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TIN: 46-4604132



Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

- Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.IRS.gov/form990.

OMB No. 1545-0047

Inspection

A Fo	r th	e 2015 c	alendar y	ear, or f	tax year	beginnin	g 01-01-	-2015 , and	endin	g 12-3	1-2	015							
B Chec	k if a	applicable:	C Name of											D	Employer	identif	fication	on num	ber
_		change	March of	1 Washing	ton Film Fe	estival									46-46041	32			
O Nai	ne ch	nange	Daina b												10 10011	<i>J</i> 2			
O Init				usiness as															
_		n/terminated d return		and street	t (or PO be	ov if mail is	not delive	red to street add	race) I	Room/su	ıita			E.	Telephone i	number			
		ion pending	12410	and street (or P.O. box if mail is not delivered to street address) Room/suite Street NW 5th Flr								Ι.	(202) 466	-8585					
		. ,	City or town, state or province, country, and ZIP or foreign postal code									H	(202) 100	0303					
			Washington DC 20005									G	Gross rece	ints \$ 4	23,11	.3			
			F Name	and add	lress of pr	rincipal of	ficer:				Тн	(a) i	c thic	4	roup retu				
			Robert R	aben		inicipal on					١		subor	_	•	111 101		□Yes	✓ No
				Street NV ton, DC	N 5th Flr						Н				ordinates	;		_	_
I Tax	-exer	npt status:		•			. (1 ''	ì	nclud	ed?				☐ Yes	
) 《 (inse	rt no.) l		or U	527	╛╻				tach a list			uctions	s)
J W	ebsit	te: ww	w.marchor	ıwashing	tonfilmfes	stival.org					"	(C)	∍roup	exe	mption n	umber			
K Form	n of o	rganization:	: 🔽 Corpo	ration [)Trust □	Associatio	on 🗆 Otł	her 🕨				L Yea	r of fo	rmati	on: 2014	M Sta	ate of	legal do	omicile: DC
- D	. T	<u> </u>																	
Pa	rt I		mary	organiza	tion's miss	cion or me	oct cianifi	cant activities											
								cant activities: to celebrate ar		ease av	ware	ness	of the	e eve	ents and h	eroes	of th	ie Civil	Rights
æ								l leverages the	e broad	d appea	al of	film,	musio	c, an	d the arts	to tel	I the	se vital	l stories,
nc		and attrac	ts an audi	ence tha	t is divers	se in age,	class and	etnnicity.											
Ë																			
Activities & Governance																			
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88			_		_	_	, ,	VI, line 1a)								3	₩		5
tie			•		-		•	ng body (Part V	•	•				•		4	₩		5
tim	5						•	.015 (Part V, lir	,					•		5	ــــــ		0
Ac	6	Total num	nber of vol	unteers	(estimate	if necessa	ary) .		•		•		•	•		6	<u> </u>		0
							•	(C), line 12				•	•			7a	<u> </u>		0
	b	Net unrel	lated busir	iess taxa	ble incom	ne from Fo	rm 990-T	, line 34 .			•					7b			0
													Pri	or Y	ear		Cur	rent Y	'ear
9	8	Contribut	tions and g	rants (Pa	art VIII, li	ine 1h) .									238,04	4			423,113
Revenue	9	Program	service re	venue (P	art VIII, li	ine 2g)										0			0
jav.	10	Investme	ent income	(Part VI	II, columr	n (A), line	s 3, 4, an	nd 7d)								0			0
ш	11	Other rev	venue (Par	t VIII, cc	olumn (A)	, lines 5, 6	6d, 8c, 9c	c, 10c, and 11e	e)							0			0
	12	Total reve	enue—add	lines 8 t	hrough 1:	1 (must e	qual Part	VIII, column (A), line	e 12)					238,04	4			423,113
						-	•	nes 1–3) .	-							0			0
					-			ne 4)								0			0
**								X, column (A),								0			0
Exp enses				-		-	-	11e)		,						0			0
8				-	-			110)	•	•									
X			raising expe					f 24a)		_					225 54	4			207.052
		-						f-24e)							235,54	_			397,053
		-			-	-		lumn (A), line	-						235,54	_			397,053
- 60	19	Revenue	less exper	ises. Sub	tract line	18 from I	ine 12 .		• •	•					2,50	_			26,060
Net Assets or Fund Balances												Begir	ning	of Cu	ırrent Yea	r	En	id of Ye	ear
dan	20	Total acco	ets (Part X	line 16)										2 50	0			28,560
Ass B									•	•		-			2,50	-			-
und			ilities (Par							•						0			0
~ 1	22	Net asset	ts or fund	palances	. Subtract	t line 21 fr	rom line 2	20							2,50	U			28,560

Signature Block

) (Revenue \$

Other program services (Describe in Schedule O.)

)

4e Total program service expenses▶

388,377

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——— Page 3 ——

Form 990 (2015)
Page 3
Part IV Checklist of Required Schedules

Par	t 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		No
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		No
	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		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			

20b I

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Par	t IV Checklist of Required Schedules (continued)			
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		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		No
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? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
-		F	orm 99	0 (2015)

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20/25	o, 11:17 AM March On Washington Film Festival - Full Filing - Nonprofit Explorer - ProPublica		_
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance		
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	
_		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 25		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
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		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions))	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	1	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	•	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42	1	No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	,	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	,	
•	56	2	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	1	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?)	
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	1	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?)	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	.	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	F	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	,	
h	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 by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	_	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 91	_	
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		
11	Section 501(c)(12) organizations. Enter:		
а	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	a	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	-	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		

a Is the organization licensed to issue qualified health plans in more than one state?**Note.** See the instructions for additional information the organization must report on Schedule O.

b Enter the amount of reserves the organization is required to maintain by the states in

	which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		F	orm 99	0 (2015)
	Page 6 ———————————————————————————————————			
Form	990 (2015)			D 6
	t VI Governance, Management, and Disclosure			Page 6
Pai	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10	b belo	w. des	cribe
	the circumstances, processes, or changes in Schedule O. See instructions.		,	
	Check if Schedule O contains a response or note to any line in this Part VI			<u> </u>
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
	1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			NO
4	of officers, directors or trustees, or key employees to a management company or other person? Did the organization delegate control over management duties customarily performed by or dider the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		No
•		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
_		0-	Vaa	
	The governing body?	8a 8b	Yes Yes	
ь	Each committee with authority to act on behalf of the governing body?	OD	res	
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 in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
	(Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the			
_	form?	11a	Yes	<u> </u>
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			<u> </u>
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c]	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16h		

March On Washington Film Festival - Full Filing - Nonprofit Explorer - ProPublica

2/20/25, 11:17 AM

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		TOD		<u> </u>
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: The Organization 1341 G Street NW 5th Flr Washington, DC 20005 (202) 466-8585			
		F	Form 99	0 (2015)
	Page 7			
Form	n 990 (2015)			Page 7
Par	t VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Em and Independent Contractors	oloye	es,	
	Check if Schedule O contains a response or note to any line in this Part VII			
Se	ection A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees			
year.	Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of among pensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.		inization	ı's tax
	List all of the organization's current key employees, if any. See instructions for definition of "key employee."			
• I who	List the organization's current highest compensated employees (other than an officer, director, trustee or key employees received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the nization and any related organizations.	'ee) 3		
	List all of the organization's former officers, key employees, or highest compensated employees who received more than portable compensation from the organization and any related organizations.	\$100,0)00	
	List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee on nization, more than \$10,000 of reportable compensation from the organization and any related organizations.	f the		

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization no (A)	(B)			(C				(D)	(E)	(F)
Name and Title	Average hours per week (list any hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) Victoria Bassetti Director	5.00	х						0	0	
(2) Will Jawando Director	5.00	Х						0	0	
(3) Alicin Williamson Treasurer	5.00	Х		х				0	0	
(4) Suzanne Stoll Secretary	5.00	Х		х				0	0	
(5) Robert Raben President	5.00	Х		х				0	0	
							I			

						1	+-+				-	+		
												_		
			•	•						•	•		Form 990) (2015
					Page	e 8								
orm	990 (2015)													Page 8
ar	t VII Section A. Officers, Direc	tors, Trustee	s, Key	Emp	loye	es,	, and	Higl	hes	t Compensat	ed Employees	(conti	nued)	
	(A)	(B)			(C)				I	(D)	(E)	- T	(E)	
	Name and Title	Average hours per week (list any hours		one b	o no ox, u n of	t ch unle fice	ss per	son	or	Reportable compensation from the ganization (W-	Reportable compensatio from related organizations (n la d (W-	(F) Estima amount of compens from t	ited f other sation the
		for related organizations	or Inc	- I	₽.	자 연	ane SiH	Fo	2	2/1099-MISC)	2/1099-MISC) (د	organizati relate	
		below dotted line)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					organiza	itions
			S E	tion		olqn	t 00	_						
			trus	al Tr		yee	mp							
			88	nste.			ense							
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									L					
												\dashv		
Lb '	Sub-Total			<u> </u>	<u></u>		•				1	┯┷		
c ·	Total from continuation sheets to F	•	n A .	•			۲					土		
d [.] 2	Total (add lines 1b and 1c) Total number of individuals (including of reportable compensation from the	g but not limited	to thos	e list	ed a	bov	e) wh	o rec	eive	0 d more than \$1	.00,000	0		
	or reportable compensation from the	organization -	0											
3	Did the organization list any former	officer director	or truct	برا مم	9V 61	mnl	ovee	or hi	ahor	et compensated	employee on		Yes	No
•	line 1a? If "Yes," complete Schedule			ee, K∈	ey el	• ••••••	• •	JI 111	gries •	• • •	• • •	3		No
4	For any individual listed on line 1a, is	s the sum of rep	ortable	comp	ensa	atior	n and	other	r cor	npensation from	n the	ب ا	+ +	-110
-	organization and related organization	ns greater than	\$150,00	0? <i>If</i>	"Yes	s," c	comple	ete So	chea	lule J for such				
	individual			•	•	•	•	•	•			4	\perp	No
5	Did any person listed on line 1a rece		•						_		lividual for			
	services rendered to the organization	i:11 res, comp	iete SCr	eaule	= J TC	ıı Sl	исп ре	: I SON	•			5		No

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1 (Complete this table for your five highest corrections the organization. Report compensation					ensation
1	((A) usiness address	<u> </u>		(B) ription of services	(C) Compensation
2 Tot	al number of independent contractors (ind	cluding but not limite	ed to those listed above	/e) who received mo	ore than \$100,000	of
cor	npensation from the organization > 0					Form 990 (2015)
						FORM 990 (2015)
			Page 9			
Form 9	90 (2015)					Daga C
Part	<u> </u>					Page 9
	Check if Schedule O contains a re	sponse or note to ar	ny line in this Part VII			🗆
			(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a Federated campaigns	_		revenue		512-514
	1a					
	b Membership dues					
S S	1b					
am	c Fundraising events .					
5 1	1c					
iffs ar /	d Related organizations					
a. i.e	e Government grants (contributions)					
Sin	1e					
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, gifts, grants,					
를	and similar amounts not included above					
no pu	1f 423,113					
0 8	g					
	Noncash contributions included in lines 1a-1f:\$					
	h Total.Add lines 1a-1f	423,113	3			
Ine		Business Code				
Program Service Revenue	2a					
æ	b					
N C	С					
Ser	d					
E	е					
rogo	f All other program service revenue.					
Δ.	g Total.Add lines 2a-2f					٦
	3 Investment income (including dividen similar amounts)		ner ▶			
	4 Income from investment of tax-exem	pt bond proceeds	>			
	5 Royalties		•			
	(i) Real	(ii) Personal				
	6a Gross rents					
	b Less: rental expenses	ı	1			
]			
	c Rental income or	J				
	(loss)	I				
			_			
	d					
	Net rental income or (loss)	No.	1			1

	()					
	(i) Securities	(ii) Other				
7a Gross amount			1			
from sales of						
assets other than inventory						
,			<u> </u>			
b Less: cost or						
other basis and sales expenses						
C Gain or (loss)						
d dain or (loss)			1			
Net gain or (loss) .						
		•				
	om fundraising event	5	_			
(not including \$						
See Part IV line	ported on line 1c).					
	10		1			
		а				
b Less: direct expe	enses	b	_			
		I	Ī			
c			1			
Net income or (loss)	from fundraising eve	ents -				
9a Gross income from See Part IV, line	om gaming activities.		-			
See Fart IV, line	19					
		_				
		а				
		•	1			
b Less: direct expe	enses	ь	1			
2000: un det expe		-1	i			
]			
С						
Net income or (loss)	from gaming activiti	es 📡				
10aGross sales of in	ventory, less					
returns and allow	wances		1			
		a	1			
		I	i			
		- 1]			
b Less: cost of goo	ods sold	b				
С			_			
	from color of invent	ne.				
Net income or (loss)	nom sales of invent	Business Code				
			ĺ			
	Miscellaneous	Revenue	j			
11a						
			•			
			1			
			<u> </u>			
b		→	1			
			1			
			1			
		T	<u> </u>			
c			ī			
			1			
d All other revenue	۵		1			
a All other revenue	- · · ·		1			
			<u> </u>			
е						
Total. Add lines 11a	-11d	▶				
12			100 :::			
Total revenue. See	Instructions	▶	423,113	0	0	0
_1						

Form **990** (2015)

Form 990 (2015) Page **10**

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).

	Check if Schedule O contains a response or note to any	line in this Part IX			\square
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			g	
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
	a Management				
ı	b Legal				
	c Accounting				
	d Lobbying				
	e Professional fundraising services. See Part IV, line 17				
1	f Investment management fees				
,	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	10,075	10,075		
12	Advertising and promotion	45,972	45,972		
13	Office expenses	7,635		7,635	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	170,362	170,362		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	35,965	35,965		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,041		1,041	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a Film rights and curatio	115,022	115,022		
	b Photography and video e	10,981	10,981		
	c d				
	e All other expenses				
2 F	Total functional expenses. Add lines 1 through 24e	397,053	388,377	8,676	0
	Joint costs. Complete this line only if the organization	357,033	300,377	0,076	0
∠0	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

SOP 9	98-2 ((ASC	958-	720
	SOP '	SOP 98-2	SOP 98-2 (ASC	SOP 98-2 (ASC 958-

Form	990	(2015)

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orr	n 990	(2015)			Page 1
Pa	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part IX .			\square
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	2,000	1	28,060
	2	Savings and temporary cash investments	500	2	500
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
s	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
ssets	7	Notes and loans receivable, net		7	
SS	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities .		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets.Add lines 1 through 15 (must equal line 34)	2,500	16	28,560
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
10	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
iabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ap		persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
S		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and			
Assets or Fund Balances	27	complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	2,500	27	28,560
Sal	28	Temporarily restricted net assets		28	
P	29	Permanently restricted net assets		29	
5		Organizations that do not follow SFAS 117 (ASC 958),			
or l	30	check here and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
et	31	Paid-in or capital surplus, or land, building or equipment fund		31	
155	32	Retained earnings, endowment, accumulated income, or other funds		32	
et l	33	Total net assets or fund balances	2,500	33	28,560
Net	34	Total liabilities and net assets/fund balances	2,500	34	28,560

Form **990** (2015)

Page 12

Form	990 (2015)				Page 12			
Par	XI Reconcilliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u> </u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			423,113 397,053			
	Total expenses (must equal Part IX, column (A), line 25)							
	3 Revenue less expenses. Subtract line 2 from line 1							
4 5	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	5			2,500			
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 in Schedule O)	9			0			
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			28,560			
	XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990:							
-	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		No			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a						
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b		No			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,						
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis							
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.						
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		No			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ired	3b					
			Fr	orm 99	0 (2015)			
Form	990 (2015)							
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1	Special Condition Description				1			

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TIN: 46-4604132

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

OMB No. 1545-0047

Open to Public

					<u>www.irs.g</u>	ov/form990.	,		Inspection
		he organiz shington Film						Employer identific	ation number
	1 011 114	Jimigcon i iiii	1 CSCIVUI					46-4604132	
	rt I				us (All organization e it is: (For lines 1 thro			See instructions.	
1	n gariiz		•		ssociation of churches	J ,	, ,	(A)(i)	
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))								
_						•	• • • • • • • • • • • • • • • • • • • •	7 ::: \	
3		•	·	•	vice organization descr				
4			research org. ,, and state: .		ed in conjunction with	a nospital desc	ribed in section	170(b)(1)(A)(III). E	— nospitars
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)							
6				•	r governmental unit de	scribed in sect	ion 170(b)(1)(A)(v).	
7	✓			ormally receives	a substantial part of it	s support from	a governmental ।	unit or from the genera	al public described in
8		A commu	nity trust desc	cribed in sectio	n 170(b)(1)(A)(vi).	(Complete Part	II.)		
9		from activ	rities related t nt income and	o its exempt fur unrelated busir	: (1) more than 331/3% nctions—subject to cert ness taxable income (le mplete Part III.)	tain exceptions,	and (2) no more	than 331/3% of its su	pport from gross
10		An organi:	zation organiz	zed and operate	d exclusively to test for	r public safety.	See section 509	(a)(4).	
11		more pub	licly supported	d organizations	d exclusively for the be described in section 50 ne type of supporting o	9(a)(1) or sect	ion 509(a)(2). Se	e section 509(a)(3)	
а		organizati	on(s) the pov		rated, supervised, or co appoint or elect a majo •				
b		managem	ent of the sup		pervised or controlled in ation vested in the san and C.				
С					supporting organizationions). You must com				ted with, its
d		functional	ly integrated.	The organization	d. A supporting organi in generally must satisf rt IV, Sections A and	fy a distribution	requirement and		
e		Check this	box if the or	ganization recei	ved a written determin	ation from the		pe I, Type II, Type III	functionally
f	Enter			,		3			
g					the supported organiz	zation(s).	_		
(i)N	lame o	f supported	organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	Is the organ	iv) ization listed in ing document?	Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
							II.		
Tota	1								
		work Redu or 990-EZ.		tice, see the I	nstructions for	Cat. No. 1128	35F	Schedule A (Form 9	90 or 990-EZ) 2015
					Pa	ge 2 ———			
Sche	dule A	<u>.</u>	or 990-EZ) 2						Page 2
Pa	rt II	(Comp	lete only if	you checked t	zations Described he box on line 5, 7,	or 8 of Part I	or if the organ	ization failed to qua	
		If the	organization	fails to qualif	y under the tests lis	ted below, pla	ease complete	Part III.)	

(d)2014

(e)2015

(f)Total

(a)2011

(b)2012

(c)2013

Section A. Public Support

Calendar year

	25, 11:1/ AM - nacai year beginning m/ =	March O	n Washington Film	Festivai - Fuli Filing	g - Nonpront Explore	er - ProPublica	•
	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)				238,044	423,113	661,157
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				238,044	423,113	661,157
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						361,024
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4.						300,133
S	ection B. Total Support			l			
Ca	lendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f)Total
•	fiscal year beginning in)	(4)2011	(6)2012	(0)2013	` '	` `	
7 8	Amounts from line 4 Gross income from interest,				238,044	423,113	661,157
0	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						
11	(Explain in Part VI.) Total support. Add lines 7 through						
	10.	h- (ihhi-					661,157
	Gross receipts from related activities, e					12	
13	First five years. If the Form 990 is for	-			•		•
_	check this box and stop here				<u> </u>		
	ection C. Computation of Public Public support percentage for 2015 (lin		_	solumn (f))		1441	
	Public support percentage for 2014 Sch					14	
	33 1/3% support test—2015. If the o					more check this	207
108	and stop here. The organization qualif						
b		organization did	not check a box o	n line 13 or 16a, a	and line 15 is 33 1/	3% or more, chec	k this
17a	box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization in Part VI how the organization meets t	–2015. If the org	ganization did not and-circumstance	check a box on lires test, check this	ne 13, 16a, or 16b box and stop her e	, and line 14 e. Explain	▶□
b	organization	t— 2014. If the or ation meets the "f	ganization did no acts-and-circums	t check a box on li tances" test, checl	ine 13, 16a, 16b, o k this box and sto	or 17a, and line p here.	▶□
	supported organization						🕨 🗆
18	Private foundation. If the organization						* ** •
	instructions		<u> </u>				
					Schedu	ic A (Form 550 c	. 550 LL, 2015
			Page 3				
			3				
Sch	edule A (Form 990 or 990-EZ) 2015						Page 3
	Part III Support Schedule fo	r Organizatio	ns Described i	n Section 500	(2)(2)		rage J
	(Complete only if you the organization fails t	checked the box	x on line 9 of Pa	art I or if the org	ganization failed		r Part II. If
S	ection A. Public Support	1		, ,	•	•	
Cal	lendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f)Total
(OI	fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not	(0,200	(4)	(4)	(-,	(0)====	(7)
	include any "unusual grants.") .				1		
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose				1		
3	Gross receipts from activities that are not an unrelated trade or business under section 513						

https://projects.propublica.org/nonprofits/organizations/464604132/201641349349301424/full

determination.

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

		JU	1	ı					
С	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.	3c							
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	<u> </u>							
		4a							
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.	4b							
С	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	(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								
b	amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the	5a							
_	organization's organizing document?	5b 5c							
с 6	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5 C							
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.								
-		6							
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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,"	7							
0	complete Part I of Schedule L (Form 990 or 990-EZ).	8							
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	9a							
U	organization had an interest? If "Yes," provide detail in Part VI.	9b							
С	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 .	<u> </u>							
		9c							
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a							
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).	10b							
	Schedule A (Form 990	or 99	0-EZ)	2015					
	Page 5 ———————————————————————————————————								
C-l	hd- A (5-m- 000 000 57) 2015			_					
	dule A (Form 990 or 990-EZ) 2015		F	Page 5					
Par	t IV Supporting Organizations (continued)		Yes	No					
11	Has the organization accepted a gift or contribution from any of the following persons?		165	140					
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			<u> </u>					
4	governing body of a supported organization?	11a							
b	A family member of a person described in (a) above?	11b							
С	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							
	etics B. Turns I Composition Operations								
<u>Se</u>	ction 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		. 03						
	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							
				<u> </u>					
50	ction C. Type II Supporting Organizations								

					Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a					
	each of the organization's supported organization(s)? If "No," describe in Part VI has supporting organization was vested in the same persons that controlled or managed					
	supporting organization was vested in the same persons that controlled or managed	ine sup	oporteu organization(s).			
				1		
<u>S</u>	ection D. All Type III Supporting Organizations				T	
_					Yes	No
1	Did the organization provide to each of its supported organizations, by the last day or tax year, (i) a written notice describing the type and amount of support provided duri					
	Form 990 that was most recently filed as of the date of notification, and (iii) copies of	f the or				
	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 e					
	organization(s) or (ii) serving on the governing body of a supported organization? If organization maintained a close and continuous working relationship with the support					
	organization maintained a close and continuous working relationship that the support	.cu org	amzacion(3).	2		
3	By reason of the relationship described in (2), did the organization's supported organ	ization	s have a significant voice in the	_		
_	organization's investment policies and in directing the use of the organization's incom	e or as	ssets at all times during the tax			
	year? If "Yes," describe in Part VI the role the organization's supported organization	s playe	d in this regard.	3		
	Section E. Type III Functionally-Integrated Supporting Organizations	t T	h denin a blanca a la company			
1	Check the box next to the method that the organization used to satisfy the Integral P	art ies	t during the year (see instruct	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.					
	b The organization is the parent of each of its supported organizations. Complet	e line	3 below.			
	c The organization supported a governmental entity. Describe in Part VI how you	ou sup	ported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.				Yes	No
	a Did substantially all of the organization's activities during the tax year directly further	the ex	cempt purposes of the			
	supported organization(s) to which the organization was responsive? If "Yes," then in	Part \	VI identify those supported			
	organizations and explain how these activities directly furthered their exempt purposes responsive to those supported organizations, and how the organization determined the					
	substantially all of its activities.	iac circ.	se delivires constituted	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's					
	organization's supported organization(s) would have been engaged in? If "Yes," explaorganization's position that its supported organization(s) would have engaged in thes					
	involvement.	e activ	icies but for the organization's	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			20		
_	a Did the organization have the power to regularly appoint or elect a majority of the of	ficers	directors or trustees of each of	3a		
	the supported organizations? Provide details in Part VI .	ileers,	directors, or trustees or each or	Ju		
	b Did the organization exercise a substantial degree of direction over the policies, prog supported organizations? If "Yes," describe in Part VI. the role played by the organizations?					
	supported organizations? If "Yes," describe in Part VI. the role played by the organizations	ation i	3	3b		
			Schedule A (Form 990	or 99	90-EZ)	2015
	Page 6					
Sch	edule A (Form 990 or 990-EZ) 2015				F	Page 6
P	art V Type III Non-Functionally Integrated 509(a)(3) Supporting C)rgan	izations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying true	ıst on l	Nov 20 1970 See instruction	s. All c	ther	
	Type III non-functionally integrated supporting organizations must complete So					
	Section A - Adjusted Net Income		(A) Prior Year	(B) Cur	rent Yea	
	Section A - Adjusted Net Income		(1) 1 101 104		onal)	•
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross	6				
,	income or for management, conservation, or maintenance of property held for production of income (see instructions)					
7		7				
8	·	8				
o Aujusteu Net Income (subulact lines 5, o aliu / Holli line 4)						

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for shor tax year or assets held for part of year):	t 1		
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see	<u> </u>		
	instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally instructions)	-integrate	d Type III supporting	organization (see
	Page 7			
	dule A (Form 990 or 990-EZ) 2015			Page 7
Pai	dule A (Form 990 or 990-EZ) 2015 rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organi	zations (continue	d)
Pai	dule A (Form 990 or 990-EZ) 2015	Organi	zations (continue	
Sec	dule A (Form 990 or 990-EZ) 2015 rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organi	zations (continue	d)
Sec 1	dule A (Form 990 or 990-EZ) 2015 Type III Non-Functionally Integrated 509(a)(3) Supporting action D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported			d)
Sec 1	dule A (Form 990 or 990-EZ) 2015 Type III Non-Functionally Integrated 509(a)(3) Supporting ction D - Distributions Amounts paid to supported organizations to accomplish exempt purposes	l organiza		d)
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Pai Sec 1 2 4	dule A (Form 990 or 990-EZ) 2015 Type III Non-Functionally Integrated 509(a)(3) Supporting etion D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations.	l organiza		d)
Par Sec 1 2 4 3 4 5	dule A (Form 990 or 990-EZ) 2015 Type III Non-Functionally Integrated 509(a)(3) Supporting Stion D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizate Amounts paid to acquire exempt-use assets	l organiza		d)
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Schedule B (Form 990, 990-EZ,	Sched	dule of Contributors		OMB No. 1545-0047
or 990-PF) Department of the Treasury Internal Revenue Service	Information about Schedule B	to Form 990, 990-EZ, or 990-PF. (Form 990, 990-EZ, or 990-PF) and <u>www.irs.gov/form990</u> .	its instructions is at	2015
Name of the organizatio March on Washington Film			Employer id	dentification number
Organization type (chec	k one):		46-4604132	
Filers of:	Section:			
Form 990 or 990-EZ	501(c)() (enter number)	organization		
		aritable trust not treated as a pri	vate foundation	
Form 990-PF	527 political organization501(c)(3) exempt private t	foundation		
	4947(a)(1) nonexempt cha	aritable trust treated as a private	foundation	
	☐ 501(c)(3) taxable private f	foundation		
	n is covered by the General Rule o	or a Special Rule.		
	c)(7), (8), or (10) organization can o		Rule and a Special Rule	e. See instructions.
General Rule				
☐ For an organiza	tion filing Form 990, 990-EZ, or 990)-PF that received, during the vea	ar contributions totaling 9	\$5,000 or more (in
	property) from any one contributor.			
Special Rules				
under sections 50 received from any	on described in section 501(c)(3) fili 9(a)(1) and 170(b)(1)(A)(vi), that che one contributor, during the year, to the 1h, or (ii) Form 990-EZ, line 1. Cor	necked Schedule A (Form 990 or otal contributions of the greater of	990-EZ), Part II, line 13,	16a, or 16b, and that
during the year, to	on described in section 501(c)(7), (8 otal contributions of more than \$1,00 ne prevention of cruelty to children of	00 exclusively for religious, chari	table, scientific, literary, c	ny one contributor, or educational
during the year, or If this box is check purpose. Do not of	on described in section 501(c)(7), (8 ontributions exclusively for religious ked, enter here the total contribution complete any of the parts unless the le, etc., contributions totaling \$5,00	 charitable, etc., purposes, but real that were received during the General Rule applies to this or 	no such contributions tota year for an exclusively re ganization because it rec	aled more than \$1,000. eligious, charitable, etc., seived nonexclusively
990-EZ, or 990-PF), but i	that is not covered by the General t must answer "No" on Part IV, line rm 990PF, Part I, line 2, to certify th	2, of its Form 990; or check the	box on line H of its	
For Paperwork Reduction Actor Form 990, 990-EZ, or 990	ct Notice, see the Instructions PF.	Cat. No. 30613X	Schedule B (Form 990), 990-EZ, or 990-PF) (2015)
		Page 2		
Schedule B (Form 990, 9	90-EZ, or 990-PF) (2015)			Page 2
Name of organization March on Washington Film	Factival		Employer identifica 46-4604132	ation number
narch on washington filli	i Couvai		7004122	

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(D) Name, address, and ZIP + 4	(c) Total contributions	(a) Type of contribution	
STRICTED			Person	
- Indicated			Payroll	
		\$ RESTRICTED	Noncash	
,			(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
			Person	
			Payroll	
		\$	Noncash	
			(Complete Part II for noncash contributions.)	
(a)	(b)	(c) Total contributions	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
			Person	
			Payroll	
		<u>\$</u>	Noncash	
			(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
NO.	Name, address, and ZIF + 4	Total contributions	Person	
			Payroll	
		\$		
			Noncash	
			(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
			Person	
<u></u>			Payroll	
		\$	Noncash	
			(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	•		Person	
			Payroll	
		\$	Noncash	
				
			(Complete Part II for noncash contributions.)	
		Schedule B (F	Form 990, 990-EZ, or 990-PF) (2	
	Page 3 -			
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edule B (Form 990, 99 e of organization	90-EZ, or 990-PF) (2015)	Fundamental	Pag ification number	

	i Filiti Festival	46-4604132			
Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
	4.	(c)	4.0		

	-		
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_			
-		(e) Transfer of gift	
	Transferee's name, address, and ZIP 4		p of transferor to transferee
		Sahadula	B (Form 990, 990 F7, or 990 PE) (2015)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization March on Washington Film Festival **Employer identification number**

46-4604132

	40-4004132
Return Reference	Explanation
Form 990, Part VI, Section B, line 11	The President and Finance Manager review the 990 before it is filed.
Form 990, Part VI, Section C, line 19	Governing documents are made available to the public upon request.

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2015

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