990

Department of the Treasury

### CHANGE OF ACCOUNTING PERIOD

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.

2017
Open to Public

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection For the 2017 calendar year, or tax year beginning JAN 1, 2017 and ending AUG 31, Check if applicable C Name of organization D Employer identification number Address change March on Washington Film Festival Name change Doing business as 46-4604132 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final returns 202-466-8585 1341 G Street, NW 5th Flr termin-ated 530,404. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amende return Washington, DC 20005 H(a) is this a group return Applica-F Name and address of principal officer Robert Raben JYes XINo , for subordinates? pending same as C above Tax-exempt status X 501(c)(3) \_\_\_\_ 591(c) ( )◀ (insert no.) \* "No," attach a list (see instructions) J website: ▶ www.marchonwashingtonfilmfestival.drg H(c) Group exemption number K Form of organization: X Corporation Trust Association L Year of formation: 2014 M State of legal domicile, DC Part Summary Bnefly describe the organization's mission or most significant activities The March on Washington Film Festival (MOWFF) strives to celebrate and increase awareness of the 2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting imembers of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part Vill, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 467,969. 530,404. Contributions and grants (Part VIII, line 1h) 0. Ο. Program service revenue (Part Vill, line 2g) Ο. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 467,969. 530,404 Total revenue - add lines 8 through 11 (must equal Part Vill, column (A), line 12) Ο. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 36,929. b Total fundraising expenses (Part IX, column (D), line 25) 597,012. 503,165. Other expenses (Part iX, column (A), lines [1] [1] [1] [24] 503,165. Total expenses. Add lines 13:17 (must equal Part-IX-column (A), line 25) 597,012. Revenue less expenses. Subtrackine 18 from line 12 <129,043.5 27,239. JOL T & SUB Beginning of Current Year **End of Year** 79,532. 84,057. 20 Total assets (Part X, line 16) 111,139.142,903. OGDEN HT Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 <58,846.b <31,607. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declarated of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Robert Raben, President Here Type or print name and title Print/Type preparer's name 07/12/18 " self-employed Paid Stephen G Travis, CPA ₽00158766 Firm's name Kositzka, Wicks and Company 54 - 1342298Preparer Firm's EIN 🛌 5270 Shawnee Road, Suite 250 Firm's address 🛌 Alexandria, VA 22312 Phone no. (703) 642-2700

132001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes \_\_\_ No Form **990** (2017)

See Schedule O for Organization Mission Statement Continuation

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Form 990 (2017)

# Form 990 (2017) March on Washington Film Festival 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		х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-	-	<del></del>
•	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			1
	duning 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		x
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	Ů		
	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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			-
	endowments, or 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, VIII, VIII, IX, or X			
	as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			-
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
ţ	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a		Х
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	451		v
13	If "Yes," and if the Organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
	Did the organization maintain an office, employees, or agents outside of the United States?	13		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		42
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	toreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), tine 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
		Form	990 (	(2017)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		X
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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest array proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
¢	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			1
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	ļ	
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		X
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			1
	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, 6, or 22 for receivables from or payables to any current or			l
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	0.0		X
	complete Schedule L, Part II	26		<u> </u>
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	27		x
28	of any of these persons? If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			<del></del>
20	instructions for applicable filting thresholds, conditions, and exceptions):			1
2	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	-	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			<u> </u>
Ť	director, trustee, or direct or indirect owner? 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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			Γ-
	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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 .7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		Ļ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule IR, Part V, line 2	36		X
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 partinership 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?	1		
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
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Form 990 (2017) March on Washington Film Festival 46-4604132 Page
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 in Schedule O. See instructions

	to line da, db, or 150 below, describe the circumstances, processes, or charges in conducte or dee instructions								
	Check if Schedule O contains a response or note to any line in this Part VI			X.					
Sec	tion A. Governing Body and Management		7						
	# w	r <del></del>	Yes	No					
12	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting members of the governing body at if the governing body or if the governing body.		ŀ						
	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 0.								
<b>L</b>	· · · · · · · · · · · · · · · · · · ·		i						
р 2	Enter the number of voting members included in line 1a, above, who are independent  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	<del> </del>							
2	officer, director, trustee, or key employee?	2	ł	x					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	<b>├</b> ──	$\neg$						
•	of officers, directors, or trustees, or key employees to a management company or other person?	3	ĺ	X					
4									
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		X					
	Did the organization have imembers, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a	Ì	X					
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		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b	X						
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		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)								
			Yes	No					
10a	Did the organization have focal chapters, branches, or affiliates?	10a		X					
b	if "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	<u> </u>					
þ		12a		X					
12a									
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		x					
13	Did the organization have a written whistleblower policy?	13		$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$					
14	Did the organization have a written document retention and destruction policy?	14	ļ						
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?	15a		x					
a	The organization's CEO, Executive Director, or top management official	15b		X					
IJ	Other officers or key employees of the organization  If *Yes* to line 15a or 15b, describe the process in Schedule O (see instructions).	130		<del></del>					
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
100	taxable entity during the year?	16a		X					
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	- <del></del>	-						
-	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b		l					
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ► None		•						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	ile						
-	for public inspection. Indicate how you made these available. Check all that apply								
	Own website Another's website X 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, an	d finan	cial						
	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 - 202-466-8585								
	1341 G Street, NW 5th Flr, Washington, DC 20005								
73200	5 11-28-17	Forn	990	(2017)					

#### Form 990 (2017) 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.

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 meither the organization in	or any related	orga	ınıza	tion	CO	mpei	nsat	ted any current officer	director, or trustee.	
(A)	(B)			((	C)			(D)	(E)	(F)
Name and Title	Average	íđo	not d	Pos	rtion	) than	ODB	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation from related	amount of other			
	week (list any	ě				}	1	from the	organizations	compensation
	hours for	<b>O</b> rrec			ļ	9	l	1	(W-2/1099-MISC)	from the
	related	tee or	38			ž		(W-2/1099-MISC)		organization
	organizations	Sign	를		a e	Ë.	ł	}	1	and related
	below	Individual frustee or director	institutional frustee	Offices	g .	Righest compensated employee	Ë	1		organizations
(1) Victoria Bassetti	ine) 5.00	Ĕ	<u>≅</u>	ਙ	ž	<u>¥.</u> ₽	3	<del></del>	<del>  .                                     </del>	<del> </del>
Director	3.00	x			ł	1		Ì	1	1
(2) Will Jawando	5.00	<u> </u>	$\vdash$		-		╁	<u> </u>	+	<del> </del>
Director	7.00	$\mathbf{x}$				1	ļ			
(3) A'Lelia Bundles	5.00		$\vdash$	-			t	<del></del>	<del> </del>	<del></del>
Director		x		1				1		
(4) Sam Abrams	5.00		$\vdash$	<u> </u>	T	<b>†</b>		<del>                                     </del>	1	
Director		X	] .			L				
(5) Alicin Williamson	5.00									
Treasurer		X	<u>.                                    </u>	X	<u> </u>	1			<u> </u>	<u> </u>
(6) Suzanne Stoll	5.00									
Secretary		X		X	_		L.		<u> </u>	<u> </u>
(7) Robert Raben	5.00		Ī		}		1			
President	ļ	X	<u> </u>	X			$oxed{igspace}$			
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(A)  Name and title	(B) Average hours per week	(do box offi	not c	Posities per se de	tion more	than	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	on amount of other		of
	(list any hours for related organizations below line)	Individual bustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	org	rom th ganizat id relat anizati	e ion ed
	<u> </u>											
		_										
		<u> </u>		1	<u> </u>	<u> </u>				-		
		<del> </del>		1		_						
		-						1				
		-						<u> </u>		-		
1b Sub-total						<u> </u>				<del> -</del>		
c Total from continuation sheets to Part	VII, Section A											
d Total (add lines 1b and 1c)  2 Total number of individuals (including but compensation from the organization	t not limited to the	hose	e listi	ed a	bov	e) w	10 1	eceived more than \$100	0,000 of reportable	<u>,                                      </u>		
			_ 1.					tt		-	Yes	No
time ta? If "Yes," complete Schedule J fo	r such individua	<b>f</b>								3	<u> </u>	х
4 For any individual listed on line 1a, is the and related organizations greater than \$	50,000? If "Yes	, " cc	mpi	et <b>e</b> S	Sche	edul	e J f	for such individual	-	4	1.	х
5 Did any person listed on line 1a receive of rendered to the organization? If "Yes," co	•				-		elat	ed organization or indiv	idual for services	5	l	X
Section B. Independent Contractors  1 Complete this table for your five highest										ensation	from	
the organization. Report compensation for (A)					with	or w	<u>rthir</u>	(B)			C)	
Name and busine	ss address	N	ON:	E			_	Description of s	services	Comp	ensatio	n —
							-		-		<u></u>	
			–									
<del></del>							-	<u></u>	-			
									1		_ <del>.</del>	
Total number of independent contractors	s (including but i	not l	mte	ed to	tho	sei	stec	f above) who received r	nore than			
\$100,000 of compensation from the orga										-	.000	

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Par	( VI	131	<b>-</b> 3		an and do any limi	on thus Doet VIII			
			Check if Schedule O conti	ans a respo <u>nse</u>	or note to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
\$ \$	1 2	a	Federated campaigns	1a					
ig i	ŧ	Ь	Membership dues	1b					
A E		C	Fundraising events	1c					
i i			Related organizations	1d			ļ		
ς Ε			Government grants (contribut	ions) 1e					1
P.S.	1	f	All other contributions, gifts, gran	ts, and			]		
<b>≣</b> ≩			similar amounts not included abor-	ve 1f	530,404.		1		
들임	•	g	Noncash contributions included in lines	1e-1f \$					
Contributions, Gifts, Grants and Other Similar Amounts		<u>-</u>	Total. Add lines 1a-1f		<b></b>	530,404.			
					Business Code		1		
8	2 (	а				· <u></u>			
泛의	1	b							
اقق	•								
E è		đ							<u> </u>
Program Service Revenue		e							<del>  </del>
۵.	1	f	All other program service reve	enue					
$\rightarrow$		_	Total. Add lines 2a-2f		<u> </u>				
1	3		Investment income (including	dividends, inter	rest, and		1		
l			other similar amounts)		<b>&gt;</b>	<b>-</b>			
- 1	4		Income from investment of ta	x-exempt bond	proceeds 🕨				
Ī	5		Royatties .						<del></del>
1				(i) Real	(ii) Personal		1		1
- 1	6	a	Gross rents						
- 1	1	b	Less, rental expenses		ļ		•		
			Rental income or (loss)	L					
		đ	Net rental income or (loss)		, <b>•</b>			··•.	
ļ	7	а	Gross amount from sales of	(i) Securities	(ii) Other				Ī
Ī			assets other than inventory				Į		1
į		b	Less: cost or other basis						
- 1			and sales expenses		1				
- 1			Gain or (loss)	Ĺ					:
		d	Net gain or (loss)	•	<b>&gt;</b>				
솩	8	а	Gross income from fundraising						
Ē			including \$		1				1
اڇَ			contributions reported on line	e 1c) See	1		1		
Other Revenue			Part IV, line 18		•		1		
됩			Less: direct expenses		·				
- 1			Net income or (loss) from fun				<del> </del>		<del>                                     </del>
	9	a	Gross income from gaming a						
			Part IV, line 19	***	a			1	1
			Less: direct expenses		اب <u> </u>				ļ
			Net income or (loss) from gar	-	<b>P</b>			<u> </u>	
	10	а	Gross sales of inventory, less	s retums	į		İ	į	1
					a		Į	1	
- 1			Less: cost of goods sold		b		i	1	ŀ
		¢	Net income or (loss) from sale		<u> </u>		<del> </del>		
			Miscellaneous Reveni	ue	Business Code			1	1
	11							<del> </del>	<del>-</del> -
		b			<u> </u>				+
]		С					1	<u> </u>	+
İ		d	All other revenue		1	<u>.</u>	<u> </u>	1	<del>- </del>
į			Total. Add lines 11a-11d			E30 404	. 0.		. 0.
	12		Total revenue. See instructions.			530,404	<u>.,                                    </u>		Form <b>990</b> (2017

Secu	on 501(c)(3) and 501(c)(4) organizations must com			mplete column (A).	LX.
Do.	Check if Schedule O contains a response include amounts reported on lines 6b,	(A)	B)	(C)	(D)
	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	<del></del> ·			•
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic		{	1	
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign			1	
	organizations, foreign governments, and foreign			1	
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees	-			<del></del>
6	Compensation not included above, to disqualified			Ì	
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)			1	
9	Other employee benefits				<del></del>
10	Payroll taxes		<del></del>	<del></del>	
11	Fees for services (non-employees):	. <u>.</u>	<del></del>	<del></del>	
·· a	Management	148,050.	118,800.	10,000.	19,250.
b	Legal				==,===
c	Accounting	4,250.		4,250.	
d					
e	5	<u> </u>		İ	
f	Investment management fees				<del>.</del>
g					
	column (A) amount, list line 11g expenses on Sch O.)	87,135.			
12	Advertising and promotion	100,067.	82,388.		17,679.
13	Office expenses	5,959.		5,959.	
14	Information technology				
15	Royalties .			1.5. 5.0.0	<u></u>
16	Occupancy	37,580.		10,000.	
17	Travel	69,74 <u>5</u> .	69,745.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	<u></u>			
19	Conferences, conventions, and meetings				
20	interest		<u>.</u>		
21	Payments to affiliates	<u> </u>			
22	Depreciation, depletion, and amortization	948.		948.	
23	Insurance Other expenses, Itemize expenses not covered	7.40.		740.	
24	above. (List miscellaneous expenses not rovered 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 0.)				
_	Speaker fees and honora	25,180.	25,180.	<del></del>	<u> </u>
d	Printing expenses	11,396.		11,396.	••
	A/V expenses	10,000.	10,000.		
ď	Screening fees	2,855.	_	· <del></del>	<del></del>
	All other expenses			-	
25	Total functional expenses, Add lines 1 through 24e	503,165.	423,683.	42,553.	36,929.
26	Joint costs, Complete this line only if the organization				
-	reported in column (B) joint costs from a combined		Į	1	
	educational campaign and fun draising solicitation.	•		;	
	Check here It following SOP 98-2 (ASC 958-720)				

		Check if Schedute O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	24,207.	1	42,032.
	2	Savings and temporary cash investments		2	
į	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	59,850.	4	37,500
}	5	Loans and other receivables from current and former officers, directors,			
I		trustees, key employees, and highest compensated employees. Complete			
Í		Part II of Schedule L		5	
J	6	Loans and other receivables from other disqualified persons (as defined under	<del>-</del>		
İ		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	1	l	
- 1		employers and sponsoring organizations of section 501(c)(9) voluntary			
,		employees' beneficiary organizations (see instr). Complete Part II of Sch L	•	6	
Maser L	7	Notes and loans receivable, net		7	
? [	8	inventones for sale or use	-	8	
- 1	9	Prepaid expenses and deferred charges	<del></del>	9	<del></del>
I	_	Land, buildings, and equipment cost or other	· · · · · · · · · · · · · · · · · · ·		
ł	,00	basis Complete Part VI of Schedule D 10a			
- 1	h	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	<del>-</del>	11	
	12	Investments - other securities See Part IV, line 11		12	
1	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	· · · · · · · · · · · · · · · · · · ·
ļ		Other assets See Part IV, line 11		15	<del></del>
1	15 16		84,057.	16	79,532
_	17	Total assets. Add lines 1 through 15 (must equal line 34)	142,903.	17	111 139
- 1	i	Accounts payable and accrued expenses		18	111,133
	18	Grants payable		19	
- 1	19	Deferred revenue		<del></del>	
	20	Tax-exempt bond liabilities		20	<del></del>
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees,			
5	Į	key employees, highest compensated employees, and disqualified persons			
Liabilities		Complete Part II of Schedule L		22	<del></del>
	23	Secured mortgages and notes payable to unrelated third parties		23	<del></del>
1	24	Unsecured notes and loans payable to unrelated third parties	<del></del>	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	142 002	25	111 120
	26	Total liabilities. Add lines 17 through 25	142,903.	26	111,139
		Organizations that follow SFAS 117 (ASC 958), check here			
Net Assets or Fund Balances		complete lines 27 through 29, and lines 33 and 34.	.100 044	[ [	-21 607
E .	27	Unrestricted net assets	<128,844.	•	<31,607
	28	Temporarily restricted net assets	69,998.	28	<u>U</u>
2	29	Permanently restricted net assets	<del></del>	29	
2	1	Organizations that do not follow SFAS 117 (ASC 958), check here			
5		and complete lines 30 through 34.			
מַנ	30	Capital stock or trust principal, or current funds		30	
n E	31	Paid-in or capital surplus, or land, building, or equipment fund		31	<u></u>
5	32	Retained earnings, endowment, accumulated income, or other funds		32	<del></del>
Z	33	Total net assets or fund balances	<58,846.		<31,607
	34	Total liabilities and net assets/fund balances	84,057.	34	79,532

Form 990 (2017)

#### SCHEDULE A (Form 990 or 990-EZ)

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.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization Employer identification number March on Washington Film Festival 46-4604132 Part Reason for Public Charity Status (All organizations must complete this part.) See instructions. 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). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the ibenefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part il ) 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 ) 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 coilege of agriculture (see instructions). Enter the name, city, and state of the coilege or 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. Jarype 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (av) is the programmation 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)) Total

# Schedule A (Form 990 or 990-EZ) 2017 March on Washington Film Festival 46-4604132 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support		·				
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and			-			
	membership fees received. (Do not	,	!			<u> </u>	
	include any "unusual grants.")	L ;	238,044.	423,113.	467,969.	530,404.	1,659,530.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to	!					
	the organization without charge	<u>.                                    </u>		_			
4	Total. Add lines 1 through 3		238,044.	423,113.	467,969.	530,404.	1,659,530.
5	The portion of total contributions						
	by each person (other than a	}	!				
	governmental unit or publicly	The state of the s	F#-8-48		×		
	supported organization) included	1					
	on line 1 that exceeds 2% of the	•					
	amount shown on line 11,	,	[			[	
	column (f)						675,917.
6	Public support. Subtract line 5 from line 4						983,613.
	ction B. Total Support	<u></u>			•		<del></del>
Cale	indar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	<b>\.</b>	238,044.	423,113.	467,969.	530,404.	1,659,530.
8	Gross income from interest,			-			<u> </u>
	dividends, payments received on			:		į	
	securities loans, rents, royalties,		]			1	
	and income from similar sources					Į į	
9	Net income from unrelated business						
_	activities, whether or not the	,				ļ	
	business is regularly carried on		<u> </u>			ļ .	
10	Other income. Do not include gain			_		<del>                                     </del>	
	or loss from the sale of capital		ļ	,	1	ļ ļ	
	assets (Explain in Part VI )		]		<u> </u>	l i	
11	Total support. Add lines 7 through 10		-				1,659,530.
12		etc /see instructi	i		<u> </u>	12	
	First five years. If the Form 990 is for		•	d fourth or fifth to	av vaar se s santin		
	organization, check this box and stop		o mot, occomo, am	o, 10a/ki, or mar k	an your as a soono	11001(0)(0)	<b>▶</b> X
Se	ction C. Computation of Publ		rcentage		<del></del>	-	- F GAL
	Public support percentage for 2017 (I	<del></del>	<del></del>	column (f))		14	%
	Public support percentage from 2016	٠,,				15	%
	33 1/3% support test - 2017. if the c			n ine 13. and line	14 is 33 1/3% or n	<u> </u>	
	stop here. The organization qualifies	_			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<b>▶</b> □
t	33 1/3% support test - 2016. If the c		•		Une 15 is 33 1/3%	6 or more, check th	us hox
	and stop here. The organization qual	ū		•		or more, crossical	<b>▶</b> □
17:	10% -facts-and-circumstances tes	•	• • •		e 13 16a or 16b	and line 14 is 10%	or more
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				•	r arnom ale organ	<b>L</b>
	10% -facts-and-circumstances tes	_	•		•	17a and line 15 in	<b>₽</b> L 10% or
٠	more, and if the organization meets the	-					
	organization meets the "facts-and-circ				•		▶□
1Ω	Private foundation. If the organization						
<u></u>	to ivendution. It the organizatio	11 OHO HOL CHECK B	NON OIL BIRE 13, 10	α, του, τεα, υε 1/1		edule A (Form 990	

# 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.

Section A. Public Support

Calendar year (or fiscal year beginning in) 

(a) 2013 (b) 2014 (c) 2015 (d) 2016 / (e) 2017 (f) Total

- Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")
- 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
- 3 Gross receipts from activities that are not an unrelated trade or business under section 513
- 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf
- 5 The value of services or facilities furnished by a governmental unit to the organization without charge
- 6 Total. Add lines 1 through 5
- 7a Amounts included on lines 1, 2, and 3 received from disqualified persons
- b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 196 of the amount on line 13 for the year
- c Add lines 7a and 7b

8		(Subtractione 7)	c from line 6 )
_		 _	

Section B. Total Support

Calendar year (or fiscal year beginning in)

9	Amounts from line 6
10a	Gross income from interest,
	dividends, payments received on
	securities loans, rents, royalties,
	and income from similar sources

- b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975
- c Add lines 10a and 10b
- 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on
- 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)
- 13 Total support. (Add lines 9, 10c, 11, and 12)

4 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

(b) 2014

# Section C. Computation of Public/Support Percentage

- 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)
- 16 Public support percentage from 2016 Schedule A, Part III, line 15

### Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))

(a) 2013

- 18 Investment income percentage from 2016 Schedule A, Part III, line 17
- 19a 33 1/3% support tests 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
  - b 33 1/3% support tests 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 3,3 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2017

(c) 2015

(d) 2016

(e) 2017

15

16

17 18 (f) Total

%

%

%

732023 10-06-17

# 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	Arman	****
Section A	. MII	Supporting	ı Oryanı	zauons

- 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 V) 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? # "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 acided, 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 chantable 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
- 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," 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		<del></del>
2		
3a		
3b		
3c	!	
4a		
		:_ :
4b		<del></del>
		-
4c	<u> </u>	
	ļ	
5a		
5b		
_ 5c		-
	ļ	} .
6		-
7		
8		
9a	-	-
9b	_	
_9c		
10a		<del>                                     </del>
10b		
990 or 9	90-EZ	2017

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ig Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on 1	iov 20, 1970 (explain in	Part Vi.) See instruction
	other Type III non-functionally integrated supporting organizations must co	omplete Sec	tions A through E	
ecti	on A - Adjusted Net Income	_	(A) Pnor Year	(B) Current Year (optional)
1	Net short-term capital gain	1		<u> </u>
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
1	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
<u> </u>	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		I
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	on B - Minimum Asset Amount		(A) Pnor Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			4
	instructions for short tax year or assets held for part of year):			<u> </u>
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		<u> </u>
đ	Total (add lines 1a, 1b, and 1c)	1d		<u> </u>
	Discount claimed for blockage or other			:
	factors (explain in detail in Part VI):			<u> </u>
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 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	•	
Sect	ion 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		<u></u>
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		<u> </u>
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting or	ganization (see
	and when	,9	>E=EE+	· ·

Schedule A (Form 990 or 990-EZ) 2017

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (continued)	
	on D - Distributions	<u> </u>		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity	· · · · · · · · · · · · · · · · · · ·		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	s	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
	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 t	he organization is responsive	,	
	(provide details in Part VI). See instructions.	<u> </u>		
9	Distributable amount for 2017 from Section C, line 6		<u></u> _	· · · · · · · · · · · · · · · · · · ·
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			<u> </u>
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				<u></u>
ь	From 2013			
C	From 2014			
d	From 2015			
e	From 2016			
1	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
i				
i	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,	,		
	line 7: \$			
a	Applied to underdistributions of iprior years		<u> </u>	
	Applied to 2017 distributable amount			
	Remainder Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2018. Add lines 3	-		<u> </u>
•	and 4c.		•	
8	Breakdown of line 7:	<del>                                     </del>	<u></u>	
	Excess from 2013	<del>                                     </del>	· · · · · · · · · · · · · · · · · · ·	
	Excess from 2014	<u> </u>	<u> </u>	<del> </del>
	Excess from 2015	<del> </del>		
-	Excess from 2016	<u> </u>	·	-
-	<del></del>	<del> </del>	<del>                                     </del>	
е	Excess from 2017	ł .	ī	i

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Part VI	Suppleme	ntai Inf	ormation.	Provide	the explan	nations r	equired by	Part II, line 10	Part II,	line 17	a or 17b; Part	III, line 12,	
	Part IV, Section 1, Part IV	on A, lines ', Section !	s 1, 2, 35, 36 D, knes 2, an	i, 4b, 4c, d 3; Part	5a, 6, 9a, 9	95, 9c, 1 3 E, lines	i 1a, 13b, a s 1c, 2a, 2i	ind 11c; Part iV o, 3a, and 3b, F	, Section Part V, lin	s B, line le 1; Pa	es 1 and 2; Pa ert V. Section E	rt IV, Section 3. line 1e, Pa	n C, art V,
	Section D, lin	es 5, 6, ar	nd 8, and Pa	rt V, Sec	tion E, line	s 2, 5, a	nd 6. Also	complete this j	part for a	ny ado	litional informa	ition.	•
	(See instructi	ons ;											
Part I	I, Shor	t Yea	r Expl	anat	ion:								
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## **SCHEDULE O** (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.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

March on Washington Film Festival

Employer identification number 46-4604132

March on washington 111m reservat 140 404132
Form 990, Part I, Line 1, Description of Organization Mission:
events and heroes of the Civil Rights Era and inspire renewed passion
for activism. The festival leverages the broad appeal of film, music,
and the arts to tell these vital stories, and attracts an audience that
is diverse in age, class and ethnicity.
Form 990, Part III, Line 1, Description of Organization Mission:
and attracts an audience that is diverse in age, class and ethnicity.
Form 990, Part VI, Section B, line 11b:
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.
Form 990, Part IX, Line 11g, Other Fees:
Program consulting:
Program service expenses87,135.
Management and general expenses 0.
Fundraising expenses 0.
Total expenses 87,135.
Total Other Fees on Form 990, Part IX, line 11g, Col A 87,135.
Form 990, Part XII, Line 2c:
The Organization did not change its oversight process or selection
process during the tax year.
t.HA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 9	90·EZ) (2017)				Page:
Name of the organization	March on	Washington	Film Festi	val	Employer identification number 46-4604132
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efile Public Visual Render

ObjectId: 201941699349300614 - Submission: 2019-06-18

TIN: 46-4604132

<sub>-orm</sub>990



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.

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

OMB No. 1545-0047

2017

Inspection

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				hingtor			•					Э.							L	<b>G</b> Gross re	ecei	nts \$ 56	69,58	39		
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×8	3	Number o	of voti	ng me	nbers	of the	gove:	erning	body	y (Par	rt VI,	line	1a)									3	<u> </u>			7
<u>e</u>	4	Number o	of independent voting members of the governing body (Part VI, line 1b)								4				7											
Activities	5	Total num	nber of individuals employed in calendar year 2017 (Part V, line 2a)									5				0										
gC1	6	Total num	nber o	ber of volunteers (estimate if necessary)									6			2	28									
	7a	Total unre	related business revenue from Part VIII, column (C), line 12									7a				0										
	b	Net unrel	lated b	usines	s taxa	able in	come	from I	Form	ո 990-	-T, lin	ne 34	1.									7b				0
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_	8	Contribut	tions a	nd ara	nts (P	art VIII	I, line	2 1h)												530,	,404	4			569,58	39
Revenue		Program		_	-			-								H				,	_	0				0
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88	15	Salaries,	other	compe	nsatio	n, em	ploye	e bene	efits (	(Part	:IX, co	olum	nn (A	), lines	s 5–10)						(	0				0
SE	16a	Professio	onal fu	ndraisi	ng fee	s (Par	rt IX, c	columr	n (A),	, line	: 11e)										(	0				0
Expenses	b	Total fundr	raising e	expense	s (Par	t IX, co	olumn (	(D), line	e 25)	<u>≥21,</u> !	530															
Œ	17	Other exp	penses	(Part	IX, co	lumn (	(A), liı	nes 11	la-11	1d, 1	1f-24	1e)								503,	,165	5			873,52	27
	18	Total exp	enses.	Add I	nes 1	3-17 (	(must	: equal	Part	t IX, c	colum	ın (A	), lin	e 25)						503,	,165	5			873,52	27
					penses. Subtract line 18 from line 12							,239	9			-303,93	_									
× 9				Beginning of Current Year								_	<u> </u>													
Net Assets or Fund Balances																	_	_	_		_		_			
SSe	20	Total asse	ets (Pa	art X, Ii	ne 16	) .		•												79,	,532	2			59,99	<del>)</del> 5
A P		Total liabi																		111,	,139	9			395,54	10
ξĒ		Net asset		-		-														-31,					-335,54	_

2/20/25, 11:28 AM March On Washington Film Festival - Full Filing - Nonprofit Explorer - ProPublica Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has 2019-06-13 Signature of officer Date Sign Here Robert Raben President Type or print name and title Print/Type preparer's name Date PTIN Preparer's signature Check if 2019-06-12 P00158766 Paid self-employed Firm's EIN > 54-1342298 **Preparer Use Only** Phone no. (703) 642-2700 Firm's address > 5270 Shawnee Road Suite 250 Alexandria, VA 22312 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2017) Page 2 Form 990 (2017) Page 2 **Statement of Program Service Accomplishments** Part III Check if Schedule O contains a response or note to any line in this Part III . Briefly describe the organization's mission: The March on Washington Film Festival (MOWFF) strives to celebrate and increase awareness of the events and heroes of the Civil Rights Era and inspire renewed passion for activism. The festival leverages the broad appeal of film, music, and the arts to tell these vital stories, and attracts an audience that is diverse in age, class and ethnicity. 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. Did the organization cease conducting, or make significant changes in how it conducts, any program If "Yes," describe these changes on Schedule O. 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 \$ 812,397 including grants of \$ ) (Revenue \$ The March on Washington Film Festival (MOWFF) strives to celebrate and increase awareness of the events and heroes of the Civil Rights Era and inspire renewed passion for activism. The festival leverages the broad appeal of film, music, and the arts to tell these vital stories, and attracts an audience that is diverse in age, class and ethnicity. 4b ) (Revenue \$ (Code: ) (Expenses \$ including grants of \$ 4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$

4d	Other program services (Describe in So	chedule O.)		
	(Expenses \$	including grants of \$	) (Revenue \$	)

e Total program service expenses ► 812,397

Form **990** (2017)

------ Page 3 ------

Form 990 (2017) Page

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule 8, Schedule 8, Schedule of Contributors (see instructions)?  It she organization required to complete Schedule 8, Schedule of Contributors (see instructions)?  It she organization required to complete Schedule 8, Schedule of Contributors (see instructions)?  Section 501(c)(3) organizations.  It she organization angage in liobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Parl II  Section 501(c)(3) organizations.  It has the organization as 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, Parl III  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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such 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 III  Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part IVI  Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part IVI  Did the organization in distribution or investments—organization, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IVI  Did the organization report an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its total ass	rai	Checklist of Required Schedules		V	<b></b>
Is the organization required to complete Schedule 8, Schedule of Contributors (see instructions)?  Is the organization required to complete Schedule 8, Schedule of Contributors (see instructions)?  Is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public orfice? If "Yes," complete Schedule C, Parl I  Section 501(C)(3) organizations.  Is the organization as ascetion 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, Parl II  Did the organization assection 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, Parl II  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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investments of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investments of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investments of a manual to present or manual to receive the control of the companization report an amount for investments of a manual to present or present and amount for investments—organization report an amount for ind, buildings, and equipment 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 XI and XII  Did the organization report an amount f	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete			No
Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "res," complete Schedule C, Part I  1 Section 501(c)(3) arganizations.  1 Did the organization as eaction 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?  1 If "res," complete Schedule C, Part II  1 Did the organization maintain any donor advised funds or any similar funds or accounts?  1 If "res," complete Schedule C, Part II  1 Did the organization maintain any donor advised funds or any similar funds or accounts?  1 If "res," complete Schedule C, Part II  1 Did the organization maintain any donor advised funds or any similar funds or accounts?  1 If "res," complete Schedule D, Part II  1 Did the organization maintain collections of works of art, historical treasures, or other similar assets?  1 If "res," complete Schedule D, Part II  2 Did the organization maintain collections of works of art, historical treasures, or other similar assets?  3 If "res," complete Schedule D, Part II  2 If "res," complete Schedule D, Part II  3 If 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 cordit counseling, debt management, credit repair, or debt negotiation reservices? If "res," complete Schedule D, Part IV  2 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "res," complete Schedule D, Part IV  3 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "res," complete Schedule D, Part X  3 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "res," complete Schedule D, Part X  3 Did the organization report an amount for land th	_			V	
for public office? If "Yes," complete Schedule C, Part I    Section 501(c)(3) arganizations. 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   Is the organization ascertion 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 96-19? If "Yes," complete Schedule C, Part II   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 II   Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II   Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   Did the organization engage in the part X, Inc 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   Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   The organization same to any of the following questions is "Yes," in the complete Schedule D, Part V   Did the organization report an amount for Investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI   Did the organization report an amount for other assets in Part X, line 10? If "Yes," complete Schedule D, Part XI   Did the organization report an amount for other is 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 XI   Did the organization organized	2		2	Yes	
Did the organization a section \$01(c)(4), \$01(c)(5), or \$01(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  Did the organization measure and 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 II  Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III  Did the organization measure of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III  Did the organization or amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or a mount in Part X, line 12 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or a mount in Part X, line 12 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or a part III  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part VI  If the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI  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 VIII  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 XIII  Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedul	3	for public office? If "Yes," complete Schedule C, Part I	3		No
assessments, or similar amounts as defined in Revenue Procedure 98-19?  If 'Yes,' complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If 'Yes,' complete Schedule D, Part II.  Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part III.  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.  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part IV.  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 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.  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.  Did the organization report an amount for investments—organ 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 X VIII.  Did the organization report an amount for investments—organ 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 X VIII.  Did the organization report an amount for investments for the tax year?  If 'Yes,' complete Schedule D, Part X V	4	Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?	4		No
to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II  Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III  Did the organization 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 V  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V I, VII, VIII, IX, or X as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII  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  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 VII  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 XII  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 XII  Did the organization report an amount for	5	assessments, or similar amounts as defined in Revenue Procedure 98-19?	5		No
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	5	to provide advice on the distribution or investment of amounts in such funds or accounts?	6		No
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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  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI.  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.  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 VII.  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 are in Part X, line 16? If "Yes," complete Schedule D, Part IX are 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 are 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 X are 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 X are 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 X are 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 X are in Part X, line 16? If "Yes," complete Schedule D, Part X are in Part X, line 15 that is 5% or more of its to	3	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI.  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.  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.  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 IXI.  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization included in consolidated financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII  Was the organization botain separate, 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  Is the organization maintain an office, employees, or agents outside of the United States,  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 II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or	)	for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation	9		No
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If "Yes," complete Schedule D, Part VI.  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.  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.  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.  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.  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?  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 III and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or f					
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	а		11a		No
total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  d) Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  a Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  11e  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  11f  Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII  D) 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  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  D) 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  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	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		No
in Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII  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  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?  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  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV  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  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	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		No
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Did the organization maintain an office, employees, or agents outside of the United States?	b		12b		No
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		Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		N
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	a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		N
foreign organization? If "Yes," complete Schedule F, Parts II and IV  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  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	b	business, investment, and program service activities outside the United States, or aggregate foreign investments valued	14b		No
or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			15		N
		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		N
			17		N

2/20/25	, 11:28 AM March On Washington Film Festival - Full Filing - Nonprofit Explorer - ProPublica			
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? <i>If "Yes," complete Schedule G, Part III</i>	19		No
20a	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		
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
		F	orm <b>99</b>	<b>0</b> (2017)
	Page 4 ———————————————————————————————————			
Form	990 (2017)			Page <b>4</b>
Par	Checklist of Required Schedules (continued)			
			Yes	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		
C	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? If "Yes," complete Schedule L, Part III	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	Yes	<u> </u>
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c 29	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? If "Yes," complete Schedule L, Part IV	28c		No
		29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	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
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R. Part V. line 2	36		No

2/20/25	, 11:28 AM March On Washington Film Festival - Full Filing - Nonprofit Explorer - ProPublica									
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No						
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes							
Pai	Statements Regarding Other IRS Filings and Tax Compliance									
	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   20									
b	<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0									
С	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?									
	Ec									

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	Page 5 ———————————————————————————————————			
Form	990 (2017)			Page
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)	2b		
За	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a		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	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		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?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
<b>0</b> =	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	35		
a	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:			
 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.)			

	(·/( / · · · · · · · · · · · · · · · · ·	_		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a		
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			
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		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			
	If "Yes," complete Form 4720, Schedule O	16	orm <b>99</b>	<b>0</b> (201
			01111 99	0 (201)
	Page 6 ————			
orm	990 (2017)			Page
Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	" resp	onse to I	lines
	Check if Schedule O contains a response or note to any line in this Part VI			$\checkmark$
Se	ection A. Governing Body and Management	1		
1.	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
Ia	Ta 1a			
	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  7			
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 of officers, directors or trustees, or key employees to a management company or other person? .	3	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	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:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	-	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
•	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes " describe in			1

**13** Did the organization have a written whistleblower policy? . .

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	, 11:28 AM טום tne organization nave a written docum		_					iling •	- Nonprofit Explorer - F	ProPublica	14	1 1	NO
15	Did the process for determining compensa persons, comparability data, and contemp									ependent			
а	The organization's CEO, Executive Director	, or top manag	ement (	offici	al						15a	.	No
b	Other officers or key employees of the org	anization .									15b	,	No
	If "Yes" to line 15a or 15b, describe the pr	ocess in Schedu	ule O (s	ee ir	nstru	ıctio	ns).						
16a	Did the organization invest in, contribute a taxable entity during the year?							or si	milar arrangement w	ith a	16a	,	No
b	If "Yes," did the organization follow a writt in joint venture arrangements under applic status with respect to such arrangements?	cable federal ta	x law, a	nd t	ake	step	s to sa	fegu					
											16b	•	
<u>Se</u>	ction C. Disclosure List the States with which a copy of this Fo	orm 990 is requ	ired to	ho fi	lodi	_							
18	Section 6104 requires an organization to ronly) available for public inspection. Indica	nake its Form 1	.023 (oı	r 102	24-A	if ap				(c)(3)s			
	Own website Another's website	_ '											
19	Describe in Schedule O whether (and if so	, how) the orga	nizatio	n ma	de it	ts go				interest			
20	policy, and financial statements available t	•	-		•		. bl		inationle beel				
20	State the name, address, and telephone n  The Organization 1341 G Street NW 5th									ecoras:			
												Form <b>990</b>	(2017)
				Pag	je 7								
Form	990 (2017)												Page <b>7</b>
Par		irectors.Tru	stees	. Ke	v F	mn	ovee	s. H	lighest Compens	ated Emp	love	ees.	rage 7
1 (41	and Independent Contracto			,	, –		,	-, .		p	,	,	
	Check if Schedule O contains a resp	onse or note to	o any li	ne in	this	s Par	t VII .						
Se	ction A. Officers, Directors, Truste	es, Key Emp	loyee	s, a	nd	Hig	hest	Con	npensated Emplo	yees			
	implete this table for all persons required to	be listed. Rep	ort com	pens	satio	n fo	r the c	alen	dar year ending with	or within th	e org	ganization's	s tax
year.	ist all of the organization's <b>current</b> officers	s, directors, tru	stees (	whet	her	indiv	iduals	or o	organizations), regard	lless of amo	unt		
of cor	npensation. Enter -0- in columns (D), (E), a	and (F) if no co	mpensa	ation	was	paid	d.		,, ,				
	ist all of the organization's <b>current</b> key em												
who r	ist the organization's five <b>current</b> highest of eceived reportable compensation (Box 5 of ization and any related organizations.												
	ist all of the organization's <b>former</b> officers, ortable compensation from the organization						sated	emp	loyees who received	more than s	100	,000	
	ist all of the organization's <b>former directo</b> ization, more than \$10,000 of reportable co									or trustee of	the		
	ersons in the following order: individual tru ensated employees; and former such perso		rs; inst	itutio	onal	trus	tees; c	office	ers; key employees; l	nighest			
<u> </u>	heck this box if neither the organization no		rganiza <b>T</b>	tion			ated a	ny c		or, or trustee	<u>.</u>		
	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	than dis b	one booth direc	do no oox, an o	unle	eck mess per r and a tee)	son	from the organization	(E) Reportable compensation from relate organization	on d ns	Estima amount of compens from	ated of other sation 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)	<del>)</del> -	organizat relat organiza	ed
(1) Vid	toria Bassetti	5.00	Х						0		0		0
Direct	or			L	$\perp$				Ŭ.				
	mara Foxx	5.00		1							,		
Directo	or		Х	1			1		0		0		0

(3) A'Lelia Bundles

(4) Katie Buckland

Director

5.00

2/20/25, 11:28 AM	March On Washington Film Festival - Full Filing - Nonprofit Explorer - ProPublica											
Director		Х						U	U	U		
(5) Alicin Williamson	5.00	Х		Х				0	0	0		
Treasurer		^		^					O	U		
(6) Robert Raben President	5.00	Х		x				0	0	0		
(7) Antonio Williams  Director	5.00	Х						0	0	0		
(8) Philippa Scarlett  Director	5.00	Х						0	0	0		
										_		
										_		
										_		

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Form 990 (2017)

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Page Note: Page Not

Tare vii	•									•
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours		ne b	ox, ι an of	t che inles ficer	s pers and a	(E) Reportable compensation from related organizations (W-	<b>(F)</b> 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	2/1099-MISC)	Ž/1099-MISĆ)	organization and related organizations
_										

1 Grants and other assistance to domestic organizations and

domestic governments. See Part IV, line 21

	5, 11.20 11.1	ngton i min i con tun i con i	mig Tromprom Empi		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4	Benefits paid to or for members				
	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):				
а	Management	399,691	359,691	20,000	20,000
b	Legal				
c	Accounting	1,850		1,850	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	127,041	127,041		
12	Advertising and promotion	40,730	39,200		1,530
13	Office expenses	15,278		15,278	
14	Information technology				
15	Royalties				
16	Occupancy				
	Travel	164,816	164,816		
	Payments of travel or entertainment expenses for any federal, state, or local public officials	,	·		
19	Conferences, conventions, and meetings	97,658	97,658		
20	Interest				
21	Payments to affiliates				
	Depreciation, depletion, and amortization				
	Insurance	2,472		2,472	
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.)				
	Printing	23,991	23,991		
	b				
	c				
	d				
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	873,527	812,397	39,600	21,530
26	<b>Joint costs.</b> 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).				Form <b>990</b> (2017)
		— Page 11 ———			
 	- 000 (2017)	rage II			
	n 990 (2017) art X Balance Sheet				Page <b>11</b>
۲		v line in this Dest IV			
	Check if Schedule O contains a response or note to any	y ime in this Part IX .	(A)	<del></del>	(B)

	,		Beginning of year		End of year
	1	Cash-non-interest-bearing	42,032	1	42,495
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	37,500	4	17,500
	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	
Ass	8	Inventories for sale or use		8	
4	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		<b>10</b> c	
	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	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	79,532	16	59,995
	17	Accounts payable and accrued expenses	111,139	17	395,540
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	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	111,139	26	395,540
10		-	•		·
ce		Organizations that follow SFAS 117 (ASC 958), check here ▶			
an	27	Unrestricted net assets	-31,607	27	-335,545
Ba	28	Temporarily restricted net assets	0	28	
Б	29	Permanently restricted net assets		29	
豆		Organizations that do not follow SFAS 117 (ASC 958),			
s or Fund Balances	30	check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Ass	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	-31,607	33	-335,545
Z	34	Total liabilities and net assets/fund balances	79,532	34	59,995
					Form <b>990</b> (2017)

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Form	n 990 (2	2017)													Pag	ge <b>12</b>
Pa	art XI	Reconcilliation of Net Assets														
		Check if Schedule O contains a response or note to	an	y lin	e ir	thi	s Pa	ırt X	١.					 		
1	Total	revenue (must equal Part VIII, column (A), line 12)		•		•			•			•	1		56	9,589
2	Total	expenses (must equal Part IX, column (A), line 25)											2		87	3,527

2/20/25	, 11:28 AM March On Washington Film Festival - Full Filing - Nonprofit Explorer - Prol	Publica			
3	Revenue less expenses. Subtract line 2 from line 1	3			-303,938
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			-31,607
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 in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			-335,545
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<b>~</b>
				Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ✓ Accrual ☐ Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  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: $\frac{1}{2}$	basis,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	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		
			F	orm <b>99</b>	<b>0</b> (2017)
Form	990 (2017)				
	ditional Data		Retur	1 to Fo	orm
	Software ID:				
	Software Version:				
Forn	1 990, Special Condition Description:				
	Special Condition Description				

efile Public Visual Render

ObjectId: 201941699349300614 - Submission: 2019-06-18

TIN: 46-4604132

OMB No. 1545-0047

# 2017

### 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.

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

Open to Public Inspection

		he organization shington Film Festival					Employer identific	ation number						
							46-4604132							
	rt I	Reason for Public ration is not a private for		\			See instructions.							
1	ga2	A church, convention o		•	•	,	(A)(i).							
2		A school described in <b>s</b>	•			( )( )								
3		A hospital or a coopera			-	• •								
4		A medical research org	·	_				nter the hospital's						
		name, city, and state:	•		·			<u> </u>						
5		An organization operat <b>170(b)(1)(A)(iv).</b> (C			rsity owned or	operated by a gov	ernmental unit descril	bed in <b>section</b>						
6		A federal, state, or loca			scribed in <b>sect</b>	ion 170(b)(1)(	A)(v).							
7	<b>✓</b>	An organization that no section 170(b)(1)(A			s support from	a governmental ι	unit or from the genera	al public described in						
8		A community trust des			(Complete Part	: II.)								
9		An agricultural research non-land grant college						ege or university or a						
10		An organization that normally receives: (1) more than 331/3% 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 331/3% 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 <b>section 509(a)(2).</b> (Complete Part III.)												
11		An organization organi	zed and operate	d exclusively to test fo	r 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 <b>section 509(a)(1)</b> or <b>section 509(a)(2)</b> . See <b>section 509(a)(3)</b> . Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.												
а		Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.												
b		Type II. A supporting management of the su must complete Part	pporting organiz	ation vested in the sar										
С		Type III functionally supported organization						ted with, its						
d		Type III non-function functionally integrated instructions). You must	nally integrate The organization	ed. A supporting organ on generally must satis	ization operate fy a distribution	d in connection wing requirement and	th its supported organ							
e		Check this box if the or integrated, or Type III	ganization recei	ved a written determir	nation from the		pe I, Type II, Type III	functionally						
f	Enter	r the number of supporte	ed organizations				<u> </u>							
g	(i) N	Provide the following in Name of supported	formation about	the supported organize (iii) Type of		raanization listed	(v) Amount of	(vi) Amount of						
	(1)	organization	(ii) Liiv	organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		monetary support (see instructions)	other support (see instructions)						
					Yes	No								
			1											
	aperv	work Reduction Act No or 990-EZ.	otice, see the I	 nstructions for	Cat. No. 112	85F	 Schedule A (Form 9	 90 or 990-EZ) 2017						
				Pa	nge 2									
Sche	dule A	(Form 990 or 990-EZ) 2	017					Page <b>2</b>						
Pa	rt II	Support Schedu		zations Described	in Sections	170(b)(1)(A)	(iv), 170(b)(1)(A							

(Complete only if you checked the box on line 5, 7, 8, or 9 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

2/20/25, 11:28 AM Calendar year	1	1		g - Nonprofit Explor	Ī	٠ ــــا
(or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and		220.044	422.442	000 272	560 500	2 220 446
membership fees received. (Do not include any "unusual grant.")		238,044	423,113	998,373	569,589	2,229,119
2 Tax revenues levied for the						
organization's benefit and either paid						
to or expended on its behalf <b>3</b> The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
<b>4 Total.</b> Add lines 1 through 3		238,044	423,113	998,373	569,589	2,229,119
5 The portion of total contributions by						
each person (other than a governmental unit or publicly						
supported organization) included on						857,434
line 1 that exceeds 2% of the amount						
shown on line 11, column (f) <b>6 Public support.</b> Subtract line 5 from						
line 4.						1,371,685
Section B. Total Support						
Calendar year	(a)2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	(f)Total
(or fiscal year beginning in) > 7 Amounts from line 4.	( )	238,044			569,589	2,229,119
<ul><li>7 Amounts from line 4</li><li>8 Gross income from interest,</li></ul>		236,044	423,113	990,373	309,369	2,229,113
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						2,229,119
10		±: >				2,223,111
12 Gross receipts from related activities,	•	•			12	
<b>13</b> First five years. If the Form 990 is f	-			•		•
check this box and <b>stop here</b>				<del></del>	<u> ▶ (</u>	<u> </u>
Section C. Computation of Publ						
14 Public support percentage for 2017 (I		•			14	
<b>15</b> Public support percentage for 2016 S					15	
16a 33 1/3% support test-2017. If the	organization dic	I not check the box	on line 13, and line	e 14 is 33 1/3% or	more, check this	
and stop here. The organization qua						
<b>b</b> 33 1/3% support test—2016. If the	-		•		·	
box and <b>stop here.</b> The organizatio						🕨 🗆
<b>17a 10%-facts-and-circumstances tes</b> is 10% or more, and if the organization						
in Part VI how the organization meets						
-			-			▶ □
organization						🕶 🔾
15 is 10% or more, and if the organ	zation meets the	"facts-and-circums	tances" test, checl	k this box and <b>sto</b>	p here.	
Explain in Part VI how the organizati	on meets the "fa	cts-and-circumstand	es" test. The orga	nization qualifies	as a publicly	_
supported organization						🕨 🗆
18 Private foundation. If the organizat	ion did not check	k a box on line 13, 1	6a, 16b, 17a, or 1	.7b, check this box	and see	
instructions						
				Schedu	le A (Form 990 c	or 990-EZ) 2017
						-
						•
		Page 3				
		Page 3	-			, 
Schodulo A (Form 990 or 990-F7) 2017		Page 3				, Dans <b>3</b>
Schedule A (Form 990 or 990-EZ) 2017						Page <b>3</b>
Part III Support Schedule		ions Described i	n Section 509(		d to qualify and	Page <b>3</b>
Part III Support Schedule (Complete only if you	ı checked the l	ions Described i	n Section 509( Part I or if the o	rganization faile		
Part III Support Schedule (Complete only if you the organization fails	ı checked the l	ions Described i	n Section 509( Part I or if the o	rganization faile		
Part III Support Schedule (Complete only if you the organization fails  Section A. Public Support	checked the to qualify und	ions Described i box on line 10 of l er the tests listed	n Section 509( Part I or if the o below, please o	rganization faile complete Part II.	)	er Part II. If
Part III Support Schedule (Complete only if you the organization fails  Section A. Public Support  Calendar year (or fiscal year beginning in)	ı checked the l	ions Described i	n Section 509( Part I or if the o	rganization faile		
Part III Support Schedule of (Complete only if you the organization fails  Section A. Public Support  Calendar year (or fiscal year beginning in)  1 Gifts, grants, contributions, and	checked the to qualify und	ions Described i box on line 10 of l er the tests listed	n Section 509( Part I or if the o below, please o	rganization faile complete Part II.	)	er Part II. If
Part III Support Schedule (Complete only if you the organization fails  Section A. Public Support  Calendar year (or fiscal year beginning in)	checked the to qualify und	ions Described i box on line 10 of l er the tests listed	n Section 509( Part I or if the o below, please o	rganization faile complete Part II.	)	er Part II. If

include any "unusual grants.").

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
Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .

2/20/2	5, 11:28 AM	March On	Washington Film I	Festival - Full Filing	g - Nonprofit Explore	r - ProPublica			
4	lax revenues levied for the organization's benefit and either paid		1				Ì		
_	to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	<b>Total.</b> Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons								
b	Amounts included on lines 2 and 3								
	received from other than disqualified persons that exceed the greater of								
	\$5,000 or 1% of the amount on line								
_	13 for the year. Add lines 7a and 7b								
8	Public support. (Subtract line 7c								
_	from line 6.)								
	ection B. Total Support endar year	1	1		1	<u> </u>	1		
	fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	( <b>d</b> ) 2016	<b>(e)</b> 2017	<b>(f)</b> ⊤	otal	
9	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on								
	securities loans, rents, royalties and								
ь	income from similar sources Unrelated business taxable income								
-	(less section 511 taxes) from								
	businesses acquired after June 30, 1975.								
С	Add lines 10a and 10b.								
11	Net income from unrelated business activities not included in line 10b,								
	whether or not the business is								
12	regularly carried on. Other income. Do not include gain or								
12	loss from the sale of capital assets								
13	(Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,				+				
13	11, and 12.)				1				
14	<b>First five years.</b> If the Form 990 is fo							_	$\neg$
	check this box and stop here ection C. Computation of Public							. 📂 (	
15	Public support percentage for 2017 (li	ne 8, column (f) d	livided by line 13,	column (f))		15			
16	Public support percentage from 2016					16			
Se	ection D. Computation of Invest								
17	Investment income percentage for 20	,	. , , ,		. , ,	17			
18	Investment income percentage from 2	•	•			18			
	331/3% support tests—2017. If the							_	
h	more than 33 1/3%, check this box and : 33 1/3% support tests—2016. If the	<b>stop nere.</b> The ol e organization did	rganization qualifi not check a box	es as a publicly si on line 14 or line	upported organizat 19a. and line 16 is	non	. ► 0 /3% and	ب I line :	18 is
U	not more than 33 1/3%, check this box	=					_		-0.0
20	Private foundation. If the organizati	=	=					_	
			,	,		e A (Form 990			2017
			Page 4						
Sche	dule A (Form 990 or 990-EZ) 2017							Pa	age <b>4</b>
Pai	t IV Supporting Organization	ıs							
	(Complete only if you checked Part I, complete Sections A and								
	Sections A and D, and complete		u 120 01 Part 1, 00	implete Sections i	A, D, allu E. II you	Checked 12d of	Part I, (	Jonnpie	ete
Se	ection A. All Supporting Organiz	ations							
							,	Yes	No
1									
	Are all of the organization's supported								
	Are all of the organization's supported If "No," describe in <b>Part VI</b> how the s describe the designation. If historic an	upported organiza	ations are designa						
,	If "No," describe in <b>Part VI</b> how the s describe the designation. If historic an	upported organiza nd continuing relat	ations are designa tionship, explain.	ted. If designated	d by class or purpos	se,	1		
2	If "No," describe in <b>Part VI</b> how the s describe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in <b>P</b>	upported organizated continuing related organization the	ations are designa tionship, explain. nat does not have	ated. If designated	d by class or purpose	se, er section	1		
2	If "No," describe in <b>Part VI</b> how the s describe the designation. If historic and Did the organization have any support	upported organizated continuing related organization the	ations are designa tionship, explain. nat does not have	ated. If designated	d by class or purpose	se, er section	1 2		
2 3a	If "No," describe in <b>Part VI</b> how the s describe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in <b>I</b> described in section 509(a)(1) or (2). Did the organization have a supported	upported organizated continuing related organization the part VI how the o	ations are designationship, explain.  nat does not have brganization deter	an IRS determina mined that the su	d by class or purpose ation of status under apported organization	er section on was			
	If "No," describe in <b>Part VI</b> how the s describe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in <b>I</b> described in section 509(a)(1) or (2).	upported organizated continuing related organization the part VI how the o	ations are designationship, explain.  nat does not have brganization deter	an IRS determina mined that the su	d by class or purpose ation of status under apported organization	er section on was			
	If "No," describe in <b>Part VI</b> how the s describe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in <b>I</b> described in section 509(a)(1) or (2). Did the organization have a supported below.  Did the organization confirm that each	upported organization the organization the organization the organization description descr	ations are designationship, explain.  That does not have a reganization deter  Cribed in section!	an IRS determinamined that the substitute (501(c)(4), (5), or or or other section 501(	ation of status undo pported organization (6)? If "Yes," answ (c)(4), (5), or (6) a	er section on was  ver (b) and (c)	2		
3a	If "No," describe in <b>Part VI</b> how the s describe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in <b>P</b> described in section 509(a)(1) or (2). Did the organization have a supported below.	upported organization the organization the organization the organization description descr	ations are designationship, explain.  That does not have a reganization deter  Cribed in section!	an IRS determinamined that the substitute (501(c)(4), (5), or or or other section 501(	ation of status undo pported organization (6)? If "Yes," answ (c)(4), (5), or (6) a	er section on was  ver (b) and (c)	2		

-	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.			<del>                                     </del>
4-	· · · · · · · · · · · · · · · · · · ·	3с		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported	44		
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or	4b		
С	supervised by or in connection with its supported organizations.  Did the organization support any foreign supported organization that does not have an IRS determination under sections	7.0		
_	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.	4c		
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 <b>Part VI</b> , 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).	5a		
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?	5b		
С	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
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 <b>Part VI</b> .	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 $990 \text{ or } 990\text{-}EZ$ ).	-		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"	7		$\vdash$
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 <b>Part VI</b> .			
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting	9a		
b	organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in	90		
•	which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	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)	2017
	Page 5 ———————————————————————————————————			
Sche	dule A (Form 990 or 990-EZ) 2017		F	Page <b>5</b>
Par	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		
b	A family member of a person described in (a) above?	11a		
6	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		
	ection B. Type I Supporting Organizations			
	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 elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
	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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.			
Se	ection C. Type II Supporting Organizations			
	r	لــــــا	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			

	supporting organization was vested in the same persons that controlled or managed the	he sup	ported organization(s).	1		i
Se	ection D. All Type III Supporting Organizations					
1	Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided durin Form 990 that was most recently filed as of the date of notification, and (iii) copies of documents in effect on the date of notification, to the extent not previously provided?	ng the	prior tax year, (ii) a copy of the		Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or eleorganization(s) or (ii) serving on the governing body of a supported organization? If "lorganization maintained a close and continuous working relationship with the supported	No," ex	plain in <b>Part VI</b> how the	1		
3	By reason of the relationship described in (2), did the organization's supported organization's investment policies and in directing the use of the organization's income year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations	e or as	sets at all times during the tax	2		
	year. If res, describe in Fare V2 the role the organization's supported organizations	playe	a in and regula.	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Pa	rt Tes	during the year (see instruct	ions):		
ā	The organization satisfied the Activities Test. Complete <b>line 2</b> below.					
ŀ	The organization is the parent of each of its supported organizations. Complete	line :	<b>3</b> below.			
(	The organization supported a governmental entity. Describe in <b>Part VI</b> how yo	u supp	oorted a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.					No
ā	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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.					
ŀ	<ul> <li>b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</li> </ul>					
3	Parent of Supported Organizations. Answer (a) and (b) below.					
ā	<ul> <li>a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.</li> </ul>					
ŀ	Did the organization exercise a substantial degree of direction over the policies, prograsupported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organizations?			3b		
			Schedule A (Form 990		)0-EZ)	2017
	Page 6					
Sche	dule A (Form 990 or 990-EZ) 2017				P	Page <b>6</b>
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying true instructions. All other Type III non-functionally integrated supporting organizations.				ı	
	Section A - Adjusted Net Income		(A) Prior Year		rent Yea onal)	r
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
	Section B - Minimum Asset Amount		(A) Prior Year		rent Yea onal)	r
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1				
ā	Average monthly value of securities	1a				
	Average monthly cash balances	1b				
•	: Fair market value of other non-exempt-use assets	1c				

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each of the organization's supported organization(s)? If No, describe in Part VI now control of management of the

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	, 11.26 AW Washington Thin Testival - Tun	0		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> 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 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		
			С	urrent Year
	Section C - Distributable Amount		· ·	unent rear
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		urrent rear
1		1 2		urrent rear
1 2 3	Adjusted net income for prior year (from Section A, line 8, Column A)	+ =		unent real
-	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1	2		unent real
3	Adjusted net income for prior year (from Section A, line 8, Column A)  Enter 85% of line 1  Minimum asset amount for prior year (from Section B, line 8, Column A)	2		unent real
3	Adjusted net income for prior year (from Section A, line 8, Column A)  Enter 85% of line 1  Minimum asset amount for prior year (from Section B, line 8, Column A)  Enter greater of line 2 or line 3	2 3 4		unent real

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Schedule A (Form 990 or 990-EZ) 2017

Page 7

Section D -	tion D - Distributions		
1 Amounts p	aid to supported organizations to accomplish exempt purposes		
	aid to perform activity that directly furthers exempt purposes of supported organizations, in acome from activity		
<b>3</b> Administrat	tive expenses paid to accomplish exempt purposes of supported organizations		
4 Amounts p	aid to acquire exempt-use assets		
<b>5</b> Qualified se	et-aside amounts (prior IRS approval required)		
6 Other distr	ibutions (describe in Part VI). See instructions		
7 Total annu	al distributions. Add lines 1 through 6.		
	ns to attentive supported organizations to which the organization is responsive (provide <b>art VI</b> ). See instructions		
<b>9</b> Distributab	le amount for 2017 from Section C, line 6		
	unt divided by Line 9 amount		

(ii) Underdistributions (iii) Distributable Section E - Distribution Allocations (see (i) Excess Distributions instructions) Pre-2017 Amount for 2017 1 Distributable amount for 2017 from Section C, line 2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI). See instructions. **3** Excess distributions carryover, if any, to 2017: а **b** From 2013. . From 2014. . **d** From 2015. . **e** From 2016. . . . f Total of lines 3a through e **g** Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. **4** Distributions for 2017 from Section D, line 7:

2/20/25. 11:28 AM	March O	n Washington Film Festival - I	Full Filing - Nonprofit Explorer - Pr	roPublica
<b>a</b> Applied to underdistributions of pr		ii wasiiiigtoii i iiii i estivai - i		
<b>b</b> Applied to 2017 distributable amo	<u> </u>			
c Remainder. Subtract lines 4a and	4b from 4.			
<b>5</b> Remaining underdistributions for ye 2017, if any. Subtract lines 3g and If the amount is greater than zero See instructions.	l 4a from line 2.			
6 Remaining underdistributions for 20 lines 3h and 4b from line 1. If the than zero, explain in Part VI. See	amount is greater			
7 Excess distributions carryover t 3j and 4c.	o <b>2018.</b> Add lines		5.5	
8 Breakdown of line 7:				
a Excess from 2013				
<b>b</b> Excess from 2014				
<b>c</b> Excess from 2015				
<b>d</b> Excess from 2016				
<b>e</b> Excess from 2017				
		——— Page 8 ———		
Schedule A (Form 990 or 990-EZ) 2017	7			Page <b>8</b>
Section A, lines 1, 2, 3b, Part IV, Section D, lines 2	3c, 4b, 4c, 5a, 6, 9a, 9 and 3; Part IV, Sectio	9b, 9c, 11a, 11b, and 11c; n E, lines 1c, 2a, 2b, 3a and	, line 10; Part II, line 17a or 17 Part IV, Section B, lines 1 and 2 d 3b; Part V, line 1; Part V, Sect omplete this part for any addition	; Part IV, Section C, line 1; ion B, line 1e; Part V
	Fo	cts And Circumstances T	cot	
	Га	icts And Circumstances i	esi	
Return Reference			Explanation	
Part II, Short Year Explanation:	for the period Januar	y 1, 2017 through August 3	sember 31 to August 31st. A shi 31, 2017. The Schedule A data i mn reflects the fiscal year Septe	or the short year was ember 1, 2017 through
			Schedule A	(Form 990 or 990-EZ) 2017

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efile Public Visual Rend	er ObjectId: 201941699349300614 - Submission	: 2019-06-18	TIN: 46-4604132				
Schedule B (Form 990, 990-EZ,	Schedule of Con	tributors	OMB No. 1545-0047				
or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990- ► Go to <u>www.irs.gov/Form990</u> for		2018				
Name of the organizatio March on Washington Film			oyer identification number				
Organization type (chec	k one):	46-46	504132				
Filers of:	Section:						
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b>	treated as a private foundation					
	☐ 527 political organization						
Form 990-PF	☐ 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust trea	4947(a)(1) nonexempt charitable trust treated as a private foundation					
☐ 501(c)(3) taxable private foundation							
General Rule  For an organizar money or other contributions.  Special Rules  For an organization under sections 50 received from any 990, Part VIII, lines  For an organization during the year, to purposes, or for the purpose. Don't contribution is check that is box is check purpose.	c)(7), (8), or (10) organization can check boxes for being properly from any one contributor. Complete Parts on described in section 501(c)(3) filing Form 990 or 9(a)(1) and 170(b)(1)(A)(vi), that checked Schedule one contributor, during the year, total contributions 1h, or (ii) Form 990-EZ, line 1. Complete Parts I are tall contributions of more than \$1,000 exclusively for the prevention of cruelty to children or animals. Complete Parts I are the described in section 501(c)(7), (8), or (10) filing Fountibutions exclusively for religious, charitable, etc. and the parts unless the <b>General Rule</b> agree, etc., contributions totaling \$5,000 or more during etc., contributions totaling \$5,000 or more during	d, during the year, contributions tot and II. See instructions for determined the second of the greater of the	taling \$5,000 or more (in nining a contributor's total of the regulations ne 13, 16a, or 16b, and that 2% of the amount on (i) Form from any one contributor, erary, or educational or om any one contributor, ns totaled more than \$1,000. In the following total of the contributor, or education of the contributor, and total of the contributor, or education of the contributor of the				
Caution. An organization 990-EZ, or 990-PF), but i Form 990-EZ or on its Fo 990-EZ, or 990-PF).	that isn't covered by the General Rule and/or the S must answer "No" on Part IV, line 2, of its Form 99 rm 990PF, Part I, line 2, to certify that it doesn't mee	pecial Rules doesn't file Schedule 0; or check the box on line H of its t the filing requirements of Schedu	B (Form 990, ıle B (Form 990,				
For Paperwork Reduction Action Form 990, 990-EZ, or 990	t Notice, see the Instructions Cat. No. PF.	30613X Schedule B (Fo	orm 990, 990-EZ, or 990-PF) (2018)				
	Page 2						
Schedule R /Form 000 0	90-EZ, or 990-PF) (2018)		Page <b>2</b>				
Name of organization	50 LL, 01 000-1 1 / (2010)	Employer ide	entification number				
March on Washington Film	Festival	46-4604132					

Dart I

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
<u></u>			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
			Person
l —			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
			Person
<del></del>			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
<u></u>		\$	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
l			Payroll
		\$_	Noncash
<del></del>			(Complete Part II for noncash contributions.)
		1	continuutiona.)
		Schedule B (F	orm 990, 990-EZ, or 990-PF) (2018
	Page 3 —	Schedule B (F	orm 990, 990-EZ, or 990-PF) (2018

Schedule B (Form	990, 990-EZ, or 990-PF) (2018)		Page 3
Name of organization March on Washington Film Festival		Employer identification 46-4604132	number
Part II	Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed	1.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

(a) No. from Part I	(b) Description of noncash pro	perty given	FMV (or estimate) (See instructions)	(d) Date received
			\$	
(a) No. from Part I	(b) Description of noncash pro	perty given	(c) FMV (or estimate) (See instructions)	(d) Date received
			\$	
(a) No. from Part I	(b) Description of noncash pro	perty given	(c) FMV (or estimate) (See instructions)	(d) Date received
			(c) s	
(a) No. from Part I	(b) Description of noncash pro	perty given	FMV (or estimate) (See instructions)	(d) Date received
			\$	
(a) No. from Part I	(b) Description of noncash pro	perty given	(c) FMV (or estimate) (See instructions)	(d) Date received
			\$	
			Schedule B (Form 9	990, 990-EZ, or 990-PF) (20
Name of organizat March on Washingto  Part III Exclusion than \$1, organizat year. (E		omplete columns (a) through exclusively religious, charitat >	(e) and the following line e	0) that total more ntry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description	of how gift is held
-				
,	Transferee's name, address, and ZIF	(e) Transfer of gift Rel	ationship of transferor to trai	nsferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description	of how gift is held
-	Transferee's name, address, and ZIF	(e) Transfer of gift Rel	ationship of transferor to tran	nsferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description	of how gift is held
-		(a) Transfer of city		
	Transferee's name address and 7IF	(e) Transfer of gift	ationshin of transferor to trai	nsferee

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2/20/25, 11:28 AM March On Washington Film Festival - Full Filing - Nonprofit Explorer - ProPublica efile Public Visual Render ObjectId: 201941699349300614 - Submission: 2019-06-18 TIN: 46-4604132 OMB No. 1545-0047 Schedule L Transactions with Interested Persons (Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Internal Revenue Service **Inspection** Name of the organization **Employer identification number** March on Washington Film Festival 46-4604132 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (a) Name of disqualified person (b) Relationship between disqualified person and (c) Description of (d) Corrected? 1 organization transaction Enter the amount of tax incurred by organization managers or disqualified persons during the year under section Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (b) Relationship (c) Purpose (d) Loan to or from the (e)Original (f)Balance (g) In (h) (i)Written interested person with organization of loan organization? default? Approved by agreement? principal due board or amount committee? Yes No Yes Yes To From No No Total **Grants or Assistance Benefiting Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance interested person and the organization For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50056A Schedule L (Form 990 or 990-EZ) 2017 Page 2 -Schedule L (Form 990 or 990-EZ) 2017 Page 2 **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (a) Name of interested person (b) Relationship (c) Amount of (d) Description of transaction (e) Sharing between interested transaction of organization's person and the organization revenues? Yes No

(1) Robert Raben Robert Raben owns the 99,273 Management services Raben Group

**Supplemental Information** 

No

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2017

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ObjectId: 201941699349300614 - Submission: 2019-06-18

**TIN: 46-4604132**OMB No. 1545-0047

SCHEDULE O (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.

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

2017

Open to Public Inspection

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

46-4604132

Return Reference	Explanation
Form 990, Part VI, Section A, line 3	The board of directors hired the Raben Group to oversee and manage the day to day activities of the Organization.
Form 990, Part VI, Section B, line 11b	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.
Form 990, Part IX, line 11g	Program consultants: Program service expenses 112,826. Management and general expenses 0. Fundraising expenses 0. Total expenses 112,826. Screening fees: Program service expenses 14,215. Management and general expenses 0. Fundraising expenses 0. Total expenses 14,215.
Form 990, Part XII, Line 2c:	The Organization did not change its oversight process or selection process during the tax year.

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2017

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