efile Public Visual Render ObjectId: 202342379349301224 - Submission: 2023-08-25 TIN: 46-4604132 OMB No. 1545-0047

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

			latest inform	nation.		Inspection
A F	or the 2022	calendar year, or tax year beginning 01-01-2022 , and ending 12-3	1-2022			
O Ad	dress change	C Name of organization March on Washington Film Festival				fication number
O Ini	March on Washington Film Festival didess change large change dates change large change change after change large					
	•		uite	E Telephone	e number	-
		and one is the fit of		(202) 46	66-8585	5
				G Gross red	ceipts \$ 1	.,176,633
			H(a) Is th	is a group ret	urn for	
		1341 G Street NW 5th Flr			.00	☐Yes ✓No
T Tax	c-exempt stati	•	inclu	ded?		☐ Yes ☐No
		501(c)(3) □ 501(c)() ¶ (insert no.) □ 494/(a)(1) or □ 52/		•		
J W	edsite: 🕨 \	www.marcnonwasningtonfilmfestival.org		ip exemption	Humber	
K Forn	n of organizat	on: Corporation Trust Association Other	L Year of form	nation: 2014	M State	of legal domicile: DC
Pa	art I Su	mmary	<u>.t</u>			
Governance						
					3	11
Activities &	4 Numb	er of independent voting members of the governing body (Part VI, line 1b)			4	10
IME	5 Total r	umber of individuals employed in calendar year 2022 (Part V, line 2a)			5	0
Aci		, , , , , , , , , , , , , , , , , , , ,		•	6	0
					7a	0
	b Net ur	related business taxable income from Form 990-T, Part I, line 11		· · ·	7b	Current Year
	8 Contri	outions and grants (Part VIII, line 1h)	Pr		49	1,176,604
enueve				1,723,3		0
	10 Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d)			15	29
æ	11 Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0	0
	12 Total r	evenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,729,3	64	1,176,633
						0
					_	0
Ses				12 E	_	169,267
Expenses				12,5	00	0
ă				906,5	67	1,335,463
					-	1,504,730
				810,2	97	-328,097
Ces Ces			Beginning	of Current Ye	ear	End of Year
Net Assets or Fund Balances	20 Total a	ssets (Part X line 16)		1 070 7	53	748,091
t As						18,677
Š		sets or fund balances. Subtract line 21 from line 20		1,057,5		729,414

knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

	_				2023-08-24	
Sign Here	. (gnature of officer			Date	
пеге	INU	bert Raben Chair pe or print name and title				
Paid	/ I	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN P01379267
	oarer	Firm's name Kositzka Wicks and Co	ompany	<u> </u>	Firm's EIN 5	4-1342298
Use	Only	Firm's address > 5270 Shawnee Road S	Suite 250		Phone no. (703)) 642-2700
		Alexandria, VA 22312	2			
		cuss this return with the preparer sho				. 🗸 Yes 🗌 No
For P	aperwork	Reduction Act Notice, see the se	parate instructions.	Cat.	No. 11282Y	Form 990 (2022)
			————— Page 2 —			
F	000 (2022)		. 450 =			_
Par	990 (2022)	atement of Program Service	Accomplishments			Page 2
		eck if Schedule O contains a respons	<u>-</u>	ırt III		🗸
1	Briefly des	scribe the organization's mission:	·			
inspire	e renewed	ashington Film Festival (MOWFF) striv passion for activism. The festival levo				
audier	nce that is	diverse in age, class and ethnicity.				
		ganization undertake any significant		ear which were not l	isted on	
	•	form 990 or 990-EZ? escribe these new services on Sched				🗆 Yes 💟 No
	•	ganization cease conducting, or mak		conducts, any progr	am	
						. 🗆 Yes 🛂 No
	•	escribe these changes on Schedule C				
4	Section 50	he organization's program service ac 01(c)(3) and 501(c)(4) organizations ue, if any, for each program service i	are required to report the am			
4a	(Code:) (Expenses \$	498,782 including grants o	f \$) (Revenue \$)
		on Washington Film Festival (MOWFF) striv activism. The festival leverages the broad chnicity.				
4b	(Code:) (Expenses \$	including grants o	f \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants o	f\$) (Revenue \$)

Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$

le Total program service expenses▶

498,782

Form **990** (2022)

	Page 3			
orm	990 (2022)			Page 3
Pa	t IV Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete		Yes	No
_	Schedule A 🐕	1	Vaa	
3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	Yes	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
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
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X **	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		No

20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*.

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

	110
20b	
21	No

Form **990** (2022)

————— Page 4 —

Form 990 (2022)	Page 4

Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete Schedule J	23	Yes	
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? <i>If "Yes," complete Schedule L, Part I </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
6	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
7	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
8	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	Yes	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
3	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
4	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
5a	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		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
7	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
8	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

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 42			
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
	F	orm 99	0 (2022)

Form	990 (2022)		Page 5
Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)		
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?	2b	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	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)? If "Yes," enter the name of the foreign country:	4a	No
	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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
	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	
9	Sponsoring organizations maintaining donor advised funds.		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
а	Initiation fees and capital contributions included on Part VIII, line 12 10a		
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
а	Gross income from members or shareholders		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
а	Is the organization licensed to issue qualified health plans in more than one state?	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		140
	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?	15		No
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		No
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
	I rest, complete rorm coost	F	orm 99	0 (2022)
	Page 6			
Fa	000 (2022)			
	990 (2022)			Page 6
Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	-		✓
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11			
	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 10			
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:			
	The governing body?	8a	Yes	
	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? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	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 on Schedule O the process, if any, used by the organization to review this Form 990			<u> </u>
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
	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 on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No

2/20/25	, 10:48 AM If "Yes" to line 15a or 15b, describe the			_		Full 1	Filing	- No	nprofit Explorer - ProPub	olica	ı
16a	Did the organization invest in, contribute taxable entity during the year?					re o	r simil •	ar a •	rrangement with a	16a	No
b	If "Yes," did the organization follow a wr in joint venture arrangements under app status with respect to such arrangement	licable federal ta	ax law,	, and take step	s to						
Se	ction C. Disclosure										•
17	List the states with which a copy of this	Form 990 is requ	uired t	o be filed▶	DC						
18	Section 6104 requires an organization to 501(c)(3)s only) available for public insp				A, if					n	
19	Own website Another's websit Describe in Schedule O whether (and if spolicy, and financial statements available	so, how) the org	anizati	on made its go	•				,		
20	State the name, address, and telephone The Organization 1341 G Street NW 5	number of the p	person	who possesses				tion	's books and records:		
										F	orm 990 (2022)
				Page 7 —							
Form	990 (2022)										Page 7
Parl		Directors,Tru	ustee	s, Key Emp	loy	ees	, Hig	hes	st Compensated E	mployee	
	and Independent Contract				•		, ,		•	. ,	,
	Check if Schedule O contains a rection A. Officers, Directors, Trust	•									U
	omplete this table for all persons required									n the orga	nization's tax
year.	_ist all of the organization's current office										
	npensation. Enter -0- in columns (D), (E)					a15 C	n orga	111120	ations), regardless of a	inount	
	ist all of the organization's current key e										
who r	ist the organization's five current highes eceived reportable compensation (box 5 o	of Form W-2, box									\$100,000 from
	ganization and any related organizations ist all of the organization's former officer			ighost somnor	· cat	ad a	malay		who received more th	an #100 0	20
	ortable compensation from the organizat				isati	ea e	прю	ees	who received more th	an \$100,0	JU
	ist all of the organization's former direct ization, more than \$10,000 of reportable									e of the	
_	ne instructions for the order in which to li	•		e organization	anu	ally	relat	eu c	rganizations.		
	Check this box if neither the organization i			zation compens	sate	d an	y curr	ent	officer, director, or tru	stee.	
	(A)	(B)		(C)			,		(D)	(E)	(F)
	Name and title	Average hours per		ition (do not cl box, unless pe						portable pensation	Estimated amount of
		week (list any hours	eek (list officer and a director/trustee) from the from					n related inizations	other compensation		
		for related	Individual or director		Officer	Key	eng Hig	For	(W-2/1099- (W-	2/1099-	from the
		organizations below dotted	die	Institutional Trustee;	Cer.	en en	hes: bloy	Former		C/1099- NEC)	organization and related
		line)				Key employee	Highest compensated employee	7	,	,	organizations
			truste			уөө	큟				
			8				ens				
							ted				
(1) Vic	toria Bassetti	1.00							+		
. ,			Х						0	0	0
. ,	mara Foxx	1.00									_
Chair			Х		Х				0	0	0
(3) A'L	elia Bundles	1.00									
Directo	or		Х						0	0	0
(4) Jov	yce Brayboy	1.00									
Directo			Х						0	0	0
	cin Williamson	1.00				H					
. ,			Х						0	0	0
		5.00				\vdash			-		
(b) K0	bert Raben		Х	Ī	х	1		l	0	0	0

/20/25, 10:48 AM	March On V	Washin	gton Film Festiv	al - F	full I	Filing	- No	nprofit Explorer - 1	ProPublica	
(/) Define refine to it-freque		Х						0	0	0
Director										
(8) Melissa Maxfield	1.00									
Director	†	Х						0	0	0
(9) Craig Emanuel	1.00									
Director	+	Х						0	0	0
(10) Stephanie Gold	1.00									
Director	†	Х						0	0	0
(11) Vickee Jordan	1.00							0	0	0
Director	†	Х						U	J	0
(12) David Andrusia	40.00			v				0	161 400	7.067
Executive Director	•			Х				0	161,400	7,867
(13) Isisara Bey	40.00									
Artistic Director	•			Х				150,000	0	0
									F	orm 990 (2022)

———— Page 8 —

Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

for related organizations in the control of the con	(A) Name and title	(B) Average hours per week (list	(C) Position (do not check more than box, unless person is both an offi and a director/trustee)					er	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation from the
		organizations below dotted	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former		organizations (W-2/1099- MISC/1099-NEC)	organization and
						_					
						<u> </u>					

25, 10:48 Total (AM add lines 1b and 1c) .		March On Washin	•	· [150,000	16	1,400		7,86		
Total of rep	number of individuals (ir portable compensation fro	ncluding but not om the organiza	limited to those tion • 1	listed above) who re	ceived mor	e than \$10	00,000					
									Yes	No		
	ne organization list any f o a? <i>If "Yes," complete Scl</i>			e, key employee, or h	nighest com	pensated	employee on	3		No		
orgar	ny individual listed on lin ization and related organ dual						the		4 Yes			
	ny person listed on line 1	La receive or acc	crue compensation	on from any unrelate	d organizat	· · ion or indi	vidual for	4	Yes			
servi	es rendered to the organ	nization? <i>If "Yes,</i>	" complete Sched	dule J for such perso	n			5		No		
ection	B. Independent Co	ntractors										
	lete this table for your fi the organization. Report	compensation f					's tax year.	compens				
		(A) Name and busine	ess address			Descr	(B) ription of services	s	(C Comper			
Raben Gr	oup LLC	. ,			i	Professional	•		poi	289,26		
	t NW 5th Floor OC 20005											
ıra Bey					-	Event produ	ction			150,00		
St Nicolas												
York, NY	10026											
-												
	mber of independent cor sation from the organiza		ling but not limite		ove) who re	eceived mo	re than \$100,0		Form 99	0 (202		
comper	sation from the organiza		ling but not limite	ed to those listed about	ove) who re	ceived mo	re than \$100,0		Form 99	0 (202		
comper n 990 (2	sation from the organiza	ation ▶ 2 `	ling but not limite		ove) who re	eceived mo	re than \$100,0		Form 99			
	2022) Statement of Rev	venue		- Page 9 ———	<u>, , , , , , , , , , , , , , , , , , , </u>		ere than \$100,0		Form 99			
comper n 990 (2	sation from the organiza	venue		- Page 9						Page		
comper n 990 (2	2022) Statement of Rev	venue		- Page 9 ———	II (B		(C) Unrelated		(D)	Page		
comper n 990 (2	2022) Statement of Rev	venue		- Page 9 ny line in this Part VI	, (E		(C)	· ·	 (D)	Page		
m 990 (2	Sation from the organization from the organi	venue contains a respo		- Page 9 ny line in this Part VI	II (E Relate exer	i) ed or npt tion	(C) Unrelated business	· ·	(D) Rever	Page) nue d from section		
m 990 (2 art VIII	Statement of Rev Check if Schedule O of the campaigns	venue		- Page 9 ny line in this Part VI	II (E Relati exer func	i) ed or npt tion	(C) Unrelated business	· ·	(D) Rever excluded	Page) nue d from section		
n 990 (2 art VIII	Statement of Rev Check if Schedule O of the campaigns	venue contains a respo		- Page 9 ny line in this Part VI	II (E Relati exer func	i) ed or npt tion	(C) Unrelated business	· ·	(D) Rever excluded	Page) nue d from section		
n 990 (2 art VIII Federal tribution s. Grant Membe	Statement of Rev Check if Schedule O of the campaigns	venue contains a respo		- Page 9 ny line in this Part VI	II (E Relati exer func	i) ed or npt tion	(C) Unrelated business	· ·	(D) Rever excluded	Page) nue d from section		
m 990 (2 art VIII	Statement of Rev Check if Schedule O of the campaigns	venue contains a respo		- Page 9 ny line in this Part VI	II (E Relati exer func	i) ed or npt tion	(C) Unrelated business	· ·	(D) Rever excluded	Page) nue d from section		
Federal tribution s. Grant Membe erAmt	Statement of Rev Check if Schedule O of the campaigns	venue contains a respo		- Page 9 ny line in this Part VI	II (E Relati exer func	i) ed or npt tion	(C) Unrelated business	· ·	(D) Rever excluded	Page		
Federal tribution s Grant Meramt ilar Lines rate Related	Statement of Rev Check if Schedule O of Statement of Rev Check if Schedule O of Statement of Rev Statement of Rev Check if Schedule O of Statement of Rev Statement of Rev Check if Schedule O of Statement of Rev Statement of Rev Check if Schedule O of Statement of Rev Statement of Rev Check if Schedule O of Statement of Rev Statement of Rev Check if Schedule O of Statement of Rev Statement of Rev Check if Schedule O of Statement of Rev Statement of Rev Check if Schedule O of Statement of Rev Statement of Rev Check if Schedule O of Statement of Rev Statement of R	venue contains a respo		- Page 9 ny line in this Part VI	II (E Relati exer func	i) ed or npt tion	(C) Unrelated business	· ·	(D) Rever excluded	Page		
Federal stribution s. Grant Membe erAmt illar of Hedra Related	Statement of Rev Check if Schedule O of Statement of Revenue Check if Schedule O of Statement of Sta	venue contains a respo 1a 1b 1c 1d		- Page 9 ny line in this Part VI	II (E Relati exer func	i) ed or npt tion	(C) Unrelated business	· ·	(D) Rever excluded	Page		
Federal stribution s. Grant Membe erAmt sillar of Little Government and similatove 1,11	Statement of Rev Check if Schedule O of Statement of Schedule O of	venue contains a respo 1a 1b 1c 1d 1e		- Page 9 ny line in this Part VI	II (E Relati exer func	i) ed or npt tion	(C) Unrelated business	· ·	(D) Rever excluded	Page) nue d from section		
Federal tribution s. Grant Membe er Amt iller En Related Government and similation above 1,1	Statement of Rev Check if Schedule O of Statement of Schedule O of S	venue contains a respo 1a 1b 1c 1d 1e		- Page 9 ny line in this Part VI	II (E Relati exer func	i) ed or npt tion	(C) Unrelated business	· ·	(D) Rever excluded	Page		

1,176,604 **Business Code**

2/20/25, 10:48 AM

The Raben Group LLC 1341 G Street NW 5th Floor Washington, DC 20005

92 St Nicolas Ave 5E New York, NY 10026

Form 990 (2022) Part VIII

Contributions,

DtherAmt

b Membership dues

h Total. Add lines 1a-1f .

Isisara Bey

2

2/20/25, 10:48 AM		March On Washin	gton Film Festival - Fu	ll Filing - Nonprofit E	xplorer - ProPublica	
Seri						
8						
Program						
,						
f All other program	service revenue.					
9 Total. Add lines 2	2a-2f ▶				1	<u></u>
	(including dividends, in	nterest, and other				
similar amounts) .		•	29			29
	tment of tax-exempt bo	nd proceeds				
5 Royalties		. ▶				
	(i) Real	(ii) Personal	_			
6a Gross rents	6a					
b Less: rental						
expenses	6b					
c Rental income or (loss)	6c					
d Net rental income			4			
	(i) Securities	(ii) Other				
7a Gross amount	' ''					
from sales of assets other	7a					
$_{f u}$ than inventory						
Less: cost or other basis and	7b					
sales expenses						
⊈ Gain or (loss)	7c					
Ψ .)	· · · •	4			
a Gross income from it	undraising events					
(not including \$ contributions reporte	d on line 1c).					
See Part IV, line 18						
b Less: direct exper	nses 8b		_			
c Net income or (los	ss) from fundraising eve	ents	_			
9a Gross income from See Part IV, line 19	.					
	94		_			
b Less: direct exper	nses <u>9b</u> ss) from gaming activiti					
C Net income or (los	ss) from gailing activiti	es 🕨				
10a Gross sales of inv						
returns and allowa	10a					
b Less: cost of good	Is sold 10b					
C Net income or (los	ss) from sales of invent		ı			
11a	İ	Business Code	_			
114						
b						
Other Revenue Misc Amt						
d All other revenue		-				_
e Total. Add lines 1	1a-11d	•				
12 Total revenue C	'oo instructions					
12 Total revenue. S	ee instructions		1,176,633	C	0	
						Form 990 (2022)

—— Page 10 —

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

	Check if Schedule O contains a response or note to an	y line in this Part IX		<u>.</u>	🛂
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			-	
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign 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	169,267		169,267	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management	123,313		123,313	
t	Legal				
c	: Accounting	16,500			16,500
c	l 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)	927,030	386,337	353,335	187,358
12	Advertising and promotion	31,614			31,614
13	Office expenses	566		566	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	60,175	60,175		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials •				
19	Conferences, conventions, and meetings	100,717	37,799	500	62,418
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,346		2,346	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a Stipend	50,000			50,000
	b Printing	8,832	8,832		
	c Subscriptions	5,639	5,639		
	d Bank Fees	5,335		5,335	
	e All other expenses	3,396		3,396	
25	Total functional expenses. Add lines 1 through 24e	1,504,730	498,782	658,058	347,890
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Form **990** (2022)

----- Page 11 ----

Form 990 (2022)	Page 11

Part X	Balance Sheet				Page 11
	Check if Schedule O contains a response or not	e to any line in this Part IX			\square
			(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing			1	
2	Savings and temporary cash investments .	[1,030,343	2	467,945
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net		40,000	4	280,000
5	Loans and other receivables from any current o trustee, key employee, creator or founder, subs controlled entity or family member of any of the	tantial contributor, or 35%		5	
6		fied persons (as defined under		6	
ω 7	Notes and loans receivable, net			7	
ssets	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges		410	9	146
10:	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
l t	Less: accumulated depreciation	10b		10c	
11	Investments—publicly traded securities .			11	
12	Investments—other securities. See Part IV, line	11		12	
13	Investments—program-related. See Part IV, line	<u> </u>		13	
14	Intangible assets			14	
15	Other assets. See Part IV, line 11	<u> </u>		15	
16	Total assets. Add lines 1 through 15 (must eq	<u> </u>	1,070,753	16	748,091
17	Accounts payable and accrued expenses	13,242	17	18,677	
18	Grants payable			18	
19	Deferred revenue	🕆		19	
20	Tax-exempt bond liabilities			20	
2.	Escrow or custodial account liability. Complete F	 		21	
Liabilities 52	Loans and other payables to any current or forn employee, creator or founder, substantial contri or family member of any of these persons	butor, or 35% controlled entity			
<u>.</u>	, , , ,	_		22	
23	Secured mortgages and notes payable to unrela	· – – – – – – – – – – – – – – – – – – –		23	
24	Unsecured notes and loans payable to unrelated	· · ·		24	
25	Other liabilities (including federal income tax, pand other liabilities not included on lines 17 - 24 Complete Part X of Schedule D			25	
26	Total liabilities. Add lines 17 through 25 .		13,242	26	18,677
Fund Balances	Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33. Net assets without donor restrictions	neck here 🕨 🗹 and	757,511	27	579,414
39			300,000		150,000
8 Pu	Net assets with donor restrictions Organizations that do not follow FASB ASC	958, check here ▶ □ and	300,000	28	130,000
	complete lines 29 through 33.	į	20		
o 29	Capital stock or trust principal, or current funds		29		
sets	Paid-in or capital surplus, or land, building or ed	<u> </u>		30	
Assets 30	Retained earnings, endowment, accumulated in	come, or other funds		31	
et of	Total net assets or fund balances		1,057,511	32	729,414
Z 33	Total liabilities and net assets/fund balances .		1,070,753	33	748,091 Form 990 (2022

— Раде 12 —

Form 990 (2022) Page **12**

	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1	,176,633
2	Total expenses (must equal Part IX, column (A), line 25)	2			,504,730
3	Revenue less expenses. Subtract line 2 from line 1	3			-328,097
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1	,057,511
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			C
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10			729,414
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed of separate basis, consolidated basis, or both:	n a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O).		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Un Guidance, 2 C.F.R. Part 200, Subpart F?	iform	3a		N
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red	Sa		No
-	audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	·cu	3b		
			-	orm 99	0 (2022)
Form	990 (2022)				
Ad	ditional Data		Retur	n to Fo	orm
	Software ID: Software Version:				
Forn	1 990, Special Condition Description:				
	Special Condition Description				
<u> </u>	Special condition bescription				

efile Public Visual Render

ObjectId: 202342379349301224 - Submission: 2023-08-25

TIN: 46-4604132

SCHEDULE A (Form 990)

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

OMB No. 1545-0047

2022

Open to Public Inspection

Nam	e of ti	he organization					Employer identific	ation number
		shington Film Festival					46-4604132	
Pa	rt I	Reason for Public	Charity Stat	us (All organization	s must comp	lete this part.) S		
The c	rganiz	ration is not a private fou	ndation because	e it is: (For lines 1 thro	ugh 12, check	only one box.)		
1		A church, convention of	churches, or as	ssociation of churches	described in s e	ection 170(b)(1)	(A)(i).	
2		A school described in se	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form	990).)		
3		A hospital or a cooperat	ive hospital ser	vice organization desc	ribed in sectio	n 170(b)(1)(A)(iii).	
4		A medical research organisme, city, and state:	anization operat	ed in conjunction with	a hospital des	cribed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or	operated by a gov	ernmental unit descri	oed in section
6		A federal, state, or loca	l government or	governmental unit de	scribed in sec	tion 170(b)(1)(<i>A</i>	۱)(v).	
7	✓	An organization that no section 170(b)(1)(A)	(vi). (Complete	Part II.)			init or from the genera	al public described in
8		A community trust desc	ribed in sectio	1 170(b)(1)(A)(vi).	(Complete Pari	t II.)		
9		An agricultural research non-land grant college						ege or university or a
10		An organization that no from activities related to investment income and 30, 1975. See section	o its exempt fur unrelated busin	nctions—subject to cer less taxable income (le	tain exceptions	s, and (2) no more	than 33 1/3% of its su	ipport from gross
11		An organization organiz	ed and operated	d exclusively to test fo	r public safety.	See section 509	(a)(4).	
12		An organization organiz more publicly supported on lines 12a through 12	d organizations (described in section 5	09(a)(1) or s	section 509(a)(2). See section 509(a	
а		Type I. A supporting or organization(s) the pow complete Part IV, See	er to regularly a	appoint or elect a major				
b		Type II. A supporting of management of the sup must complete Part I	porting organiz	ation vested in the sar				
c		Type III functionally supported organization(integrated. A	supporting organizatio				ted with, its
d		Type III non-function functionally integrated. instructions). You mus	nally integrate The organizatio	d. A supporting organ n generally must satis	ization operate fy a distributio	d in connection win requirement and	th its supported orgar	
e		Check this box if the or integrated, or Type III r	ganization recei	ved a written determir	nation from the		pe I, Type II, Type III	functionally
f	Ente	r the number of supporte					<u> </u>	
g		de the following informat	ion about the su	upported organization(s).			
	1 (i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		rganization listed rning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
			1					
T-4-								
	aperv	work Reduction Act No or 990-EZ.	L tice, see the I	nstructions for	Cat. No. 112	 85F	Schedule	A (Form 990) 2022
				Pa	ge 2 ———			
Sche	dule A	(Form 990) 2022			J -			Page 2
	rt II	Support Schedul		zations Described ne box on line 5, 7,				L)(A)(vi)

If the organization failed to qualify under the tests listed below, please complete Part III.)

	25, 10:48 AM	March O	n Washington Film I	Festival - Full Filing	g - Nonprofit Explore	er - ProPublica	
	r fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not	1,145,368	724,783	174,002	1,729,349	1,176,604	4,950,106
2	include any "unusual grant.") Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,145,368	724,783	174,002	1,729,349	1,176,604	4,950,106
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly supported organization) included on						1,152,533
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						3,797,573
	Section B. Total Support						
	lendar year r fiscal year beginning in) 🟲	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	1,145,368	724,783	174,002	1,729,349	1,176,604	4,950,106
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and income from similar sources		6		15	29	50
9	Net income from unrelated business activities, whether or not the						
	business is regularly carried on						
10	or loss from the sale of capital						
11	assets (Explain in Part VI.) Total support. Add lines 7 through						4,950,156
12	10 Gross receipts from related activities,	etc. (see instruction	ons)			12	47,216
13	First 5 years. If the Form 990 is for t	he organization's f	first, second, third	, fourth, or fifth to	ax year as a sectio	on 501(c)(3) organ	ization, check
	this box and stop here					▶□	
	Section C. Computation of Public						
14						14	76.720 %
15	Public support percentage for 2021 Sc					15	74.340 %
16	33 1/3% support test—2022. If the						
ŀ	and stop here. The organization quality 33 1/3% support test—2021. If the	e organization did	not check a box o	n line 13 or 16a, a	and line 15 is 33 1	/3% or more, chec	k this
17	box and stop here. The organization a 10%-facts-and-circumstances test and if the organization meets the "fact	-2022. If the ord	ganization did not	check a box on li	ne 13, 16a, or 16b	, and line 14 is 10	% or more,
	meets the "facts-and-circumstances" t						
Ŀ			•	, , , ,			
	more, and if the organization meets t		•		•		_
	meets the "facts-and-circumstances"						▶∪
18	Private foundation. If the organization		,		•		▶ □
	instructions		<u> </u>		<u> </u>		>
						Schedule A (I	OIIII 330) 2022
			Page 3				
د داد	edule A (Form 990) 2022						
	<u> </u>			- ··	,),(a)		Page 3
	Part III Support Schedule for (Complete only if you					nd to qualify und	or Part II If
	the organization fails						Ci i dic II. Ii
9	Section A. Public Support	•		•	•	•	
	lendar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
(o 1	r fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.") .						
2							
	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	e					
4	under section 513		1	1		1	
4	:	. 1	I	l	I	I	I

2/20/2	5, 10:48 AM	March On	Washington Film I	Festival - Full Filing	g - Nonprofit Explore	r - ProPublica			
	organization's penerit and either paid	Ī	I	ı] I	Ī	ı		
	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 1% of the amount on line								
	13 for the year.								
С	Add lines 7a and 7b								
8	Public support. (Subtract line 7c from line 6.)								
	ection B. Total Support					1			
	endar year	1		1	1	1	I		
	fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f)	Total	
`9	Amounts from line 6								
10a	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties and income from similar sources								
ь	Unrelated business taxable income								
-	(less section 511 taxes) from								
	businesses acquired after June 30,								
_	1975.	<u> </u>				1	+		
C	Add lines 10a and 10b. Net income from unrelated business								
11	activities not included on line 10b,	1				1			
	whether or not the business is	1							
	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.)		final annual blair		<u></u>	: F01(-)(2)		ti I	lI-
14	First 5 years. If the Form 990 is for the	=							
	this box and stop here							<u></u>	ightharpoons
Se	ection C. Computation of Public	Support Perce	ntage						
15	Public support percentage for 2022 (lin					15			
16	Public support percentage from 2021 S	Schedule A, Part I	II, line 15			16			
Se	ection D. Computation of Invest	ment Income	Percentage						
17	Investment income percentage for 202	22 (line 10c, colu	mn (f) divided by	/ line 13, column	(f))	17			
18	Investment income percentage from 2	021 Schedule A,	Part III, line 17 .			18			
	33 1/3% support tests-2022. If the	organization did r	not check the box	on line 14, and l	line 15 is more tha		ne 17	is not	
154	more than 33 1/3%, check this box and								
h	33 1/3% support tests—2021. If the								18 is
	not more than 33 1/3%, check this box	_						_	
20									
	Private foundation. If the organization	on did not check a	a box on line 14,	19a, or 19b, ched	ck this box and see				
						Schedule A	(Form	1 990)	2022
			Page 4						
Calc	dulo A (Form 000) 2022								
	dule A (Form 990) 2022							P	Page 4
Pai	t IV Supporting Organization								
	(Complete only if you checked a								
	box 12b, of Part I, complete Se 12d, of Part I, complete Section			x 12C, or Part 1, Co	ompiete Sections F	A, D, and E. If you	ı cnec	.kea bo	ΟX
Se	ection A. All Supporting Organiz		ompiece rare vij						
	ecton At An Supporting Organiz	acions						Yes	No
						Г		163	110
1	Are all of the organization's supported If "No," describe in Part VI how the su								
	describe the designation. If historic an			ateu. II designate	u by class of purpo	ose,		——	
	_	_					1		
2	Did the organization have any support								
	509(a)(1) or (2)? If "Yes," explain in F described in section 509(a)(1) or (2).	Part VI how the o	rganization detei	rmined that the si	upported organizat	tion was			
	described in section $509(a)(1)$ or (2) .						2		
3a	Did the organization have a supported	organization desc	cribed in section	501(c)(4), (5), or	(6)? If "Yes," ans	wer lines 3b and			
	3c below.	=				1	3a		\vdash
b	Did the organization confirm that each	supported organ	ization qualified :	inder section 501	(c)(4) (5) or (6)	and satisfied	Ju	\vdash	\vdash
D	the public support tests under section								
	, , , , , , , , , , , , , , , , , , , ,	· / / / /						. '	
	determination.					ŀ	2 h		
_	determination. Did the organization ensure that all su	nnort to such -	onizotiona	and avaluation to 5	r coction 170/-\/0\	\(\(\P\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	3b		

	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	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	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section $4958(c)(3)(C)$), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
C	Did a disqualified person (as defined on 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 .	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.			
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).			
	Schedule A	10b (Form	990)	2022
	Page 5 ————			
	t IV Supporting Organizations (continued)		F	age 5
Pai	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 on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .	11c		
Se	ection B. Type I Supporting Organizations		W = =	NI -
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		Yes	No
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection C. Type II Supporting Organizations			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of		Yes	No
-	mere a majority of the organization of the directors of the directors of the terms of the terms of the steets of		l	l

/20/25	5, 10:48 AM March On Washington Film Festival - Full	Filing	Nanprofit Evplorer ProPublica			
2012.	each of the organization's supported organization(s)? If "No," describe in Part VI hos supporting organization was vested in the same persons that controlled or managed	w contr	ol or management of the	1		
Se	ection D. All Type III Supporting Organizations					
					Yes	No
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 during 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.	ing the f the or	prior tax year, (ii) a copy of the	e		
_				1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or e organization(s) or (ii) serving on the governing body of a supported organization? If organization maintained a close and continuous working relationship with the support	"No," e	xplain in Part VI how the	2		
3	By reason of the relationship described in line 2 above, did the organization's support voice in the organization's investment policies and in directing the use of the organization during the tax year? If "Yes," describe in Part VI the role the organization's supported	ation's i	ncome or assets at all times	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 P	Part Tes	t during the year (see instruc	tions):		
а	The organization satisfied the Activities Test. Complete line 2 below.					
b	The organization is the parent of each of its supported organizations. Complet	te line	3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you	ou supp	ported a government entity (se	e instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.				Yes	No
а	Did substantially all of the organization's activities during the tax year directly further	r the ex	empt purposes of the			
	supported organization(s) to which the organization was responsive? If "Yes," then in organizations and explain how these activities directly furthered their exempt purpose.	Part I	/I identify those supported			
	responsive to those supported organizations, and how the organization determined the					
	substantially all of its activities.			2a		
b	• Did the activities described on line 2a, above constitute activities that, but for the org of the organization's supported organization(s) would have been engaged in? If "Yes, the organization's position that its supported organization(s) would have engaged in	." expla	in in Part VI the reasons for			
_	organization's involvement.			2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	·c-		<u> </u>		
а	Did the organization have the power to regularly appoint or elect a majority of the of the supported organizations? If "Yes" or "No", provide details in Part VI.	Ticers, (directors, or trustees of each of	f 3a		
b	 Did the organization exercise a substantial degree of direction over the policies, programported organizations? If "Yes," describe in Part VI. the role played by the organizations? 					
			Schedule A	3b	~ 000)	202
	Page 6		Schedule /	A (FOIII	n 990)	202.
	Tage 0					
Sche	dule A (Form 990) 2022				F	age (
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting C	Organ	izations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization				ee	
	Section A - Adjusted Net Income		(A) Prior Year	(B) Curi	rent Yea	r
1	Net short-term capital gain	1		V-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				
	Adjusted Not Tracero (culturate lines E. C. and 7 from line 4)	_	 			

7 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) (B) Current Year (optional) (A) Prior Year **Section B - Minimum Asset Amount** Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 a Average monthly value of securities **1**a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets **1**c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors https://projects.propublica.org/nonprofits/organizations/464604132/202342379349301224/full

/20/2:		n wasnington Film Festival - Ful	I Filing -	Nonpront Explo	orer - Proi	Publica
•	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt use	e assets	2			
3	Subtract line 2 from line 1d		3			
4	Cash deemed held for exempt use. Enter 0.015 of line instructions).	3 (for greater amount, see	4			
5	Net value of non-exempt-use assets (subtract line 4 fr	om line 3)	5			
6	Multiply line 5 by 0.035		6			
7	Recoveries of prior-year distributions		7			
8	Minimum Asset Amount (add line 7 to line 6)		8			
	Section C - Distributable Amount					Current Year
1	Adjusted net income for prior year (from Section A, lin	ne 8, Column A)	1			
2	Enter 85% of line 1		2			
3	Minimum asset amount for prior year (from Section B,	line 8, Column A)	3			
4	Enter greater of line 2 or line 3		4			
5	Income tax imposed in prior year		5			
6	Distributable Amount. Subtract line 5 from line 4, u temporary reduction (see instructions)	nless subject to emergency	6			
7	Check here if the current year is the organization instructions)	n's first as a non-functionally-	-integra	ted Type III su	pporting	organization (see
					Sc	hedule A (Form 990) 2022
		Page 7				
		rage /				
Sche	dule A (Form 990) 2022					Page 7
	rt V Type III Non-Functionally Integrated	1 509(a)(3) Supporting	Organ	izations (co	ontinued	
	ction D - Distributions					Current Year
1	Amounts paid to supported organizations to accomplish	ovemet purposes			1	
					+	
	Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organi	zations, in	2	
	Administrative expenses paid to accomplish exempt pur	poses of supported organizati	ions		3	
4	Amounts paid to acquire exempt-use assets				4	
5	Qualified set-aside amounts (prior IRS approval require	d - provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instruction	ns			6	
7	Total annual distributions. Add lines 1 through 6.				7	
	Distributions to attentive supported organizations to what details in Part VI). See instructions	ich the organization is respon	sive (<i>pr</i>	rovide	8	
9	Distributable amount for 2022 from Section C, line 6				9	
10	Line 8 amount divided by Line 9 amount				10	
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Un	(ii) derdistribution Pre-2022	ons	(iii) Distributable Amount for 2022
	Distributable amount for 2022 from Section C, line 6					
(! Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions.					
	Excess distributions carryover, if any, to 2022: From 2017					
	From 2017					
	From 2019					
d	d From 2020					
	e From 2021					
	Fotal of lines 3a through e Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see					
	instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
	istributions for 2022 from Section D. line 7:					

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Additional Data					Return to Form
				s	chedule A (Form 990) 202
Return Reference			Explana		
	Fac	cts And Circums	tances Test		
Section A, lines 1, 2, 3b, 3c Part IV, Section D, lines 2 a	, 4b, 4c, 5a, 6, 9a, 9 nd 3; Part IV, Sectior	b, 9c, 11a, 11b, a n E, lines 1c, 2a, 2	and 11c; Part IV, S 2b, 3a and 3b; Par	Section B, lines 1 and 2 t V, line 1; Part V, Sect	2; Part IV, Section C, line 1; tion B, line 1e; Part V
		——— Page 8			
e Excess IfOIII 2022				Sc	 hedule A (Form 990) (2022
c Excess from 2020					
b Excess from 2019					
8 Breakdown of line 7:					
7 Excess distributions carryover to 3j and 4c.	2023. Add lines				
Breakdown of line 7: Excess from 2018 Excess from 2019 Excess from 2020 Excess from 2021 Excess from 2022 Excess from 2022 Page 8 adule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 10; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part finstructions). Facts And Circumstances Test Return Reference Explanation					
2022, if any. Subtract lines 3g and 4 If the amount is greater than zero, e	a from line 2.				
5 Remaining underdistributions for year					

https://projects.propublica.org/nonprofits/organizations/464604132/202342379349301224/full

(Form 990) Department of the Treasury Internal Revenue Service Name of the organization March on Washington Film Festiva Organization type (check one)	► Attach to Form 990 ► Go to <u>www.irs.gov/Form99</u>	, 990-EZ, or 990-PF.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service Name of the organization March on Washington Film Festiva Organization type (check one)	► Go to <u>www.irs.gov/Form99</u>			2022
March on Washington Film Festiva Organization type (check one)	l			
Por an organization is covered by the General Rule or a Special Rule.		lentification number		
	:		46-4604132	
Filers of:	ection:			
Form 990 or 990-EZ (☐ 501(c)() (enter number) organization	on		
(4947(a)(1) nonexempt charitable trus	st not treated as a private founda	ition	
(527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
(4947(a)(1) nonexempt charitable trus	st treated as a private foundation		
(501(c)(3) taxable private foundation			
contributions.	sy, nom any one contributor. Complete I	a.t unu n. coo monuonono foi	actorniming (2 SSTRIBUTOR S TOTAL
under sections 509(a)(1)) and 170(b)(1)(A)(vi), that checked Sch ontributor, during the year, total contribu	edule A (Form 990 or 990-EZ), P tions of the greater of (1) \$5,000	art II, line 13,	16a, or 16b, and that
during the year, total cor	ntributions of more than \$1,000 exclusive	ely for religious, charitable, scien	eived from an tific, literary, o	y one contributor, or educational
during the year, contribu If this box is checked, er purpose. Don't complete	tions exclusively for religious, charitable nter here the total contributions that were any of the parts unless the General Ru	, etc., purposes, but no such core received during the year for an le applies to this organization be	itributions tota exclusively re ecause it recei	aled more than \$1,000. eligious, charitable, etc ived <i>nonexclusively</i>
990-EZ, or 990-PF), but it must or on its Form 990PF, Part I, line	answer "No" on Part IV, line 2, of its For	m 990; or check the box on line	H of its Form	
	e, see the Instructions	Cat. No. 30613X	Sch	hedule B (Form 990) (2022
	Pane	2		

Schedule B (Form 990) (2022)

Page 2

rt I ributors	Contributors (see instructions). Use duplicate copies of Part I if ad-	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RICTED		Name, address, and ZIP + 4 Total contributions Pe Pa	Person
		* PEOTPLOTED	Payroll
		\$ RESTRICTED	Noncash
	,		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
			Payroll
(a) No.			Noncash
			(Complete Part II for noncash contributions.)
	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
			Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
		•	Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
			☐ Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
	-		Payroll
			☐ Noncash
			(Complete Part II for noncash contributions.)

Scriedule i	5 (FOITT 990) (2022)		Гау	JC 3
Name of or March on W	ganization /ashington Film Festival	Employer identification	number	
		46-4604132		
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.			
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received	

-			: <u> </u>	\$_		
(a) No. from Part I	(b) Description of noncash	property given		(c) (or estimate) instructions)	(d) Date received	
-			- - -	\$_		
(a) No. from Part I	(b) Description of noncash	property given		(c) (or estimate) instructions)	(d) Date received	
-			- - -	\$_		
(a) No. from Part I	(b) Description of noncash	property given		(c) (or estimate) instructions)	(d) Date received	
-			- - -	\$_		
(a) No. from Part I	(b) Description of noncash	property given		(c) (or estimate) instructions)	(d) Date received	
-			<u> </u>	\$		
(a) No. from Part I	(b) Description of noncash	property given		(c) (or estimate) instructions)	(d) Date received	
-			<u>.</u>	\$_		
	B (Form 990) (2022)	Page 4		Employer ident	Page 4	
	Vashington Film Festival			46-4604132	mcation number	
Part III	Exclusively religious, charitable, etc., cont than \$1,000 for the year from any one cont organizations completing Part III, enter the year. (Enter this information once. See inst Use duplicate copies of Part III if additional sp	ributor. Complete columns (a total of exclusively religious ructions.)	a) through (e)	and the following	line entry. 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 2	(e) Transfer of g	ift Relationsh	ip of transferor to	transferee	
		<u> </u>				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descript	tion of how gift is held	
-			:0			
	Transferee's name, address, and 2	(e) Transfer of g	Relationsh	ip of transferor to t	transferee	
(a)						
\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(1) B (1)	() 11		1 (05		

Part I	(D) Ful pose of glit	(c) USE OF YHIL	(u) Description of now grit is nero
	Transferee's name, address, and 2	(e) Transfer of gift	Relationship of transferor to transferee
(a) lo. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and z	(e) Transfer of gift	Relationship of transferor to transferee
		_	Schedule B (Form 990) (202
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ObjectId: 202342379349301224 - Submission: 2023-08-25

TIN: 46-4604132

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

	Intent of the Treasury all Revenue Service Go to www.irs.gov/Fort	m990 for instructions and the latest info	rmatio	n.		spection
	me of the organization			loyer identi		
	ch on Washington Film Festival		46.4			
-	T. Ourselestine Maintainine Deven Adv	deed Francis Other Circles Francis		604132		
Pa	organizations Maintaining Donor Adv Complete if the organization answered "You		or ACC	ounts.		
	Complete if the organization answered in	(a) Donor advised funds		(b) Funds an	d other	accounts
1	Total number at end of year	(1)		(-,		
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
	,					
5	Did the organization inform all donors and donor advis organization's property, subject to the organization's e			unds are the		
_		-				Yes U No
6	Did the organization inform all grantees, donors, and c charitable purposes and not for the benefit of the donor.				sible	
	private benefit?					Yes 🗆 No
Pa	rt II Conservation Easements.					163 - 110
	Complete if the organization answered "Y	es" on Form 990, Part IV, line 7.				
1	Purpose(s) of conservation easements held by the orga					
	Preservation of land for public use (e.g., recreation	on or education) \Box Preservation of an	n histori	cally importa	nt land a	area
	Protection of natural habitat	,		, ,		
		☐ Preservation of a	certified	i nistoric stru	cture	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	a qualified conservation contribution in the fo	rm of a			
	, ,			Held at th	e End c	of the Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified history	, ,	2c			
d	Number of conservation easements included in (c) acque historic structure listed in the National Register	uired after July 25, 2006, and not on a	2d			
3	Number of conservation easements modified, transferr	red released extinguished or terminated by	the oro	ianization dur	ing the	
_	tax year	ed, released, extinguished, or terminated by	the org	jarrizacion dai	ing the	
_	•	ion oppoment is located by				
4	Number of states where property subject to conservati			_		
5	Does the organization have a written policy regarding and enforcement of the conservation easements it hold		of viola			
					Yes	∪ No
6	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of violations, and enforcing c	onserva	ition easemer	nts durin	ng the year
	*					
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing conser	vation	easements du	uring the	e year
	 \$					
8	Does each conservation easement reported on line 2(d		70(h)(4			
	and section 170(h)(4)(B)(ii)?				Yes	□ No
9	In Part XIII, describe how the organization reports con					
	balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme		ements	that describe	:5	
Pai	t III Organizations Maintaining Collections	s of Art, Historical Treasures, or Oth	ner Sir	nilar Asset	s.	
	Complete if the organization answered "Y	es" on Form 990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB A historical treasures, or other similar assets held for pul					
	Part XIII, the text of the footnote to its financial stater		ierance	or public serv	vice, pro	wide, iii
b	If the organization elected, as permitted under FASB A	SC 958, to report in its revenue statement a				
	historical treasures, or other similar assets held for pu	blic exhibition, education, or research in furth	nerance	of public serv	vice, pro	vide the
	following amounts relating to these items:			. .		
	(i) Revenue included on Form 990, Part VIII, line 1			· 		
(ii)Assets included in Form 990, Part X			. > \$		
2	If the organization received or held works of art, historical leaving amounts required to be reported under FACE		ncial ga	ain, provide t	he	
	following amounts required to be reported under FASB	· ·				
а	Revenue included on Form 990, Part VIII, line 1			. ▶\$		
b	Assets included in Form 990, Part X			▶ \$		

Cat. No. 52283D

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

Schedule D (Form 990) 2022

----- Page 2 ------

Sche	dule D (F	orm 990) 2022										Page 2
Par	t III	Organizations Ma	aintaining Col	lections of A	rt, Histor	ical Tr	easures, o	r Other	Similar As	sets (contin	nued)	
3		he organization's acq check all that apply):	uisition, accessior	n, and other rec		any of t	he following	that are a	significant us	se of its colle	ection	
а	☐ P	ublic exhibition			d		Loan or exch	nange prog	rams			
b		scholarly research			е		Other					
С	□ P	reservation for future	generations									
4	Provide Part XI	a description of the our	organization's col	lections and exp	lain how th	ey furth	er the organi	zation's ex	empt purpos	e in		
5		the year, did the orga to be sold to raise fur								Yes)
Pa		Escrow and Cust Complete if the org line 21.			Form 990), Part I	V, line 9, o	r reporte	d an amour	nt on Form	990, P	art X,
1a		organization an agent d on Form 990, Part)								☐ Yes		•
b	If "Yes,	" explain the arrange	ment in Part XIII	and complete t	he following	table:			Ar	nount		=
С	Beginni	ng balance						1c				_
d	Additio	ns during the year .						1d				= =
е	Distribu	itions during the year	•					1e				_
f	Ending	balance						1f				=
2a	Did the	organization include	an amount on Fo	rm 990, Part X,	line 21, for	escrow	or custodial	account lia	bility?	☐ Yes)
b	If "Yes,	" explain the arrange	ment in Part XIII.	Check here if t	he explanat	ion has	been provide	ed in Part X	III			
Pa		Endowment Fund	-		. Faure 000	\ D=t T	1/ lima 10					
		Complete if the org	ganization answ	(a) Current ye		Prior year		years back	(d) Three yea	rs back (e) F	our vears	s back
1a	Beginnin	g of year balance .		(1)	(1)	, , , ,		,	(1)	(1)	,	
b	Contribu	tions										
С	Net inve	stment earnings, gair	is, and losses									
d	Grants o	r scholarships										
e		penditures for facilitie rams	es									
f	Administ	rative expenses .										
g	End of ye	ear balance										
2 a		the estimated perce designated or quasi-e	-	ent year end bal	ance (line 1	g, colun	nn (a)) held a	as:				
b	Permar	ent endowment 🕨										
С	Term e	ndowment 🕨										
	The per	centages on lines 2a	, 2b, and 2c shou	ld equal 100%.								
3а		re endowment funds ation by:	not in the posses	sion of the orga	nization tha	t are he	ld and admir	nistered fo	the	ſ	Yes	No
	-	elated organizations								3a(i)	163	110
	. ,	ated organizations								3a(ii)		
b	If "Yes"	on 3a(ii), are the rel	ated organization	s listed as requ	ired on Sche	edule R?				3b		
4	Describ	e in Part XIII the inte	ended uses of the	organization's e	endowment	funds.				· · ·	·	
Pa		Land, Buildings,			. Faure 000	\ D=t T	\/ lima 11a	Coo For	000 David	. V line 10		
		Complete if the orgion of property	(a) Cost or oth (investme	er basis (b)	Cost or other			cumulated d			ok value	
1a	Land .											
		· · · · · ·										
	_	d improvements										
		nt										
		nes 1a through 1e. $(C$	olumn (d) must e	qual Form 990,	Part X, colu	ımn (B),	line 10(c).)		>			0
									Scho	dula D (Fo	rm 990	1 2022

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 Page **3**

Complete if the organization answered "Yes" on Form 990,		line 11b.See For		
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of va t or end-of-year r	
1) Financial derivatives				
2) Closely-held equity interests				
A)				
3)				
C)				
D)				
E)				
F)				
G)				
н)				
otal. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990,	Dowt IV	line 11e Coe Fo	um 000 Daut V	line 12
(a) Description of investment	Pail IV,	(b) Book value	(c) Meth	od of valuation: of-year market value
1)			COSt Of Ella C	year market value
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
otal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	٠			
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990,	Part IV, I	ine 11d. See For	m 990, Part X,	
(a) Description				(b) Book value
2)				
3)				
4)				
5)				
5)				
7)				
8)				
9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)				
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990,	Part IV. I	ine 11e or 11f S	ee Form 990. P	art X, line 25
(a) Description of liabil				(b) Book va

0/25, 10:48 AM March On Washington Film Fes	stival - Full Filing - Nonprofit Ex	plorer - ProPublic	a
			
tal. (Column (b) must equal Form 990, Part X, col.(B) line 25.)		•	
Liability for uncertain tax positions. In Part XIII, provide the text of the footnote	to the organization's financial	statements that	reports the
ganization's liability for uncertain tax positions under FIN 48 (ASC 740). Check he	ere if the text of the footnote h	nas been provide	d in Part XIII 🔽
		Schedule D	(Form 990) 2022
Page 4 —			
hedule D (Form 990) 2022			Page 4
Part XI Reconciliation of Revenue per Audited Financial State	ments With Revenue pe	r Return.	
Complete if the organization answered 'Yes' on Form 990, Pa	art IV, line 12a.		
Total revenue, gains, and other support per audited financial statements .		1	1,181,633
Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b 5,0	000	
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	5,000
Subtract line 2e from line 1		3	1,176,633
Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b .	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	0
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2.)	5	1,176,633
Part XII Reconciliation of Expenses per Audited Financial State	ments With Expenses p	er Return.	
Complete if the organization answered 'Yes' on Form 990, Pa	art IV, line 12a.		
Total expenses and losses per audited financial statements		1	1,509,730
Amounts included on line 1 but not on Form 990, Part IX, line 25:	i i		
a Donated services and use of facilities	2a 5,0	000	
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	5,000
Subtract line 2e from line 1		3	1,504,730
Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	0
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	.8.)	5	1,504,730
Part XIII Supplemental Information		 -	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		Part V, line 4; Pa	rt X, line 2; Part XI,
Return Reference	Explanation	n	
art X, Line 2: March on Washington Filr	m Festival is exempt from fede	ral income tax a	s a nonprofit organiza
	(c)(3). March on Washington F he taxes for the year edned De		
Junielated business incom	ic takes for the year earlied De	CONDEN 31, 2022	

Additional Data Return to Form

Software ID: Software Version:

efile Public Visual Render ObjectId: 202342379349301224 - Submission: 2023-08-25 TIN: 46-4604132 OMB No. 1545-0047 **Compensation Information** Schedule J (Form 990)

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

rna	ment of the Treasury I Revenue Service	► Go to <u>www.irs.gov/Forms</u>	90 for	instructions and the latest informa	tion.	Open t Insp	ectio	
lar	ne of the organiz ch on Washington Fi	ation		E	mployer identifi	ication nu	ımber	
all	LII OII WASIIIIGIOII FI	iiii restivai		40	5-4604132			
² a	rt I Questi	ons Regarding Compensation		•				
							Yes	No
а		ppiate box(es) if the organization provided ection A, line 1a. Complete Part III to pro						
	☐ First-class	or charter travel		Housing allowance or residence for pe	rsonal use			
		companions		Payments for business use of personal				
	☐ Tax idemi	nification and gross-up payments		Health or social club dues or initiation	fees			
	Discretion	ary spending account		Personal services (e.g., maid, chauffer	ır, chef)			
b	If any of the bo	xes on Line 1a are checked, did the organ or provision of all of the expenses describ	ization	follow a written policy regarding payme	nt or	. 1b		
		ation require substantiation prior to reimb						
	directors, truste	es, officers, including the CEO/Executive	Directo	r, regarding the items checked on Line	ιa?	2		
	organization's C	if any, of the following the filing organizat EO/Executive Director. Check all that app d organization to establish compensation	y. Do r	ot check any boxes for methods	art III.			
		ation committee		Written employment contract				
	_	ent compensation consultant		Compensation survey or study				
	☐ Form 990	of other organizations		Approval by the board or compensation	n committee			
	During the year related organiza	did any person listed on Form 990, Part ition:	VII, Se	ction A, line 1a, with respect to the filing	g organization or	a		
a	Receive a sever	ance payment or change-of-control payme	ent? .			4a		No
b	Participate in, o	r receive payment from, a supplemental r	onqua	ified retirement plan?		4b		No
c	Participate in, o	r receive payment from, an equity-based	compe	nsation arrangement?		4c		No
	If "Yes" to any	of lines 4a-c, list the persons and provide	the app	olicable amounts for each item in Part II	I.			
	Only E01(c)(3), 501(c)(4), and 501(c)(29) organiz	ations	must complete lines E-0				
		ed on Form 990, Part VII, Section A, line 1		-				
	compensation c	ontingent on the revenues of:	u, ulu	the organization pay or decrue any				
а	The organizatio	1?				5a		No
b		anization?				5b		No
	If "Yes," on line	5a or 5b, describe in Part III.						
		ed on Form 990, Part VII, Section A, line in ontingent on the net earnings of:	la, did	the organization pay or accrue any				
а	The organizatio	1?				6a		No
b	Any related org	anization?				6b		No
	If "Yes," on line	6a or 6b, describe in Part III.						
		ed on Form 990, Part VII, Section A, line 1 escribed in lines 5 and 6? If "Yes," describ				7		No
	subject to the in	nts reported on Form 990, Part VII, paid on itial contract exception described in Regu	lations	section 53.4958-4(a)(3)? If "Yes," desc	ribe 			
						8		No
	It "Yes" on line	did the organization also follow the reb			autations section		ľ	1

Schedule J (Form 990) 2022 Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

Note: The sum of columns (B)(1)-(III) for each listed individual must equal to	iic tot					i i		
(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other	(D) Nontaxable benefits	columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 David Andrusia Executive Director	(i)	0	0	0	0	0	0	0
	(ii)	161,400	0	0	0	7,867	169,267	0
						-		
· · · · · · · · · · · · · · · · · · ·		1						

1/20/25, 10:48 AM	March On Washington Film Festival - Full Filing - Nonprofit Explorer - ProPublica							
						:	Schedule J (Forn	n 990) 2022
			Page 3					
Schedule J (Form 990) 2022								Page 3
Part III Supplemental Information Provide the information, explanation, or descriptions requi	and for Dort I lines 15	1h 2 4a 4h 4a	Fo Fb 60 6b 7	and C and for Day	et II. Alaa samalats	this part for any	additional inform	ntion
Return Reference	red for Part 1, lines 1a	, 1D, 3, 4a, 4D, 40		and 8, and for Par Explanation	t II. Also complete	this part for any	additional inform	ation.
							Schedule J (Forn	n 990) 2022
Additional Data							Retur	n to Form

Software ID: Software Version: 2/20/25, 10:48 AM March On Washington Film Festival - Full Filing - Nonprofit Explorer - ProPublica efile Public Visual Render ObjectId: 202342379349301224 - Submission: 2023-08-25 TIN: 46-4604132 OMB No. 1545-0047 Schedule L Transactions with Interested Persons (Form 990) 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 **Employer identification number** Name of the organization March on Washington Film Festival 46-4604132 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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. (b) Relationship between disqualified person and (a) Name of disqualified person (c) Description of (d) Corrected? 1 organization transaction Yes No Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section **3** 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 (a) Name of (b) (c) (d) Loan to or from (e) (f) Balance **(g)** In (h) (i) Written Relationship Purpose of the organization? Original Approved agreement? interested default? person with İoan principal by board or committee? organization amount Yes No Tο From Nο Yes Nο Yes Total **Part III 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) 2022 Page 2 Schedule L (Form 990) 2022 Page 2

					ruge =
Part IV Business Transactions Ir Complete if the organization			, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) The Raben Group	Robert Raben, the owner, is the Chairman of the Board	289,260	Management services		No

Part V **Supplemental Information**

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

Return Reference Explanation Additional Data Return to Form

Software ID: Software Version:

efile Public Visual Render

ObjectId: 202342379349301224 - Submission: 2023-08-25

TIN: 46-4604132 OMB No. 1545-0047

SCHEDULE O (Form 990)

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.

2022 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	Consulting Fees: Program service expenses 386,337. Management and general expenses 353,335. Fundraising expenses 187,358. Total expenses 927,030.
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) 2022

Additional Data

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