       58, 241.         18       Excess or (deficit) for the year (subtract line 27, column (A))       19       287.         19       Other changes in net assets or fund balances (explain in Schedule 0)       20       0.         21       Net assets or fund balances at end of year. Combine lines 18 through 20       2		d			- 1	ie 6c)				6d			
c       Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c         8       Other revenue (describe in Schedule 0)       8         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       9       73, 427.         10       Grants and similar amounts paid (list in Schedule 0)       10       10         11       Benefits paid to or for members       11       11         12       Salaries, other compensation, and employee benefits       12       19, 350.         13       Professional fees and other payments to independent contractors       13       3, 780.         14       Occupancy, rent, utilities, and maintenance       14       1, 300.         15       Printing, publications, postage, and shipping       15       236.         16       Other expenses (describe in Schedule 0)       SEE       SCHEDULLE       16       33, 575.         17       Total expenses. Add lines 10 through 16       17       58, 241.       18       15, 186.         19       Net assets or fund balances at beginning of year (from line 27, column (A))       19       287.       20       0.         21       Other changes in net assets or fund balances (explain in Schedule 0)       20       0.       21       15, 473.										-			
8       Other revenue (describe in Schedule 0)       8         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       73, 427.         10       Grants and similar amounts paid (list in Schedule 0)       10         11       Benefits paid to or for members       11         12       Salaries, other compensation, and employee benefits       12       19, 350.         13       Professional fees and other payments to independent contractors       13       3, 780.         14       Occupancy, rent, utilities, and maintenance       14       1, 300.         15       Printing, publications, postage, and shipping       15       236.         16       Other expenses. (describe in Schedule 0)       SEE       SCHEDULE O       16       33, 575.         17       Total expenses. Add lines 10 through 16       17       58, 241.       18       15, 186.         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       287.         20       Other changes in net assets or fund balances (explain in Schedule 0)       20       0.         21       Net assets or fund balances at end of year. Combine lines 18 through 20       21       155, 473.			-							70			
9Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8973, 427.10Grants and similar amounts paid (list in Schedule 0)1011Benefits paid to or for members1112Salaries, other compensation, and employee benefits1213Professional fees and other payments to independent contractors1314Occupancy, rent, utilities, and maintenance1415Printing, publications, postage, and shipping1516Other expenses (describe in Schedule 0)SEE17Total expenses. Add lines 10 through 161718Excess or (deficit) for the year (subtract line 17 from line 9)1819Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)1920Other changes in net assets or fund balances at end of year. Combine lines 18 through 20212115, 473.													—
10Grants and similar amounts paid (list in Schedule 0)1011Benefits paid to or for members1112Salaries, other compensation, and employee benefits1213Professional fees and other payments to independent contractors1314Occupancy, rent, utilities, and maintenance1415Printing, publications, postage, and shipping1516Other expenses (describe in Schedule 0)SEE17Total expenses. Add lines 10 through 161718Excess or (deficit) for the year (subtract line 17 from line 9)1819Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)1920Other changes in net assets or fund balances (explain in Schedule 0)202115, 473.									•	<u> </u>		73.42	7.
11 Benefits paid to or for members12Salaries, other compensation, and employee benefits13Professional fees and other payments to independent contractors140ccupancy, rent, utilities, and maintenance15Printing, publications, postage, and shipping16Other expenses (describe in Schedule 0)17Total expenses. Add lines 10 through 1618Excess or (deficit) for the year (subtract line 17 from line 9)19Net assets or fund balances at beginning of year (from line 27, column (A))(must agree with end-of-year figure reported on prior year's return)20Other changes in net assets or fund balances (explain in Schedule 0)2115, 473.										+ +		,	
12Salaries, other compensation, and employee benefits1219,350.13Professional fees and other payments to independent contractors133,780.14Occupancy, rent, utilities, and maintenance141,300.15Printing, publications, postage, and shipping15236.16Other expenses (describe in Schedule 0)SEE SCHEDULE O1617Total expenses. Add lines 10 through 161758,241.18Excess or (deficit) for the year (subtract line 17 from line 9)1815,186.19Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)19287.20Other changes in net assets or fund balances (explain in Schedule 0)200.2115,473.2115,473.			Benefits paid to	) or for members									
Yee But13Professional fees and other payments to independent contractors133,780.14Occupancy, rent, utilities, and maintenance141,300.15Printing, publications, postage, and shipping15236.16Other expenses (describe in Schedule 0)SEE SCHEDULE O1633,575.17Total expenses. Add lines 10 through 161758,241.18Excess or (deficit) for the year (subtract line 17 from line 9)1815,186.19Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)19287.20Other changes in net assets or fund balances (explain in Schedule 0)200.2115,473.2115,473.	ş	12	Salaries, other	compensation, and employee benefits						12			
15       Printing, publications, postage, and shipping         16       Other expenses (describe in Schedule 0)       SEE SCHEDULE O         17       Total expenses. Add lines 10 through 16       17         18       Excess or (deficit) for the year (subtract line 17 from line 9)       18       15, 186.         19       Net assets or fund balances at beginning of year (from line 27, column (A))       19       287.         20       Other changes in net assets or fund balances (explain in Schedule 0)       20       0.         21       Net assets or fund balances at end of year. Combine lines 18 through 20       21       15, 473.	nse	13								13			
15       Printing, publications, postage, and shipping         16       Other expenses (describe in Schedule 0)       SEE SCHEDULE O         17       Total expenses. Add lines 10 through 16       17         18       Excess or (deficit) for the year (subtract line 17 from line 9)       18       15, 186.         19       Net assets or fund balances at beginning of year (from line 27, column (A))       19       287.         20       Other changes in net assets or fund balances (explain in Schedule 0)       20       0.         21       Net assets or fund balances at end of year. Combine lines 18 through 20       21       15, 473.	xpe	14	Occupancy, rer	nt, utilities, and maintenance						14			
17Total expenses. Add lines 10 through 1681758,241.18Excess or (deficit) for the year (subtract line 17 from line 9)1819Net assets or fund balances at beginning of year (from line 27, column (A))1920Other changes in net assets or fund balances (explain in Schedule 0)2021Net assets or fund balances at end of year. Combine lines 18 through 2021	ш	15	Printing, public	ations, postage, and shipping						15			
18Excess or (deficit) for the year (subtract line 17 from line 9)1815,186.19Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)19287.20Other changes in net assets or fund balances (explain in Schedule 0)200.21Net assets or fund balances at end of year. Combine lines 18 through 202115,473.			Other expenses	s (describe in Schedule O) SEE	S	CHE	DUI	'E O				33,57	5.
InNet assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)In <tr< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>+ +</td><td></td><td>58,243</td><td><u> </u></td></tr<>										+ +		58,243	<u> </u>
21 Net assets or fund balances at end of year. Combine lines 18 through 20	ţ									18		15,180	0.
21 Net assets or fund balances at end of year. Combine lines 18 through 20	sse	19										2.01	7
21 Net assets or fund balances at end of year. Combine lines 18 through 20	it A												
	Re												
										21	E-		

032171 01-08-21

Forn	m 990-EZ (2020) INTERSECTION		4	47-1	18552	10	Page <b>2</b>
Pa	Part II Balance Sheets (see the instructions for Pa	art II)					
	Check if the organization used Schedule O						X
			(A) Beginning of year		<b>(B)</b> E	nd of yea	
22	2 Cash, savings, and investments		4,188			15,	473.
23	3 Land and buildings			23			
24	4 Other assets (describe in Schedule O)			24			
25			4,188			15,	473.
26	6 Total liabilities (describe in Schedule 0) SEE SCHEDU	LE O	3,901				0.
_27			287	• 27		15,	473.
Pa	Part III Statement of Program Service Accompli	i i	,		Ex (Reauired	penses	-
	Check if the organization used Schedule O		n in this Part III		501(c)(3)		
Wha	nat is the organization's primary exempt purpose? <b>SEE SCHEDU</b>	LE O			organizatio		
	scribe the organization's program service accomplishments for each of its three larges nner, describe the services provided, the number of persons benefited, and other relevance of the services provided in the service of the servi		ses. In a clear and concise		others.)		
28	SEE SCHEDULE O						
				_			
	(Grants \$ ) If this amount includes f	foreign grants, check here			28a	31,	114.
29			·				
	(Grants \$ ) If this amount includes f	foreign grants, check here			29a	14,	688.
30	· · · · · · · · · · · · · · · · · · ·						
	(Grants \$) If this amount includes f	foreign grants, check here			30a		
31	Other program services (describe in Schedule O)						
		foreign grants, check here			31a		
	Total program service expenses (add lines 28a through 31a)				32		802.
Pa	Part IV List of Officers, Directors, Trustees, and			see the i	nstructions f	or Part IV)	
	Check if the organization used Schedule O						X
		(b) Average hours per week devoted to	(C) Reportable compensation (Forms	` contrit	Ith benefits, outions to	(e)Est amount	
	(a) Name and title	per week devoted to	W-2/1000-MISC)	plans, a	/ee benefit nd deferred	compe	
77 17			(in not paid, cinter o )	comp	ensation		
	ELLY CORCORAN	20.00	10 525		0		0
	X-OFFICIO, ARTISTIC DIREC	30.00	19,525.		0.		0.
	HILLIP POWERS	5.00	0.		0		0
	RESIDENT OHN MANSON	5.00	0.		0.		0.
	ECRETARY	2.00	0.		0.		0.
	HRISTY DODSON	2.00	0.		0.		0.
	REASURER	5.00	0.		0.		0.
	NNE D. ROGERS	5.00	· · ·		0.		0.
	X-OFFICIO, CONTRACTOR	1.00	1,435.		0.		0.
	ONDA HELTON	1.00	1,155.		••		0.
	IRECTOR	1.00	0.		0.		0.
	EGAN O'ROARK	1.00	Ŭ.		•••		•••
	IRECTOR	1.00	0.		0.		0.
	ASON PARKER	1.00	Ŭ.				
	IRECTOR	1.00	0.		Ο.		0.
	ARISSA SHAPIRO						
	IRECTOR	1.00	0.		Ο.		0.
-	R. WILLIAM R. TAYLOR						
		1.00	0.		0.		0.
-	IRECTOR	1.00	0.		0.		0.
MF	IRECTOR EI HAN						
ME DI	IRECTOR EI HAN IRECTOR	1.00	0.		0.		0.
ME DI KR	IRECTOR EI HAN						

Form	n 990-EZ (2020) INTERSECTION 47-1855	210		Page <b>3</b>
Pa	art V Other Information (Note the Schedule A and personal benefit contract statement requirements	in th		
	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this			X
				No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule O	33		x
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			<u> </u>
•.	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		x
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			<u> </u>
00 u	on lines 2, 6a, and 7a, among others)?	35a		x
Ь	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax	000	/	F
Ū	requirements during the year? If "Yes," complete Schedule C, Part III	35c		x
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	000		<u> </u>
00	complete applicable parts of Schedule N	36		x
37 9	Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a 0</b> .			
0/a h	Did the organization file Form 1120-POL for this year?	37b		x
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made	070		
00 a	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		x
h	If "Yes," complete Schedule L, Part II, and enter the total amount involved <b>38b</b> N/A	50a		
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
40 a	section 4911 $\blacktriangleright$ 0 • ; section 4912 $\blacktriangleright$ 0 • ; section 4955 $\blacktriangleright$ 0 •			
h	Section 4311 Section 4313 Section 4313 Section 4313 Section 4313 Section 4313 Section 4313 Section 4314 Secti			
U	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		x
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on	400		
U	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 $0$ • 0 •			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
u				
	by the organization U • U • All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
e		40e		x
41	transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed <b>TN</b>	400		
41	The organization's books are in care of $\blacktriangleright$ KELLY CORCORAN Telephone no. $\blacktriangleright$ (617)	359	- 92	96
42 a	Located at $\triangleright$ 2708 MASHBURN RD., NASHVILLE, TN ZIP +4 $\triangleright$ 3	721	<u></u>	50
	At any time during the calendar year, did the organization have an interest in or a signature or other authority $210 + 4 \neq 3$	/ 2 1	0	
U	over a financial account in a foreign country (such as a bank account, securities account, or other financial	I	Voc	No
		42b	163	X
	account)? If "Yes," enter the name of the foreign country	420		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		x
C	If "Yes," enter the name of the foreign country	420		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041 -</b> Check here			
43		N/A		
		<u>и/ л</u>		
		ļ	Vee	No
44 -	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		1 03	
44 a		440		x
F	Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	44a		
D		445		x
	of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c		
đ	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
<u>ا ۲</u>	in Schedule 0	44d		x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		
D	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	AFL		
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		1

Form	990-EZ	(2020)
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Form 9	90-EZ (	2020) INTERSECTION					47-185	521(	)	Page <b>4</b>
									Yes	No
<b>46</b> D	id the o	rganization engage, directly or indirectly, in p	olitical campaign activitie	s on behalf of	or in oppositio	on to candidates for pu	blic office?			
lf	"Yes," (	complete Schedule C, Part I						46		X
Part	: VI	Section 501(c)(3) Organization	ns Only							
		All section 501(c)(3) organizations must	t answer questions 47-	49b and 52,	and complet	te the tables for line	s 50 and 51.			
		Check if the organization used Schedu	le O to respond to any	question in	this Part VI .					
									Yes	No
<b>47</b> D	id the o	rganization engage in lobbying activities or h	ave a section 501(h) elec	tion in effect d	uring the tax y	ear? If "Yes," complete	Sch. C, Part I	47		Х
<b>48</b> Is	s the org	ganization a school as described in section 1	70(b)(1)(A)(ii)? If "Yes," c	omplete Sched	dule E			48		Х
		rganization make any transfers to an exempt								X
		vas the related organization a section 527 or								
		e this table for the organization's five highest							eceived	more
	-	0,000 of compensation from the organization			·		,			
		(a) Name and title of each employe			age hours	(C) Reportable	(d) Health bene	fits, (	e) Estin	nated
					devoted to	compensation (Forms W-2/1099-MISC)	contributions employee bene	efit an	iount of	
		NO	NE	pos	sition	W-2/1099-10100)	plans, and defer compensation	red C	compensat	
								+		
								+		
·										
		nber of other employees paid over \$100,000				· · · · · · · · · · · · · · · · · · ·			<i>.</i>	
		e this table for the organization's five highest		nt contractors	who each rece	eived more than \$100,0	JUU of comper	isation	from th	e
0		,	NE							
	(a)	Name and business address of each independent	dent contractor		(b	) Type of service	(0	;) Comp	ensatio	n
d To	otal nur	nber of other independent contractors each r	eceiving over \$100,000			►				
<b>52</b> D	id the o	rganization complete Schedule A? Note: All s	section 501(c)(3) organization	ations must at	tach a					
C	omplete	d Schedule A						ΧN	′es 🗌	No
Under p	penaltie	s of perjury, I declare that I have examined th	is return, including accor	npanying sche	dules and stat	ements, and to the be	st of my know	edge a	nd belie	f, it is
true, co	orrect, a	nd complete. Declaration of preparer (other t	han officer) is based on a	Il information	of which prepa	rer has any knowledg	е.			
		- lillill on to	,				01/10	/2022	)	
Sign		Signature of officer					Date			
Here		PHILLIP POWERS, PR	ESIDENT							
		Type or print name and title								
		Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN			
						self- employ	ved			
Paid										
Prep		Firm's name 🕨				Firm's EIN				
Use	Only	Firm's address					•			
						Phone no.				
	. 100						<b>L</b>	<u> </u>	· · ·	
May the	e IKS di	scuss this return with the preparer shown ab	ove? See instructions				🕨	<u> </u>	′es 🗋	<u>No</u>

Form 990-EZ (202	0)
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SCHEDULE A	
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Department of the Treasury

Internal Revenue Service

1	Form	990	or	990-EZ	1
1		000	<b>U</b> 1		۰,

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

2020
Open to Public Inspection
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OMB No. 1545-0047

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Nam	Name of the organization							Employer identification number			
			RSECTION						7-1855210		
Pa	τI	Reason for Public (	Charity Status.	(All organizations must c	omplete tl	nis part.) S	ee instructior	าร.			
The c	organ	ization is not a private found	lation because it is: (	For lines 1 through 12, c	heck only	one box.)					
1		A church, convention of ch	urches, or associatio	on of churches described	d in <b>sectio</b>	n 170(b)(*	I)(A)(i).				
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	n 990 or 9	90-EZ).)					
3		A hospital or a cooperative	hospital service orga	anization described in <b>se</b>	ection 170	(b)(1)(A)(i	ii).				
4		A medical research organiz	ation operated in co	njunction with a hospital	describe	d in <b>sectio</b>	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for		llege or university owned	d or opera	ted by a g	overnmental	unit descrit	bed in		
		section 170(b)(1)(A)(iv). (C									
6	37	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>									
7	Х	An organization that norma		ntial part of its support f	rom a gov	ernmental	unit or from 1	the general	public described in		
		section 170(b)(1)(A)(vi). (C									
8		A community trust describe	ed in <b>section 170(b)</b>	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org				-		-	-		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	/, and state o	f the colleg	e or		
		university:									
10		An organization that norma									
		activities related to its exen									
		income and unrelated busir		(less section 511 tax) fro	om busine	sses acqu	ired by the o	rganization	after June 30, 1975.		
		See section 509(a)(2). (Cor	mplete Part III.)								
11		An organization organized a	and operated exclus	ively to test for public sa	ifety. See	section 50	)9(a)(4).				
12		An organization organized a	-	•				-			
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section	509(a)(3). (	Check the box in		
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and con	nplete lines	s 12e, 12f, an	d 12g.			
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s),	typically by	' giving		
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	ees of the s	supporting		
		organization. You must c	complete Part IV, Se	ections A and B.							
b		<b>Type II.</b> A supporting org	anization supervised	l or controlled in connec	tion with i	s support	ed organizatio	on(s), by ha	iving		
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.							
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functiona	Illy integrate	ed with,		
		its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.				
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)		
		that is not functionally int	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness		
		requirement (see instruct	ions). <b>You must con</b>	nplete Part IV, Sections	A and D	and Part	V.				
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	а Туре I, Туре	e II, Type III			
		functionally integrated, or	• •	, , ,							
		er the number of supported of									
g		vide the following information			(iv) is the orac	nization listed	())				
	(	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		nization listed ng document?	(v) Amount o support (see ir	,	(vi) Amount of other support (see instructions)		
		organization		above (see instructions))	Yes	No	Support (See ii	1311 40110113)			
Tota	1										

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

47-1855210 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support	, i	•	,			
-	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	42,066.	55,887.	79,221.	63,600.	71,826.	312,600.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	42,066.	55,887.	79,221.	63,600.	71,826.	312,600.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						13,016.
6	Public support. Subtract line 5 from line 4.						299,584.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	42,066.	55,887.	79,221.	ĠŹ,600.	(e)2020 71,826.	(f) Total 312,600.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2.	2.	4.	1.	1.	10.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						312,610.
12	Gross receipts from related activities,	etc. (see instruction	ons)	•		12	
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax y	/ear as a section 5	501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2020 (I	line 6, column (f), d	livided by line 11,	column (f))		14	95.83 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	92.09 %
16a	33 1/3% support test - 2020. If the c	organization did no	t check the box o	n line 13, and line <sup>-</sup>	14 is 33 1/3% or m	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ <u>X</u>
b	33 1/3% support test - 2019. If the c						
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and <b>stop her</b>	e. Explain in Part '	VI how the organiz	zation
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	ublicly supported o	organization		
b	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not c	heck a box on line			
	more, and if the organization meets th	ne facts-and-circun	nstances test, che	ck this box and <b>st</b>	<b>op here.</b> Explain ir	n Part VI how the	
	organization meets the facts-and-circl	umstances test. Th	ne organization qu	alifies as a publicly	supported organ	ization	
<u>18</u>	Private foundation. If the organizatio						ns ►
						dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2020

#### Schedule A (Form 990 or 990 EZ) 2020 INTERSECTION

#### 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.)

Se	ction A. Public Support								
Cale	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 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.")								
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that are not an unrelated trade or bus-								
	iness under section 513	<u> </u>						 	
4	Tax revenues levied for the organ- ization'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								
	Amounts included on lines 1, 2, and								_
	3 received from disqualified persons								
ł	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the								
	amount on line 13 for the year								_
	Add lines 7a and 7b							l	_
	Public support. (Subtract line 7c from line 6.) ction B. Total Support							<u> </u>	_
	endar year (or fiscal year beginning in)	(a) 2016	(h) 2017	(a) 2019	(4) 2010	10	10000		_
		<b>(a)</b> 2016	(b) 2017	(c) 2018	(d) 2019	(e)	) 2020	<b>(f)</b> Total	_
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
ł	<ul> <li>Unrelated business taxable income</li> </ul>								
	(less section 511 taxes) from businesses acquired after June 30, 1975								
	Add lines 10a and 10b								-
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>	I		L			
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3	3) organizati	on,	٦
0	check this box and stop here						<u></u>	<b>&gt;</b>	_
	ction C. Computation of Publ		-			1 1			
	Public support percentage for 2020 (I			column (f))		15			%
	Public support percentage from 2019					16			%
	ction D. Computation of Inves					<u> </u>			
	Investment income percentage for 20		B			17			%
	Investment income percentage from 2						, ,		%
19:	a 33 1/3% support tests - 2020. If the						), and line 1		٦
ł	more than 33 1/3%, check this box as <b>33 1/3% support tests - 2019.</b> If the						ו 33 1/3%, ו	▶∟ and	Γ
-	line 18 is not more than 33 1/3%, che	•			-		-		]
20	Private foundation. If the organizatio								]
									-

#### 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer 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 box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 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		162	No
	1		
	-		
	2		
	3a		
	3b		
	0-		
	3c		
	4a		
	ти		
	4b		
	4c		
	5a		
	Ju		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	0-		
	9c		
	10a		
	10b		
_			

1

2

No

Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in <b>Part VI.</b>	11c		
Sec	tion B. Type I Supporting Organizations			
			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 <b>Part VI</b> how the supported organization(s)			

effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supported 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 supported organization.

Section C. Type II Supporting Organizations					
			Yes		
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	
Section D. All Type III Supporting Organizations		

		-	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in 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			
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c \_\_\_\_ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **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.
- 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 these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

2a

2b

За

3b

#### Schedule A (Form 990 or 990 EZ) 2020 INTERSECTION

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.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	·	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrat	ed Type III supporting or	anization (see

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

Schedule A (Form 990 or 990-EZ) 2020

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

Schedule A (Form 990 or 990-EZ) 2020

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

Part VI	A Complemental Information Dravida the evaluations required by Dart II, line 10: Dart II, line 17a or 17b; Dart II, line 10:			
	<b>Supplemental Information.</b> 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.)			

## Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

47-	-185	5523	10

#### INTERSECTION

Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

- X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
  - For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

INTERSECTION

Employer identification number

47-1855210

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
<u>    1</u>	METRO ARTS 1417 MURFREESBORO PIKE NASHVILLE, TN 37217	\$22,443.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2	NATIONAL ENDOWMENT FOR THE ARTS 400 7TH STREET, SW WASHINGTON, DC 20506	\$14,237.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3	TENNESSEE ARTS COMMISSION 401 DR. MARTIN LUTHER KING JR. BLVD. NASHVILLE, TN 37243	\$ <u>10,500.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
4	HCA HEALTHCARE FOUNDATION ONE PARK PLAZA NASHVILLE, TN 37203	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c) Total contributions	(d) Turne of constribution	
<u>No.</u>	Name, address, and ZIP + 4         COMMUNITY FOUNDATION OF MIDDLE         TENNESSEE         3833 CLEGHORN AVE, SUITE 400         NASHVILLE, TN 37215	\$5,000.	Type of contribution         Person       X         Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Page **3** 

Employer identification number

INTERSECTION

47-1855210

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) (d) FMV (or estimate) (See instructions.) Date received				
		_				
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		_				
		\$				

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of or	rganization	Employer identification number				
INTERS	SECTION		47-1855210			
Part III		through (e) and the following line charitable, etc., contributions of <b>\$1,000</b>	in section 501(c)(7), (8), or (10) that total more than \$1,000 for the y			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-	(e) Transfer of gift					
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I		(c) ccc ci giii				
-		(e) Transfer of g				
_	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-	(e) Transfer of gift					
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
(a) No.						
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Name of the organization

Internal Revenue Service

### 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.

40 Open to Public Inspection Employer identification number

47-1855210

INTERSECTION

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:

INTEREST EARNED ON CHECKING ACCOUNT

DECORIDATION OF OMHER EXDENCES.	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT :
MUSICIAN AND COMPOSER FEES	19,845.
PRODUCTION COSTS	2,154.
MARKETING	4,172.
INSURANCE	2,239.
MISCELLANEOUS PROGRAM EXPENSES	1,436.
MUSIC PURCHASE/RENTAL AND LICENSING	880.
INTEREST EXPENSE	45.
WEBSITE ADMINISTRATION FEES	177.
STORAGE	1,800.
MISCELLANEOUS ADMINISTRATIVE EXPENSES	827.
TOTAL TO FORM 990-EZ, LINE 16	33,575.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
BUSINESS LOAN	2,162.	0.
ACCOUNTS PAYABLE	1,739.	0.
TOTAL TO FORM 990-EZ, LINE 26	3,901.	0.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE PRIMARY PURPOSE OF

OMB No. 1545-0047

AMOUNT:

1.

Name of the organization

INTERSECTION

Page 2

MUSICIANS OF ALL AGES, THROUGH THE CREATION, CULTIVATION, AND

PERFORMANCE OF CONTEMPORARY MUSIC, A VITAL, THRIVING, AND INSPIRING

FORM OF ART.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

CONTEMPORARY MUSIC PERFORMANCES AND COMMISSIONS OF NEW

WORKS: CREATION OF VIRTUAL CONTENT FOR USE BY EDUCATORS

AND FAMILIES, COMMUNITY PARTNERSHIPS SUPPORTING NEW MUSIC

AS A MEANS OF HUMAN EXPRESSION, LULLABY PROJECT WORKING WITH NEW MOMS

TO WRITE NEW MUSIC FOR THEIR CHILDREN, AND OUTDOOR COMMUNITY PARKS

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CONCERTS.
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FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:

NEA LISTEN PROJECT: COMMISSIONING OF SOLO WORKS BY GENDER

NON-CONFORMING, NON-BINARY, AND FEMALE COMPOSERS PERFORMED

BY PROFESSIONAL MUSICIANS FOR VIDEO/VIRTUAL RELEASE WITH

ACCOMPANYING INTERVIEWS AND EDUCATIONAL CONTENT. SHARED WITH

THOUSANDS OF PEOPLE THROUGHOUT TENNESSEE AND BEYOND.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Schedule O (Form 990 or 990-EZ) Page 2					
Name of the organization INTERSECTION	E	Employer identification number 47-1855210			
Part IV List of Officers, Directors, Trustees, and Key E		even if not compensate	47-IOJJZIU		
(a) Name and title	(b) Average hours per week devoted to position	(C) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-	(d) Health benefits, contributions to employee benefit plans, and deferred	(e) Estimated amount of other compensation	
JOEI MARSHALL PERRY					
DIRECTOR	1.00	0	. 0.	0.	
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