EXTENDED TO MAY 17, 2021

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

OMB No. 1545-0047

<u>A</u>	For the	e 2019 calendar year, or tax year beginning JUL 1, 2019 and	ending U	UN 30, 2020		
В	Check if applicabl	C Name of organization		D Employer identific	cation number	
2	Addre chang		c.			
	Name chang	Doing business as NEW ORLEANS FILM SOCIETY		72-11360	68	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number		
	Final return.	1215 PRYTANIA STREET	425	504-309-		
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,768,919.	
Σ	Amen			H(a) Is this a group re		
	Applic tion pendi	F Name and address of principal officer: FALLON 100NG		for subordinates		
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No	
		empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) $4947(a)(1)$	or 527	┨	list. (see instructions)	
		te: WWW.NEWORLEANSFILMSOCIETY.ORG	1	H(c) Group exemption		
		organization: X Corporation Trust Association Other	L Year	of formation: 1989 N	State of legal domicile: LA	
Р	art I	Summary	NIEW OF	TEAMO ETTM	COCTEMY	
S	1	Briefly describe the organization's mission or most significant activities: THE DISCOVERS, CULTIVATES, AND AMPLIFIES DIV	EDGE 1	CTCEC OF ET.	I WWYKEDG	
Jan						
Veri		Check this box if the organization discontinued its operations or dispo		1 1	24	
ဗိ		Number of independent voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)		·····	24	
ಇ		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			 7	
iţie		Total number of volunteers (estimate if necessary)			365	
Activities & Governance		Total unrelated business revenue from Part VIII, column (C), line 12			47,845.	
⋖		Net unrelated business taxable income from Form 990-T, line 39			-11,209.	
				Prior Year	Current Year	
Ф	8	Contributions and grants (Part VIII, line 1h)		572,882.	1,116,897.	
nue	9	Program service revenue (Part VIII, line 2g)		590,997.	601,687.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		36.	18.	
<u></u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		90,894.	50,317.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,254,809.	1,768,919.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		300,340.	387,373.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
X	_b			885,123.	1,057,423.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,185,463.	1,444,796.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		69,346.	324,123.	
700		Revenue less expenses. Subtract line 18 from line 12		eginning of Current Year	End of Year	
t Assets or	20	Total assets (Part X, line 16)	100	494,372.	893,473.	
ASS	21	Total liabilities (Part X, line 26)		25,317.	100,295.	
Net	22	Net assets or fund balances. Subtract line 21 from line 20		469,055.	793,178.	
	art II	Signature Block		, ,	· · · · · · · · · · · · · · · · · · ·	
Und	der pena	lities of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of my	/ knowledge and belief, it is	
true	e, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of wi	hich preparer	has any knowledge.		
Sig	ın	Signature of officer		Date		
He	re	FALLON YOUNG, EXECUTIVE DIRECTOR				
		Type or print name and title		Data	TI DTIN	
_		Print/Type preparer's name Preparer's signature		Date Check Check If	PTIN	
Pai		VALERIE LOWRY		self-employe		
	parer	Firm's name WEGMANN DAZET, APC		Firm's EIN ▶	72-0870824	
Use Only Firm's address 111 VETERANS BLVD., SUITE 800						
_		METAIRIE, LA 70005		Phone no. (5	04)837-8844	
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No	

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE NEW ORLEANS FILM SOCIETY DISCOVERS, CULTIVATES, AND AMPLIFIES
	DIVERSE VOICES OF FILMMAKERS WHO TELL THE STORIES OF OUR TIME. WE
	PRODUCE THE OSCAR-QUALIFYING NEW ORLEANS FILM FESTIVAL ANNUALLY AND
	INVEST YEAR-ROUND IN BUILDING A VIBRANT FILM CULTURE IN THE SOUTH TO
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.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$995, 270 • including grants of \$) (Revenue \$349, 993 •
	NEW ORLEANS FILM FESTIVAL - THE NEW ORLEANS FILM SOCIETY IS THE LEADING
	EXHIBITOR OF INDEPENDENT CINEMA IN THE NEW ORLEANS METROPOLITAN AREA.
	THE CENTERPIECE OF THE ANNUAL PROGRAMMING IS THE NEW ORLEANS FILM
	FESTIVAL, AN 8-DAY SHOWCASE OF APPROXIMATELY 200 COMPETITIVE DIVISION
	FILMS, CURATED FILMS, AND SPECIAL SCREENINGS WITH AN EMPHASIS ON
	LOUISIANA-MADE FILMS. IN ADDITION TO SCREENINGS, THE FESTIVAL INCLUDES PANELS, ROUNDTABLES, A FILM PITCH COMPETITION, AND NETWORKING EVENTS.
	NOFS HOSTS SELECT YEAR-ROUND SCREENING EVENTS IN NEIGHBORHOODS ACROSS
	NEW ORLEANS TO BUILD AUDIENCE FOR THE ANNUAL FESTIVAL.
	NEW OKERAND TO BOTHE ROBINGE TOK THE MANORE TERRITORIES
4b	(Code:) (Expenses \$ 55,358 • including grants of \$) (Revenue \$ 46,277 •
	FRENCH FILM FESTIVAL - NEW ORLEANS FILM SOCIETY ALSO HOSTS A FRENCH
	LANGUAGE FILM FESTIVAL ANNUALLY IN THE SPRING TO CREATE ACCESS TO
	CONTEMPORARY FOREIGN-LANGUAGE CINEMA FOR LOCAL AUDIENCES.
4c	(Code:) (Expenses \$125 , 411including grants of \$) (Revenue \$)
	FILMMAKER SERVICES - NEW ORLEANS FILM SOCIETY PROVIDES SUPPORT FOR
	FILMMAKERS THROUGH A VARIETY OF CHANNELS: A MENTORSHIP PROGRAM FOR
	FILMMAKERS OF COLOR IN LOUISIANA (EMERGING VOICES), AN IMMERSIVE LAB
	FOR DIVERSE PRODUCERS BASED IN THE AMERICAN SOUTH, A FIELD-BUILDING SUMMIT, PANELS, ROUNDTABLES, FORMAL AND INFORMAL NETWORKING EVENTS.
	SOMMIT, PANELS, ROUNDIADLES, PORMAL AND INFORMAL METWORKING EVENTS:
4d	Other program services (Describe on Schedule O.)
<u> </u>	(Expenses \$ 102,794 • including grants of \$) (Revenue \$ 48,063 •) Total program service expenses ▶ 1,278,833 •
4e	Total program service expenses ► 1,278,833.

Form 990 (2019) NEW ORLEANS Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			7.7
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			3,7
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			X
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
ŭ	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			l
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
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		Х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
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	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
4-	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 Part IX,	4-7	Х	
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	- 1	
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Form 990 (2019) NEW ORLEANS FILM & Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	١.,		Х
	Schedule K. If "No," go to line 25a	24a		Λ
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	Wee II complete School de L. Dort IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		X
34	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Dai	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 105		162	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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

					Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a	7				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	Х		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)					
				3a	X		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b	Х		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at the calendar year, did the organization have an interest in, or a signature or other at the calendar year.					Х	
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)'?	4a		Λ	
D	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		2+0 (EDAD)				
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5b		X	
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			5c			
	any contributions that were not tax deductible as charitable contributions?			6a		Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contribut						
	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 ser	vices _l	provided to the payor?	7a	X		
				7b	Х		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as rec	juired				
	to file Form 8282?	· · · · · · · · ·	 I	7с		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				37	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		ct?	7e		X	
Ť	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		200 10	7f 7g			
g	 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			7h			
sponsoring organization have excess business holdings at any time during the year?							
9							
а							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9a 9b			
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:	ı					
а		11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b	<u></u>				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		<i>!</i> 	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			13a			
u	Note: See the instructions for additional information the organization must report on Schedule O.		•••••	100			
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	13b					
С	Enter the amount of reserves on hand	13c					
				14a		X	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O		14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration	or				
	excess parachute payment(s) during the year?			15		X	
	If "Yes," see instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?	16		X	
	If "Yes," complete Form 4720, Schedule O.						

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

	to into ea, e.e., or real second the encountering proceeded, or enabled or considered.						
	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	1					
	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 0. Enter the number of voting members included on line 1a. above, who are independent 1b 24						
b		•					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			v			
•	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	_		x			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
6	Did the organization have members or stockholders?	6					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	l <u> </u>		х			
	more members of the governing body?	7a					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l		- V			
_	persons other than the governing body?	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v				
a	The governing body?	8a	X				
b	Each committee with authority to act on behalf of the governing body?	8b	Λ				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			.			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		.,				
40			Yes	No X			
	Did the organization have local chapters, branches, or affiliates?	10a					
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	406					
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	Х				
	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
	2a Did the organization have a written conflict of interest policy? If "No," go to line 13						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	Х				
40	in Schedule O how this was done	12c	X				
13	Did the organization have a written whistleblower policy?	—	X				
14	Did the organization have a written document retention and destruction policy?	14	21				
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?	45-	Х				
a	The organization's CEO, Executive Director, or top management official	15a 15b	X				
D	Other officers or key employees of the organization	ISB	21				
10-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
Iba	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		x			
	taxable entity during the year?	16a					
D	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	401					
800	exempt status with respect to such arrangements? tion C. Disclosure	16b		<u> </u>			
17	List the states with which a copy of this Form 990 is required to be filed LA Section 6104 requires an experiention to make its Forms 1003 (1004 or 1004 A. if applicable), 000, and 000 T (Section F01/c)(3))o c:=!	۱۰ ۵۰۰-۱۰	abl-			
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	is only) avail	aule			
	for public inspection. Indicate how you made these available. Check all that apply.						
40	Own website Another's website X Upon request Other (explain on Schedule O)	ച द :	!-!				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and the transfer and its policy and the transfer and its governing documents.	u tinai	ıcıaı				
00	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 ► THE ORGANIZATION − 504−309−6633						
	1215 PRYTANIA STREET, NO. 425, NEW ORLEANS, LA 70130						
	TAIS INIIMITA SINDDI, NO. 405, NEW ONDEANS, DA 10130						

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

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

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

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

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable	Reportable	Estimated			
	hours per	box			h an	compensation	compensation	amount of		
	week	_			from	from related	other 			
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	3e or c	stee			High est compensated employee		(W-2/1099-MISC)	(***2/1099-10130)	organization
	organizations	truste	al tru		yee	ımpeı	4			and related
	below	vidual	Institutional trustee	Je.	Key employee	est co	Jer.			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) VALERIE GRUBB	1.00								•	•
PRESIDENT	1 00	Х	4	X		L.,	4	0.	0.	0.
(2) KARON REESE	1.00	,,		77		4			0	0
VICE PRESIDENT	1 00	Х		Х		K		0.	0.	0.
(3) ELSTON HOWARD	1.00	7,7		.,					0	0
VICE PRESIDENT	1 00	Х		X			V	0.	0.	0.
(4) TRACIE ASHE	1.00	X		х				0.	0.	0
SECRETARY (5) WOUND BY THOMPSON	1.00	^		Δ				0.	0.	0.
(5) HOWARD THOMPSON TREASURER	1.00	X		X				0.	0.	0.
(6) LAURA ASHLEY	1.00	Δ		Λ				0.	0.	<u></u>
BOARD MEMBER	1.00	Х						0.	0.	0.
(7) BRAD HUNTER	1.00	<u> </u>						0.	0.	
BOARD MEMBER	1.00	Х						0.	0.	0.
(8) MONICA FROIS	1.00							•	•	
BOARD MEMBER		x						0.	0.	0.
(9) NATHAN GRANT	1.00							-	-	
BOARD MEMBER		х						0.	0.	0.
(10) JIMMY HORNBEAK	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) JOSH MAYER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) VIRGINIA MCCOLLAM	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(13) SANDY SHILSTONE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) LORI OCHSNER	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(15) MICHAEL COLLINS	1.00									•
BOARD MEMBER	1 00	Х						0.	0.	0.
(16) GINA CHARBONNET	1.00	,,							_	^
BOARD MEMBER	1 00	Х						0.	0.	0.
(17) KATHERINE GELDERMAN	1.00	\ \ -							_	0
BOARD MEMBER		Х						0.	0.	0.

Page 8

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

(A) Name and title	(B) Average	(-1-	(C) Position (do not check more than one		(D) Reportable	(E) Reportable		Es	(F) stimate	d			
	hours per week	box offi	, unle	ss pe	erson	than is bot or/trus	h an	compensation from	compensation from related			nount o	
	(list any hours for	Individual trustee or director	gy.			ated		the organization	organizations (W-2/1099-MISC)		fr	pensat	9
	related organizations	rustee	Institutional trustee		99	Highest compensated employee		(W-2/1099-MISC)		organiza			
	below	id ual tr	utional	-	Key employee	est cor oyee	er			and relate organizatio			
	line)	Indiv	Instit	Officer	Key e	High	Former						
(18) MAMTA MELWANI	1.00	l											•
BOARD MEMBER	1 00	Х			<u> </u>	_		0.		0.			0.
(19) STEVE KUPPERMAN	1.00	х						0.		0.			0.
BOARD MEMBER (20) DONNA SANTIAGO	1.00	^						0.		0.			<u> </u>
BOARD MEMBER	1.00	х						0.		0.			0.
(21) DANIELA CAPISTRANO	1.00							•		•			•
BOARD MEMBER		x						0.		0.			0.
(22) MARK EL-AMM	1.00												
BOARD MEMBER		х						0.		0.			0.
(23) BEVERLY NORWOOD-MATHENEY	1.00						_						
BOARD MEMBER		Х					4	0.		0.			0.
(24) FRITZ WESTENBERGER	1.00												
BOARD MEMBER	40.00	Х		L.,	4			0.		0.			0.
(25) FALLON YOUNG	40.00			v				01 521		0.			0.
EXECUTIVE DIRECTOR			-	X				81,531.		0.			<u> </u>
		_											
1b Subtotal						┪		81,531.		0.			0.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)					X			81,531.		0.			0.
2 Total number of individuals (including but n						e) wl	no re	eceived more than \$100	,000 of reportabl	е			
compensation from the organization													0
										1		Yes	No
3 Did the organization list any former officer,			кеу е	emp	loye	e, o	r hig	hest compensated emp	oloyee on				37
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su									-		4		Х
and related organizations greater than \$150Did any person listed on line 1a receive or a											4		
rendered to the organization? If "Yes," com											5		Х
Section B. Independent Contractors	p. 0.00 0 0.7.0 0 0 1.7.0		0. 0.		<i>p</i> 0. c							· · · · ·	
1 Complete this table for your five highest co	mpensated inc	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	pens	ation	from	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir	n the organization's tax	year.				
(A)								(B)			(0		
Name and business	address	N	INC	5			_	Description of s	ervices		ompe	nsatior) ———
							_						
							_						
Total number of independent contractors (i \$100,000 of compensation from the organization)		ot li	mite	d to		se li: 0	sted	d above) who received m	nore than				
\$100,000 07 componedation from the organia											Га::::::	990 (c	1010)

Form 990 (2019) NEW ORLI
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lir	ne in this Part VIII			X
				(A)	(B)	(C)	(D) Revenue excluded
				Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under
					1911911911191	5 4 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1	sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns1a					
Sra Iou	b	Membership dues 1b	139,722.				
ts, (С	Fundraising events1c					
la git	d	Related organizations1d					
ini,	е	Government grants (contributions) 1e	67,000.				
ig ig	f	All other contributions, gifts, grants, and					
ğ ¥		similar amounts not included above 1f	910,175.				
g	g	Noncash contributions included in lines 1a-1f	173,983.				
<u>8</u> 0	h	Total. Add lines 1a-1f		1,116,897.			
ce			Business Code				
	2 a		900099	208,999.	208,999.		
Program Service Revenue	b		900099	187,906.	187,906.		
n Si	С	SPONSORSHIPS	900099	159,826.	4		159,826.
ran ev	d	MEMBERSHIPS	900099	44,956.	44,956.		
og	е						
۵ ا	f	All other program service revenue					
	g	Total. Add lines 2a-2f)	601,687.			
	3	Investment income (including dividends, interest					
		other similar amounts)		18.			18.
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
ther Revenue		and sales expenses 7b					
eve		Gain or (loss) 7c					
Ä		Net gain or (loss)					
the	8 a	Gross income from fundraising events (not					
0		including \$of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events	D				
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10b					
\dashv	С	Net income or (loss) from sales of inventory					
sn	44 .	ADVERTISING	Business Code 900099	47,845.		47,845.	
nec Tue	11 a	ATTOORT TANIDOUG DELICATION	900099	2,472.	2,472.	±/,0±J•	
Miscellaneous Revenue	-		700077	2,3120	2,412.		
isc. Re	q	All other revenue					
Σ		Total. Add lines 11a-11d	>	50,317.			
	12	Total revenue. See instructions		1,768,919.		47,845.	159,844.

Part IX | Statement of Functional Expenses

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

3601	Ohank if Sahadula Capitaina a vacan				X
D-	Check if Schedule O contains a respon	nse or note to any line in (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising 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				
4	individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,				
3	trustees, and key employees	81,531.	67,156.	5,919.	8,456.
6	Compensation not included above to disqualified	01/3311	0772300	3,323.	0,1301
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		4		
7	Other salaries and wages	278,349.	216,926.	2,857.	58,566.
8	Pension plan accruals and contributions (include			-	· · · · · · · · · · · · · · · · · · ·
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	27,493.	21,703.	670.	5,120.
11	Fees for services (nonemployees):				
а	Management			V	
b	Legal				
С	Accounting				
	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,	284,172.	261,720.	11,043.	11 //0
40	column (A) amount, list line 11g expenses on Sch 0.)	15,269.	15,085.	150.	11,409.
12	Advertising and promotion	43,842.	38,992.	3,106.	1,744.
13 14	Office expenses	63,961.	59,123.	4,838.	1,711.
15	Royalties	00/3021	33,1230	2,0001	
16	Occupancy	127,956.	123,035.	2,734.	2,187.
17	Travel	102,737.	101,693.	381.	663.
18	Payments of travel or entertainment expenses		-		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	130.		130.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	45 001	00 160	10 010	4 204
23	Insurance	45,291.	28,169.	12,818.	4,304.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) EVENT EXPENSE - IN KIND	173,983.	173,983.		
a h	FILM FESTIVAL AND VENUE	66,742.	66,742.		
0	SPECIAL SCREENINGS AND	53,088.	48,651.		4,437.
d	DUES AND SUBSCRIPTIONS	27,335.	20,620.	6,022.	693.
e	All other expenses	52,917.	35,235.	13,064.	4,618.
25	Total functional expenses. Add lines 1 through 24e	1,444,796.	1,278,833.	63,732.	102,231.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0 04 00 00				Earm 990 (2010)

Form 990 (2019) Part X Balance Sheet

ıu	IL A	Balance Sneet				
		Check if Schedule O contains a response or	note to any line in this Part X	(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		255,788.	1	627,021.
	2	Savings and temporary cash investments		165,295.	2	206,570
	3	Pledges and grants receivable, net		,	3	•
	4	Accounts receivable, net		54,559.	4	56,948
	5	Loans and other receivables from any curren		,		, ,
	`	trustee, key employee, creator or founder, su				
		controlled entity or family member of any of t			5	
	6	Loans and other receivables from other disqu				
		under section 4958(f)(1)), and persons descri			6	
Assets	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges		16,600.	9	
		Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D				
	Ь	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, lir			12	
	13	Investments - program-related. See Part IV, li			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		2,130.	15	2,934
	16	Total assets. Add lines 1 through 15 (must e		494,372.	16	893,473
	17	Accounts payable and accrued expenses		7,886.	17	22,092
	18	Grants payable			18	
	19	Deferred revenue		10,219.	19	2,200
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Comple			21	
S	22	Loans and other payables to any current or f				
≝		trustee, key employee, creator or founder, su				
Liabilities		controlled entity or family member of any of t			22	
_	23	Secured mortgages and notes payable to un	related third parties		23	
	24	Unsecured notes and loans payable to unrela	ated third parties		24	
	25	Other liabilities (including federal income tax,	payables to related third			
		parties, and other liabilities not included on li	nes 17-24). Complete Part X			
		of Schedule D		7,212.	25	76,003
	26	Total liabilities. Add lines 17 through 25		25,317.	26	100,295
"		Organizations that follow FASB ASC 958,	check here 🕨 🛚 X			
ĕ		and complete lines 27, 28, 32, and 33.				
lan	27	Net assets without donor restrictions		443,555.	27	633,617
Ä	28	Net assets with donor restrictions	<u></u>	25,500.	28	159,561
Ľ,		Organizations that do not follow FASB AS	C 958, check here 🕨 📖			
Ē		and complete lines 29 through 33.				
ts c	29	Capital stock or trust principal, or current fun	ds		29	
Se	30	Paid-in or capital surplus, or land, building, or	equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated	d income, or other funds		31	
Š	32	Total net assets or fund balances		469,055.	32	793,178
	33	Total liabilities and net assets/fund balances		494,372.	33	893,473

Pa	Tt 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		<u>,</u> 76		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,44		
3	Revenue less expenses. Subtract line 2 from line 1	3		324,1		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		46	9,0	55.
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		79	3,1	78.
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	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	d 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 separat	e basis	3,			
	consolidated basis, or both:					
	X 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	e audi	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	udit			
	Act and OMB Circular A-133?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired au	ıdit			
	or audits, explain why on Schedule Q and describe any steps taken to undergo such audits			3b		

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization NEW ORLEANS FILM & VIDEO FESTIVAL, INC. 72-1136068 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2019 NEW ORLEANS FILM & VIDEO FESTIVAL, INC. 72-1136068 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on **10** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **11 Total support.** Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 % 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2018 Schedule A, Part II, line 14 15 %

b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 NEW ORLEANS FILM & VIDEO FESTIVAL, INC. 72-1136068 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

_	qualify under the tests listed b	elow, please comp	olete Part II.)				
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1002777.	1816952.	835,265.	572,882.	1116897.	5344773.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	259,964.	482,471.	381,428.	443 186	441,861.	2008910.
•	organization's tax-exempt purpose	239,904.	402,4/1.	301,420.	443,100.	441,001.	2000910.
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513				147,811.	159,826.	307,637.
4					147,011.	133,020.	307,037.
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						_
ŭ	furnished by a governmental unit to the organization without charge			\			
6	Total. Add lines 1 through 5	1262741.	2299423.	1216693.	1163879.	1718584.	7661320.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons					14,500.	14,500.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year			51,585.	98,765.	4.4.500	150,350.
С	Add lines 7a and 7b			51,585.	98,765.	14,500.	
	Public support. (Subtract line 7c from line 6.)						7496470.
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	1262741.	2299423.	1216693.	1163879.	1718584.	7661320.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		71.	104.	36.	18.	229.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
_	***************************************		71.	104.	36.	18.	229.
	Add lines 10a and 10b						
	regularly carried on	28,140.	16,150.	21,517.	66,870.	47,845.	180,522.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				1,002.	2,472.	3,474.
	Total support. (Add lines 9, 10c, 11, and 12.)	1290881.		1238314.		1768919.	7845545.
14	First five years. If the Form 990 is for check this box and stop here	_			-		
Sec	ction C. Computation of Publ						
	Public support percentage for 2019 (l			column (f\)		15	95.55 %
	Public support percentage for 2019 (I		•			16	95.86 %
	ction D. Computation of Inves					10	<u> </u>
	Investment income percentage for 20			ne 13 column /f/\		17	.00 %
	Investment income percentage for 20	•				18	**************************************
	33 1/3% support tests - 2019. If the						-
เซล							▶ ▼
b	more than 33 1/3%, check this box at 33 1/3% support tests - 2018. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che		-	•		-	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th		structions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	Ju		
	3b		
	SD		
	3c		
	4a		
	4b		
	4c		
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	8		
	U		
	9a		
	9b		
	9с		
	10a		
	10b		
m 9	90 or 99	90-EZ	2019
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	dule A (Form 990 or 990-EZ) 2019 NEW ORLEANS FILM & VIDEO FESTIVAL, INC. 72-11	<u> 3606</u>	8 Pa	age 5
Pa	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
Sec	tion 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 (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
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 is the parent of each on its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insi	tructions	2)	
2	Activities Test. Answer (a) and (b) below.	ractions	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	140
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
5	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019 NEW ORLEANS FILM & VIDEO FESTIVAL, INC. 72-1136068 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 4 Add lines 1 through 3. Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 4 Enter greater of line 2 or line 3. 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to

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

6

Schedule A (Form 990 or 990-EZ) 2019

emergency temporary reduction (see instructions).

instructions).

Sche	dule A (Form 990 or 990-EZ) 2019 NEW ORLEANS F	ILM & VIDEO FE	STIVAL. INC. 7	2-1136068 Page 7
Par		(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions	(3)(3) 33 pp 31 m. g 31 g	(continued)	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		0
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns .	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014		,	
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
_	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			

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b Excess from 2016c Excess from 2017d Excess from 2018e Excess from 2019

Schedule A	(Form 990 or 990-EZ) 2019 NEW ORLEANS FILM & VIDEO FESTIVAL, INC. 72-1136068 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

NEW ORLEANS FILM & VIDEO FESTIVAL, INC.

Employer identification number 72-1136068

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi-	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struct	ture
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cor	servation easements during the year
	-		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	\\$		
8	Does each conservation easement reported on line 2(d) about		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat	·	
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial staten	nents that describes the
Da	organization's accounting for conservation easements.	of Aut Historical Transcures or C	Ather Cimiler Assets
Pa	rt III Organizations Maintaining Collections o		Other Similar Assets.
	Complete if the organization answered "Yes" on Forn		and belong a shoot works
та	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pu		•
	service, provide in Part XIII the text of the footnote to its fina		
D	If the organization elected, as permitted under FASB ASC 95	· · · · · · · · · · · · · · · · · · ·	
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furt	rnerance of public service,
	provide the following amounts relating to these items:		• •
	(i) Revenue included on Form 990, Part VIII, line 1		
•			
2	If the organization received or held works of art, historical tre		ai gairi, provide
_	the following amounts required to be reported under FASB A		• •
a	Revenue included on Form 990, Part VIII, line 1		

	edule D (Form 990) 2019 rt III Organizatio	ns Maintaining C	EANS FILM						72-11			age 2
3	Using the organization									LS(COITUI	uea)	
3	collection items (check	•	on, and other record	is, check arry or	tile lollow	ing mai make	Sigili	licarii	use or its			
а	Public exhibition	, ,	c	I Digar or	exchange	program						
			6		excitatige	program						
b		future generations	•									
C 1		•	alloations and avala	in how thou furth	or the ora	anization's av	omnt	nurn	ooo in Dor	· VIII		
4 5	Provide a description of During the year, did the								JSE III Fai	AIII.		
3	to be sold to raise fund	-								Yes		No
Pai		Custodial Arran										_ INO
<u>. u.</u>		ount on Form 990, Pa		ete ii trie organiz	ation ansv	wered 163 0	111 01	111 330	o, raitiv,	iii le 3, 0i		
1a	Is the organization an			diary for contribu	itions or o	ther assets no	nt incl	uded				
ıu	on Form 990, Part X?									Yes		No
h	If "Yes," explain the an									_ 100		. 110
	ii roo, explain the an	rangomone in rare 7tin	and complete the re	mowing table.			Γ			Amount		
c	Beginning balance						ı	1c		7 unoun		
	Additions during the ye							1d				
	Distributions during the							1e				
f								1f				
	Did the organization in									Yes		No
	If "Yes," explain the an						-					
		t Funds. Complete i										
	•		(a) Current year	(b) Prior yea	r (c) T	wo years back	(d)	Three y	ears back	(e) Four	years	back
1a	Beginning of year bala	nce										
b	Contributions											
С	Net investment earning	gs, gains, and losses										
d	Grants or scholarships	·										
	Other expenditures for											
	and programs											
f	Administrative expense	es										
g	End of year balance											
2	Provide the estimated	percentage of the cur	rent year end baland	ce (line 1g, colun	nn (a)) helc	l as:						
а	Board designated or q	uasi-endowment		_%								
b	Permanent endowmen	nt 🕨	%									
С	Term endowment		%									
	The percentages on lin	nes 2a, 2b, and 2c sho	uld equal 100%.									
3а	Are there endowment	funds not in the posse	ession of the organiz	ation that are he	eld and adı	ministered for	the c	organiz	zation			
	by:										Yes	No
	(i) Unrelated organiza									3a(i)	\longrightarrow	
	(ii) Related organization									3a(ii)		
b	If "Yes" on line 3a(ii), a				e R?					3b		
4	Describe in Part XIII th			owment funds.								
rai	-	ings, and Equipm										
	•	organization answere							. 1			
	Description of	of property	(a) Cost or o		Cost or oth	, ,		mulate		(d) Bool	< value	Э
			basis (investr	rient) ba	sis (other)	de	eprec	iation				
	Land											
	Buildings								-+			
	Leasehold improvement											
	Equipment											
	Other			V 20/1/5-7 (D) /	no 10- \				_		—	0.
υτα	I. Add lines 1a through	i e. (Coluttiti (a) must e	yuai FUIIII 990, PAR	A, COIUITIII (B), II	ri c ruc.)							•

Schedule D (Form 990) 2019

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	OTHER CURRENT LIABILITIES	7,041.
(3)	PPP LOAN	68,962.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	76,003.

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Pai	art XI Reconciliation of Revenue per Audited Financial Statements with Reve	nue per Returi	n.
	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	2,503,866.
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 2b 73	39,947.	
С			
d			
е	Add lines 2a through 2d	2e	739,947.
3	Subtract line 2e from line 1	3	1,763,919.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	5,000.	
С	Add lines 4a and 4b	4c	5,000.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,768,919.
Pa	art XII Reconciliation of Expenses per Audited Financial Statements With Expe	enses per Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	2,179,743.
2			
а	a Donated services and use of facilities 2a 73	39,947.	
b	Prior year adjustments		
С			
d			
е	e Add lines 2a through 2d	2e	739,947.
3	Subtract line 2e from line 1	3	1,439,796
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		
а	a Investment expenses not included on Form 990, Part VIII, line 7b		

Part XIII Supplemental Information.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

b Other (Describe in Part XIII.)

c Add lines 4a and 4b

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.

PART X, LINE 2:

THE ORGANIZATION ADOPTED THE PROVISIONS OF ASC 740, ACCOUNTING FOR

UNCERTAINTY IN INCOME TAXES. MANAGEMENT OF THE ORGANIZATION BELIEVES IT

HAS NO MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY IT HAS NOT

RECOGNIZED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. WITH FEW

EXCEPTIONS, THE ORGANIZATION IS NOT SUBJECT TO U.S. FEDERAL, STATE AND

LOCAL, OR INCOME TAX EXAMINATIONS BY TAX AUTHORITIES BEYOND THREE YEARS

FROM THE FILING OF THOSE RETURNS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPONSORSHIP INCOME ADJUSTMENT

5,000.

5,000

1,444,796.

4c

Schedule D (Form 990) 2019 NEW ORLEANS FILM & VIDEO FESTIVAL, INC. 72-Part XIII Supplemental Information (continued)	1136068 Page 5
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
MISCELLANEOUS EXPENSE ADJUSTMENT	5,000.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number Name of the organization NEW ORLEANS FILM & VIDEO FESTIVAL, INC. 72-1136068 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. e X Solicitation of non-government grants Mail solicitations X Internet and email solicitations Solicitation of government grants X Phone solicitations Special fundraising events **d** X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) ONE MORE SPONSOR - 300 W. SOLICITATION OF CORPORATE Yes₄ WIEUCA ROAD, BUILDING A, SPONSORSHIPS Х 50,000 15,000 35,000. 50,000. 15,000 35 000. Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2019 NEW ORLEANS FILM & VIDEO FESTIVAL, INC. 72-1136068 Page 2 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. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (event type) (total number) (event type) Revenue 1 Gross receipts 2 Less: Contributions **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III | Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____ No

b If "Yes," explain:

Sch	nedule G (Form 990 or 990 EZ) 2019 NEW ORLEANS FILM & VIDEO FESTIVAL, INC. 72-	<u> 1136068</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party ▶\$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address ▶		
16	Gaming manager information:		
	Name ▶	_	
	Gaming manager compensation \$		
	Description of services provided		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
	Mandatory distributions:		
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	□ Na
	retain the state gaming license?	L	└── No
I.	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	art III lines 0	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, III 103 0,	JD, 10D,
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	RS:	
(I) NAME OF FUNDRAISER: ONE MORE SPONSOR		
,_			
<u>(I</u>	ADDRESS OF FUNDRAISER:		
30	0 W. WIEUCA ROAD, BUILDING A, SUITE 100, ATLANTA, GA 30342		
-			

Schedule G	G (Form 990 or 990-EZ)	NEW ORLEANS	FILM &	VIDEO	FESTIVAL,	INC.	72-1136068	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)						
					4			
					·			
				·				
		4						

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

19

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization NEW ORLEANS FILM & VIDEO FESTIVAL, INC. Employer identification number 72-1136068

Par	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		_	
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property			A				
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	X	29	44,502.	FAIR VALUE			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens	4						
24	Archeological artifacts			101 601				
25	Other (PRIZE PACKAGE)	Х	11	121,681.	FAIR VALUE			
26	Other (PROMOTIONAL I)	X	<u> </u>	7,800.	FAIR VALUE			
27	Other (
28	Other ()			<u> </u>				
29	Number of Forms 8283 received by the organization		•					
	for which the organization completed Form 828	3, Part IV, I	Donee Acknowled	gement 29			1	
	5						Yes	No
30a	During the year, did the organization receive by				-			
	must hold for at least three years from the date			· · · · · · · · · · · · · · · · · · ·		00-		Х
	exempt purposes for the entire holding period?					30a		
	If "Yes," describe the arrangement in Part II.	-1: #l#		_f	.tia.aaO	31		X
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
o∠d			-			32a		х
h	If "Yes," describe in Part II.					3Za		
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	ecked			
55	describe in Part II.		. a type of propert	, i.e. willon column (a) is one	,			

SCHEDULE O

Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Name of the organization

NEW ORLEANS FILM & VIDEO FESTIVAL, INC. **Employer identification number** 72-1136068

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: WHO TELL THE STORIES OF OUR TIME. WE PRODUCE THE OSCAR-OUALIFYING NEW ORLEANS FILM FESTIVAL ANNUALLY AND INVEST YEAR-ROUND IN BUILDING A VIBRANT FILM CULTURE IN THE SOUTH TO SHARE TRANSFORMATIVE CINEMATIC EXPERIENCES WITH AUDIENCES, AND CONNECT DYNAMIC FILMMAKERS TO CAREER-ADVANCING RESOURCES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SHARE TRANSFORMATIVE CINEMATIC EXPERIENCES WITH AUDIENCES, AND CONNECT DYNAMIC FILMMAKERS TO CAREER-ADVANCING RESOURCES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

MEMBERSHIP - PROVIDES SPECIAL DISCOUNTS AND FEATURES FOR MEMBERS OF THE THE MEMBERSHIP CONTRIBUTIONS HELP THE SOCIETY TO FULFILL THE MISSION TO ENGAGE, EDUCATE, AND INSPIRE THROUGH THE ART OF FILM. EXPENSES \$ 34,167. INCLUDING GRANTS OF \$ 0. REVENUE \$ 44,956.

YEAR - ROUND PROGRAMMING - THE ORGANIZATION IS COMMITTED TO PROVIDING YEAR -ROUND PROGRAMMING TO LOCAL AUDIENCES WITH REGULAR SCREENINGS AND EVENTS AROUND THE CITY.

EXPENSES \$ 30,547. INCLUDING GRANTS OF \$ 0. **REVENUE \$ 3,107.**

INDUSTRY OUTREACH - NEW ORLEANS FILM FESTIVAL CONDUCTS OUTREACH AROUND INDIVIDUAL FILMS AND PANELS WITH SUBJECT MATTERS RELEVANT TO LOCAL NON-PROFIT ORGANIZATIONS AND OFFERS FREE TICKETS TO COMMUNITIES IN NEED AROUND THE CITY, INCLUDING STUDENTS OF ALL AGES.

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization **Employer identification number** NEW ORLEANS FILM & VIDEO FESTIVAL, INC. 72-1136068 EXPENSES \$ 38,080. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS REVIEWED AND APPROVED BY THE BOARD AND EXECUTIVE DIRECTOR PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE EXECUTIVE DIRECTOR, AS PART OF HER HUMAN RESOURCE DUTIES, HAS DIRECT CHARGE OF THE TASK. ANY CONFLICTS ARE REPORTED TO THE BOARD VIA THE EXECUTIVE DIRECTOR. FORM 990, PART VI, SECTION B, LINE 15: COMPARABILITY DATA FROM OTHER FILM FESTIVALS AROUND THE COUNTRY ARE USED TO ENSURE COMPENSATION IS REASONABLE. FORM 990, PART VI, SECTION C, LINE 19: ALL PERTINENT DOCUMENTS ARE AVAILABLE UPON REQUEST. FORM 990, PART VIII FORM 990 IS BEING AMENDED TO ADJUST THE PRESENTATION OF INCOME AND EXPENSES REPORTED UNDER PARTS VIII AND VIII RESPECTIVELY. SCHEDULE A AND SCHEDULE D HAVE ALSO BEEN ADJUSTED TO REFLECT THE AMENDED FORM 990 AMOUNTS.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTRACT SERVICES:

PROGRAM SERVICE EXPENSES

Name of the organization NEW ORLEANS FILM & VIDEO FESTIVAL, INC.	Employer identification number 72-1136068
MANAGEMENT AND GENERAL EXPENSES	11,043.
FUNDRAISING EXPENSES	11,409.
TOTAL EXPENSES	284,172.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	284,172.
FORM 990, PART XII, LINE 2C:	
THE PROCESS USED BY THE COMMITTEE THAT ASSUMES OVERSIGHT	OF THE AUDIT
HAS NOT CHANGED SINCE THE PRIOR YEAR.	

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

iling of thi	is form, visit <i>www.irs.gov/e-file-providers/e-file-for-chari</i>	ties-and-r	non-profits.							
Automa	tic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).							
· ·	ations required to file an income tax return other than Form 7004 to request an extension of time to file incom			os, REMIC	s, and trusts					
Гуре or	Name of exempt organization or other filer, see instru	Taxpayer	axpayer identification number (TIN)							
orint	NEW ODIENNA ETIM C MIDEO E		70 1126060							
ile by the					72-1136068					
due date for iling your eturn. See	1215 PRYTANIA STREET, NO. 4									
nstructions.	n. See									
Enter the I		0 1								
Applicatio	on	Return Application				Return Code				
s For		Code	Is For							
-orm 990 -orm 990-	or Form 990-EZ	01	Form 990-T (corporation) Form 1041-A			07				
	D (individual)	03	Form 4720 (other than individual)			09				
Form 990-	,	04	Form 5227			10				
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069						11				
	T (trust other than above)	06	Form 8870			12				
Telepho	oks are in the care of one No. 504-309-6633 rganization does not have an office or place of business for a Group Return, enter the organization's four digit If it is for part of the group, check this box	STREE's in the Ur	Fax No. ited States, check this boxemption Number (GEN) I	f this is for	r the whole group, o	heck this				
the ∈	I request an automatic 6-month extension of time until MAY 17, 2021 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ □ calendar year or ▶ ☒ tax year beginning ☐ JUL 1, 2019 , and ending ☐ JUN 30, 2020 . If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period									
	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.									
b If th	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and									
	estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$					0.				
	ance due. Subtract line 3b from line 3a. Include your pa	•			6	0.				
	g EFTPS (Electronic Federal Tax Payment System). See If you are going to make an electronic funds withdrawal ns.			3c 3453-EO ar	\$ nd Form 8879-EO fo					

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)