efile Public Visual Render ObjectId: 202432859349300313 - Submission: 2024-10-11 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

	nent of the Treasury Revenue Service	Go to <u>www.irs.gov/Form990</u> for instructions and the i	atest inform	ation.		Inspection
A F	or the 2023 ca	alendar year, or tax year beginning 01-01-2023 , and ending 12-3	1-2023			
O Add	ck if applicable: dress change me change	C Name of organization March on Washington Film Festival		D Employ e		fication number
O Init	tial return al return/terminated	Doing business as				
	ended return	Number and street (or P.O. box if mail is not delivered to street address) Room/su	uite	E Telephon	e number	•
O App	olication pending	525 9th St NW 7th Floor		(202) 46	66-8585	Í
		City or town, state or province, country, and ZIP or foreign postal code Washington, DC 20004		G Gross red	ceipts \$ 1	.,150,750
		F Name and address of principal officer:	H(a) Is th	is a group ret	urn for	
		Robert Raben 525 9th St NW 7th Floor		ordinates?		☐Yes ☑No
		Washington, DC 20004		all subordinat ded?	es	☐ Yes ☐No
I Tax	e-exempt status:	✓ 501(c)(3) □ 501(c) () (insert no.) □ 4947(a)(1) or □ 527		o," attach a li		
J W	ebsite: www	w.marchonwashingtonfilmfestival.org	H(c) Grou	ip exemption	number	
K Forn	n of organization:	✓ Corporation ☐ Trust ☐ Association ☐ Other	L Year of form	nation: 2014	M State	of legal domicile: DC
Pa	nt I Sumi	mary	l			
Activities & Governance	4 Number of 5 Total num	s box of voting members of the governing body (Part VI, line 1a)			3 4 5	12 11 0
Ř		elated business revenue from Part VIII, column (C), line 12		•	7a	0
		ated business taxable income from Form 990-T, Part I, line 11			7b	0
				ior Year	+	Current Year
en.	8 Contribut	ions and grants (Part VIII, line 1h)		1,176,6	04	1,148,739
Revenue	9 Program	service revenue (Part VIII, line 2g)			0	0
ě	10 Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)			29	11
ш.	11 Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0	2,000
	12 Total reve	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,176,6	33	1,150,750
	13 Grants an	nd similar amounts paid (Part IX, column (A), lines 1-3)			0	51,500
	14 Benefits p	paid to or for members (Part IX, column (A), line 4)			0	0
88	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)		169,2	67	127,125
Expenses	16a Professio	nal fundraising fees (Part IX, column (A), line 11e)			0	0
χb		aising expenses (Part IX, column (D), line 25) 84,000				
ш		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,335,4	63	1,645,441
		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		1,504,7	_	1,824,066
. 00	19 Revenue	less expenses. Subtract line 18 from line 12		-328,0	_	-673,316
Net Assets or Fund Balances			Beginning	of Current Ye	ar	End of Year
SSe	20 Total asse	ets (Part X, line 16)		748,0	91	178,510
A P		lities (Part X, line 26)		18,6	77	122,412
žĒ	22 Net asset	s or fund balances. Subtract line 21 from line 20		729,4	14	56,098

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.

	<u> </u>					2024-10-09					
_	_ ~		ırd Member			Date					
пеге			aa								
Paid	ı	Print/Type preparer's	name	Preparer's signature	Date	Check if	PTIN P01379267				
Pre	oarer	Firm's name Kositz	zka Wicks and C	ompany		Firm's EIN 54-	1342298				
Signature of officer Type or print name and title Paid Preparer Use Only Firm's name Kositzka Wicks and Company Firm's address 5270 Shawnee Road Suite 250 Alexandria, VA 22312 May the IRS discuss this return with the preparer shown above? See Instructions. Page 2 Form 990 (2023) Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission: The March on Washington Film Festival (MOWFF) strives to celebrate and increase awareness of the events and heroes of the Civil Rights Era and inspire renewed passion for activism. The festival leverages the broad appeal of film, music, and the arts to tell these vital stories, and attracts a audience that is diverse in age, class and ethnicity. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? If "Yes," describe these changes on Schedule O. 3 Did the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expense \$ 1,693,693 including grants of \$ 51,500) (Revenue \$) The March on Washington Film Festival (MOWFF) strives to celebrate and increase awareness of the events and heroes of the Civil Rights Era and inspire renewed passion for activism. The festival expenses, and revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses, and revenue, if any, for each program service reported.				3) 642-2700							
		Alexan	dria, VA 22312	2							
For P	aperwork	Reduction Act Noti	ice, see the s	separate instructions.	Cat.	No. 11282Y	Form 990 (2023				
				Page 2							
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	. ,		am Sarvice	Accomplishments			Page 2				
Гаі		_		<u>-</u>	HIII						
Sign Here Signature of officer Date D											
Signature of Officer Here Signature of Officer Signature of Off											
					, music, and the art	s to tell these v	ital stories, and attracts an				
2	Did the or	anization undertake	any cignificar	at program corvices during the ve	ar which were not li	isted on					
2	•		, ,		ar writeri were not i		🗌 Yes 🔽 No				
				edule O.							
3	Did the org	ganization cease cond	ducting, or ma	ake significant changes in how it o	conducts, any progr	am					
							. U Yes V No				
4	•	_			hree largest program	m services as r	neasured by expenses				
	Section 50	1(c)(3) and 501(c)(4	l) organization	ns are required to report the amou							
4a	(Code:) (Exp	penses \$	1,693,693 including grants of s	\$ 51,50	00) (Revenue \$)				
	passion for a	activism. The festival lev									
4b	(Code:) (Exp	penses \$	including grants of s	\$) (Revenue \$)				
4c	(Code:) (Exp	penses \$	including grants of s	\$) (Revenue \$)				
4d	Other prod	gram services (Descr	ihe in Schedul	le O)							
	(Expenses	•		iding grants of \$) (Revenue	\$)				

1,693,693

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Par	tiv Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A $\textcircled{5}$	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🥞	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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? If "Yes," complete Schedule D, Part V	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
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 2	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	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
	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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $\$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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	Yes	

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Pai	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		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 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
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	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? If "Yes," complete Schedule L, Part IV	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
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line $2 \cdot \cdot \cdot$	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			
			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 v (gambling) winnings to prize winners?			1c	Yes	

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	990 (2023) rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Page 5
		1	<u> </u>
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	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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).		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
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:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
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		

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С	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No					
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							
	If res, complete rount 6009.		orm 99	0 (2023)					
				, ,					
	Page 6								
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	990 (2023)			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.	lo" resp	onse to)					
	Check if Schedule O contains a response or note to any line in this Part VI			✓					
Se	ction A. Governing Body and Management	1							
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 12								
	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 11								
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	5 Did the organization become aware during the year of a significant diversion of the organization's assets? .								
6	5 Did the organization have members or stockholders?								
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	$\label{lem:contemporaneously} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$								
а	The governing body?	8a	Yes						
b	Each committee with authority to act on behalf of the governing body?	8b	Yes						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? 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	_						
10-	Did the eventination have lead shouters broughed an efficience?	10-	Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a 10b		No					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes						
h	Describe on Schedule O the process, if any, used by the organization to review this Form 990	-10	163	 					
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a		No					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	124		110					
	conflicts?	12b							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i>	12c							
13	Did the organization have a written whistleblower policy?	13		No					
14	Did the organization have a written document retention and destruction policy?	14		No					
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a		No					
b	Other officers or key employees of the organization	15b		No					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								

2/20/25	5, 10:19 AM	March On V	Washin	gton Film Festiv	al - l	Full 1	Filing	- No	nprofit Explorer - Pro	oPublica	
	taxable entity during the year?		. :							. 16a	No
b	If "Yes," did the organization follow a writ in joint venture arrangements under appl status with respect to such arrangements	icable federal ta	ax law	, and take step	s to	safe	eguar	to d the	evaluate its partici e organization's ex	pation tempt	
Se	ection C. Disclosure									<u> </u>	•
17	List the states with which a copy of this F	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 inspe									ection	
	Own website Another's website										
19	Describe in Schedule O whether (and if so policy, and financial statements available	o, how) the orga to the public du	anizati ıring t	ion made its go he tax year.	ver	ning	docu	men	its, conflict of inter	rest	
20	State the name, address, and telephone The Organization 525 9th St NW 7th Floor							tion	's books and recor	rds:	
-	The Organization 323 Jul 3t NW 7th Flor	oi wasiiiigto	11, DC	20004 (202) 4	30 0	,505				F	orm 990 (2023)
				- Page 7 —							
Form	990 (2023)										Page 7
Par	Compensation of Officers, and Independent Contract		ustee	es, Key Emp	loy	ees	, Hig	hes	st Compensate	d Employee	s,
	Check if Schedule O contains a re		to any	line in this Par	rt VII						\square
	ection A. Officers, Directors, Trust										
1a Coyear.	omplete this table for all persons required	to be listed. Rep	oort co	ompensation fo	r the	e ca	lendar	yea	ar ending with or w	vithin the orga	nization's tax
	List all of the organization's current office mpensation. Enter -0- in columns (D), (E),					als c	r orga	aniza	ations), regardless	of amount	
	ist all of the organization's current key er										
who i	List the organization's five current highest received reportable compensation (box 5 organization and any related organizations.										\$100,000 from
	ist all of the organization's former officers				nsate	ed e	mploy	ees	who received mor	e than \$100,0	00
• [ist all of the organization's former direct	ors or trustees	that	received, in the						ustee of the	
_	nization, more than \$10,000 of reportable	•		e organization	and	any	relat	ed c	organizations.		
	the instructions for the order in which to lis Check this box if neither the organization n	·		zation compens	ate	d an	v cur	ant	officer director or	r trustaa	
	(A)	(B)	Ji guiii.	(C)		u ui	y curi	CITC	(D)	(E)	(F)
	Name and title	Average hours per		sition (do not cl box, unless pe					Reportable compensation	Reportable compensation	Estimated amount of
		week (list		fficer and a dire		r/trı	ıstee)		from the	from related	other
		any hours for related	Ind or o		Officer	Key	Hig emi	For	(W-2/1099-	organizations (W-2/1099-	compensation from the
		organizations below dotted	Individual or directo	Institutional Trustee;	icer	/ em	hest	Former	MISC/1099- NEC)	MISC/1099- NEC)	organization and related
		line)				Key employee	Highest compensated employee	,	,	-,	organizations
			truste			уөө	mpe				
			0				nsa				
							ted				
` '	ctoria Bassetti	1.00	Х						0	0	0
Direct	cor	†	^						U	U	0
(2) Sa	amara Foxx	1.00	I		v				0	0	0
Direct	cor	† ·····	X		Х				0	U	0
	Lelia Bundles	1.00	Х						0	0	0
Direct	cor								0		
(4) Jo	yce Brayboy	1.00	Х						0	0	0
Direct		<u> </u>	^		L	L			U		
(5) Al	icin Williamson	1.00	Х						0	0	0
Direct									Ů		
	obert Raben	8.00	Х		х				0	0	0
	ler & Board Member	Ţ	^			1		l		U	

(7) Denielle Pemberton-Heard

1.00

(8) Melissa Maxfield	1.00						
Director		Х			0	0	0
(9) Craig Emanuel Director	1.00	Х			0	0	0
(10) Stephanie Gold Chair	1.00	Х			0	0	0
(11) Vickee Jordan Director	1.00	Х			0	0	0
(12) Joseph Olchefske Director	3.00	х			0	0	0
(13) David Andrusia Past Executive Director	40.00		x		0	119,423	7,702
(14) Isisara Bey Artistic Director	40.00		х		150,000	0	0
(15) Joanne Irby Interim Director	40.00		x		0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours	box,	(C) on (do not chec unless person i and a directo	k m s bo r/tru	th a ustee	n offic	er	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of othe compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	organization and related organizations

)/25, 10:19 AM	March On Washington Film Festival - Full Fi	ling - Nonprofit Explorer - Pro	Publica		
d Total (add lines 1b and 1c)		150,000	119,423		7,702
Total number of individuals (includir of reportable compensation from the	g but not limited to those listed above) who receive organization $\ 1$	ed more than \$100,000			
				Yes	No
	r officer, director or trustee, key employee, or higher of the such individual		on 3		No
	s the sum of reportable compensation and other considers of the sum of reportable compensation and other considers of the sum of the		. 4		No
, ·	eive or accrue compensation from any unrelated or n?If "Yes," complete Schedule J for such person .	_	-		No
Section B. Independent Contrac	ctors				•
	hest compensated independent contractors that re ensation for the calendar year ending with or within			ation	
Name	(A) e and business address	(B) Description of se	rvices	(C Compen	
e Raben Group LLC		Professional services			476,319
41 G Street NW 5th Floor ashington, DC 20005					
sara Bey		Event production			150,000
St Nicolas Ave 5E w York, NY 10026					

(B)

Related or

exempt

function

revenue

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

1,148,739 **Business Code**

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

1a

1d

1e

1g

Page 9

(A) Total revenue

2/20/25, 10:19 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 (2023)

Contributions,

OtherAmt

above

2a

Revenue)

Federated campaigns .

Sifts, Grants, an<mark>d</mark> Membership dues

Arno Eungdraising events .

d Related organizations

1,148,739 g Noncash contributions included in

h Total. Add lines 1a-1f .

lines 1a - 1f:\$

e Government grants (contributions)

All other contributions, gifts, grants, and similar amounts not included

Isisara Bey

compensation from the organization 2

Statement of Revenue

Form **990** (2023)

(D)

Revenue

excluded from

tax under sections

512 - 514

(C) Unrelated

business

revenue

Page 9

2/20/25, 10:19 AM		March On Washing	ton Film Festival - Ful	ll Filing - Nonprofit Ex	plorer - ProPublica	
Program Servic						
S.						
a						
DO.						
-						
f All other program						
g Total. Add lines 2						
3 Investment income similar amounts) .	(including dividends, i	nterest, and other	11			11
	ment of tax-exempt bo	ond proceeds				
	(i) Real	(ii) Personal				
6a Gross rents	6a					
b Less: rental	6b					
expenses c Rental income or	6c					
(loss) d Net rental income	or (loss)					
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	7a					
b Less: cost or other basis and sales expenses c Gain or (loss)	7b					
Gain or (loss)	7c					
a Gross income from fu (not including \$ contributions reported See Part IV, line 18 b Less: direct expen	of d on line 1c).	ents .				
C Hee meeting or (loss	5,					
9a Gross income from See Part IV, line 19 b Less: direct expen c Net income or (los	9a	ies				
,						
10aGross sales of inver returns and allowa						
b Less: cost of good						
c Net income or (los	s) from sales of invent	ory				
		Business Code				
11a _{Other} Income		900099	2,000	2,000		
ь						
OtherRevenueMiscAmt						
d All other revenue						
e Total. Add lines 1	la-11d		2,000			
12 Total revenue. S	ee instructions		1,150,750	2,000	0	11
						Form 990 (2023)

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——— Page 10 —

Form 990 (2023) Page **10**

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 ar	ny line in this Part IX	🔽			
	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	51,500	51,500	-	·	
2	Grants and other assistance to domestic individuals. See Part IV, line 22					
	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16					
	Benefits paid to or for members					
	Compensation of current officers, directors, trustees, and key employees	127,125	127,125			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$					
7	Other salaries and wages					
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)					
9	Other employee benefits					
10	Payroll taxes					
11	Fees for services (non-employees):					
а	Management					
	Legal					
	Accounting	17,886		17,886		
	Lobbying					
	Professional fundraising services. See Part IV, line 17					
	Investment management fees					
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,282,069	1,198,069		84,000	
12	Advertising and promotion	127,596	127,596			
	Office expenses	149	,,,,,	149		
	Information technology	2.0		2.0		
	3,					
	Royalties					
	Occupancy	50.000	F0.060			
	Travel	50,069	50,069			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .					
19	Conferences, conventions, and meetings	120,842	120,842			
20	Interest					
21	Payments to affiliates					
22	Depreciation, depletion, and amortization					
23	Insurance	746		746		
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 Bad Debt	20,000		20,000		
i	b Printing	11,327	11,327			
•	c Subscriptions	7,115	7,115			
•	d Bank Fees	6,759		6,759		
	e All other expenses	883	50	833		
25	Total functional expenses. Add lines 1 through 24e	1,824,066	1,693,693	46,373	84,000	
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).					

Page 11

Р	art X	Balance Sheet				
		Check if Schedule O contains a response or no	te 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 .		467,945	2	105,347
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		280,000	4	73,118
	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	Loans and other receivables from other disquali section 4958(f)(1)), and persons described in s	fied persons (as defined under		6	
w	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		146	9	45
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
	ь	Less: accumulated depreciation		10c		
	11	Investments—publicly traded securities		11		
	12	Investments—other securities. See Part IV, line		12		
	13	Investments—program-related. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
		Total assets. Add lines 1 through 15 (must eq		748,091	16	178,510
	16 17	Accounts payable and accrued expenses		18,677	17	122,412
		, ,	10,077	18	122,712	
	18	Grants payable				
	19	Deferred revenue	• •		19	
	20	Tax-exempt bond liabilities			20	
es	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or forr employee, creator or founder, substantial contri or family member of any of these persons .		22		
Ĭ	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelated	,		24	
	25	Other liabilities (including federal income tax, p and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	ayables to related third parties,		25	
	26	Total liabilities. Add lines 17 through 25 .		18,677	26	122,412
Balances	_	Organizations that follow FASB ASC 958, clines 27, 28, 32, and 33.				· · · · · · · · · · · · · · · · · · ·
lar	27	Net assets without donor restrictions		579,414	27	56,098
d Ba	28	Net assets with donor restrictions		150,000	28	0
or Fund	29	Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or ed			30	
Assets	31	Retained earnings, endowment, accumulated in			31	
	32	Total net assets or fund balances		729,414	32	56,098
Net	33	Total liabilities and net assets/fund balances		748,091	33	178,510
~	33	iotal nabilities and het assets/fulla balances		1 40,001	33	Form 990 (2023)

Form **990** (2023)

───── Page 12 *─*

Form 990 (2023) Page **12**

		Netui		,. III
		Ratur	n to Fo	orm.
		'	5 55	- (2023
s taken to undergo such audits.		3b	orm 99	0 (2023
s? If the organization did not undergo the require	ed			110
indergo an audit or audits as set forth in the Unif	form	За		No
on process during the tax year, explain in Sched	ule O.		165	
e that assumes responsibility for oversight d selection of an independent accountant?		2c	Yes	
oth consolidated and separate basis				
ments for the year were audited on a separate b	asis,			
endent accountant?		2b	Yes	
oth consolidated and separate basis				
ments for the year were compiled or reviewed or	n a			
d by an independent accountant?		2a		No
sh Accrual Other or year or checked "Other," explain on			res	140
ine in this Part XII	•		 Yes	No
				~
ugh 9 (must equal Part X, line 32, column (B))	10			56,09
e O)	9			
	8			
	7			
	6			
· · · · · · · · · · · · · · · · · · ·	5			
t X, line 32, column (A))	4			729,41
	3			,824,06 -673,31
	2			,150,75
ne in this H	art XI	² art XI		² art XI

Special Condition Description

Software Version:

Form 990, Special Condition Description:

efile Public Visual Render

ObjectId: 202432859349300313 - Submission: 2024-10-11

TIN: 46-4604132OMB No. 1545-0047

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.

2022

ZUZ3Open to Public

Name of the organization
March on Washington Film Festival

Inspection

Employer identification number

March		shington Film Festival					as assume	
Da	rt I	Reason for Public	Charity Stat	ue (All organization	e must comple	to this nart) 9	46-4604132	
		ration is not a private four					bee mstructions.	
1		A church, convention of	churches, or as	ssociation of churches	described in sec t	tion 170(b)(1)	(A)(i).	
2		A school described in se	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90).)		
3		A hospital or a cooperat	ive hospital ser	vice organization desc	ribed in section	170(b)(1)(A)(iii).	
4		A medical research organame, city, and state:	•	-			•	nter the hospital's
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or op	perated by a gov	ernmental unit descril	oed in section
6		A federal, state, or local	government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	()(v).	
7	~	An organization that no			s support from a	governmental u	init or from the genera	al public described in
8		section 170(b)(1)(A) A community trust desc			(Complete Part I	I.)		
9		An agricultural research non-land grant college of						ege or university or a
10		An organization that not from activities related to investment income and 30, 1975. See section 9	its exempt fur unrelated busin	nctions—subject to cer less taxable income (le	tain exceptions, a	and (2) no more	than 33 1/3% of its su	ipport from gross
11		An organization organize	ed and operated	d exclusively to test fo	r public safety. S	ee section 509	(a)(4).	
12		An organization organize more publicly supported on lines 12a through 12	organizations (described in section 5	609(a)(1) or sec	ction 509(a)(2). See section 509(a	
а		Type I. A supporting or organization(s) the pow complete Part IV, Sec	ganization oper er to regularly a	rated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organi:	zation(s), typically by	
b		Type II. A supporting of management of the sup must complete Part I'	organization sup porting organiza	ervised or controlled i ation vested in the sar				
С		Type III functionally supported organization(integrated. A s	supporting organizatio				ted with, its
d		Type III non-function functionally integrated. instructions). You must	nally integrate The organizatio	d. A supporting organing organic	ization operated fy a distribution i	in connection wi requirement and	th its supported orgar	
е		Check this box if the orgintegrated, or Type III n	janization recei	ved a written determir	nation from the II		pe I, Type II, Type III	functionally
f	Ente	the number of supported	dorganizations				<u> </u>	
g		de the following informati	on about the su				(a) Amount of	(vi) Amount of
	(1)	Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Tota	si .							
For I	Paperv	work Reduction Act Not or 990-EZ.	tice, see the I	nstructions for	Cat. No. 11285	jF	Schedule Schedule	A (Form 990) 2023
				Pa	ge 2 ———			
					-			
Sche	dule A	(Form 990) 2023						Page 2
Pa	art II			rations 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.)

Section A. Public Support

2/20/2	5, 10:19 AM	March On	Washington Film	Festival - Full Fili	ng - Nonprofit Explor	er - ProPublica			
4	iax revenues ievied for the organization's benefit and either paid						1		
5	to or expended on its behalf The value of services or facilities								
•	furnished by a governmental unit to								
6	the organization without charge 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.)								
Se	ection B. Total Support				•	·			
	endar year fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f)	Total	
9	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on								
	securities loans, rents, royalties and								
b	income from similar sources Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30,								
	1975.								
с 11	Add lines 10a and 10b. Net income from unrelated business								
	activities not included on line 10b, whether or not the business is								
	regularly carried on.								
12	Other income. Do not include gain or loss from the sale of capital assets								
13	(Explain in Part VI.) Total support. (Add lines 9, 10c,		+						
	11, and 12.)		Guet en en el blei			His = F01(-)(2) -			lI-
14	First 5 years. If the Form 990 is for this box and stop here	_			•		-		
Se	ection C. Computation of Public								
15	Public support percentage for 2023 (lin	ne 8, column (f)	divided by line 13			15			
16	Public support percentage from 2022 S		·			16			
<u>Se</u>	ection D. Computation of Invest Investment income percentage for 20	ment Income 23 (line 10c, colu	Percentage umn (f) divided b	v line 13, colum	n (f))	17			
18	Investment income percentage from 2	-		•		18			
19a	33 1/3% support tests-2023. If the	organization did	not check the bo	x on line 14, and	l line 15 is more tha	an 33 1/3%, and	line 17	is not	
	more than 33 1/3%, check this box and 33 1/3% support tests—2022. If the							▶ ☐	10 ic
b	not more than 33 1/3%, check this box	=							10 15
20	Private foundation. If the organizati	-	_		, ,,	_		_	
	3		,	,		Schedule A			2023
			Page 4						
C -l	dula A (Farma 000) 2022								_
	t IV Supporting Organization							F	Page 4
Fai	(Complete only if you checked	a box on line 12							
	box 12b, of Part I, complete Se 12d, of Part I, complete Section			x 12c, of Part I,	complete Sections	A, D, and E. If yo	ou che	cked bo	X
Se	ection A. All Supporting Organiz		,						
								Yes	No
1	Are all of the organization's supported If "No," describe in Part VI how the s								
	describe the designation. If historic and	nd continuing rela	tionship, explain.	teed. It designat	ica by class or parp	030)	1		
2	Did the organization have any support								
	509(a)(1) or (2)? If "Yes," explain in I described in section 509(a)(1) or (2).	Part VI how the o	organization dete	rmined that the	supported organiza	tion was			<u> </u>
2-		organization des	cribed in costic-	501(c)(4) (5)	or (6)2 If "Voc "	ewar lines 2h	2		
3a	Did the organization have a supported 3c below.	organización des	scribeu III Section	JUI(C)(4), (3),	or (o): II res, ans	ovvei iiiies 3D and	3a	1	
b	Did the organization confirm that each						Ja		\vdash
	the public support tests under section								
	determination.						3b		

Section C. Type II Supporting Organizations

Yes

No

/20/25	, 10:19 AM March On Washington Film Festival - Full l	Filing	Nonprofit Explorer DroPublica			
1	Were a majority of the organization's directors or trustees during the tax year also a each of the organization's supported organization(s)? If "No," describe in Part VI how	majorit	y of the directors or trustees of	Ī		
	supporting organization was vested in the same persons that controlled or managed	the sup	ported organization(s).	1		
Se	ction 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 duri 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	1		
	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			
	organization maintained a close and continuous working relationship with the support	icu org	anization(3).	2		
	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		
Sa	ction E. Type III Functionally-Integrated Supporting Organizations					<u> </u>
Jei L	Check the box next to the method that the organization used to satisfy the Integral P	Part Toc	t during the year (see instructi	ione).		
а	The organization satisfied the Activities Test. Complete line 2 below.	arc 103	c adming the year (See mistracti	JJ.		
b	The organization is the parent of each of its supported organizations. Complete	e line	3 helow			
c	The organization supported a governmental entity. Describe in Part VI how you			instru	ctions)	
		₋	, (,	
	Activities Test. Answer lines 2a and 2b below.				Yes	No
	Did substantially all of the organization's activities during the tax year directly further supported organization(s) to which the organization was responsive? If "Yes," then in organizations and explain how these activities directly furthered their exempt purpresponsive to those supported organizations, and how the organization determined the substantially all of its activities.	Part I	/I identify those supported how the organization was			
			/	2a		
	Did the activities described on line 2a, above constitute activities that, but for the orgo 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 the constitution's position that its supported organization(s) would have engaged in the constitution of	" expla	in in Part VI the reasons for			
	organization's involvement.			2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.					
а	Did the organization have the power to regularly appoint or elect a majority of the off the supported organizations? If "Yes" or "No", provide details in Part VI.	ficers, o	directors, or trustees of each of	3a		
	Did the organization exercise a substantial degree of direction over the policies, programported organizations? <i>If "Yes," describe in Part VI. the role played by the organizations?</i>					
				3b	- 000)	201
	Page 6		Schedule A	(FOIII	1 990)	202
	lule A (Form 990) 2023				F	Page
Par	t 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 organizations.				е	
	Section A - Adjusted Net Income	_	(A) Prior Year (rent Yea onal)	ır
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
	- · · · · · · · · · · · · · · · · · · ·	+ -				

Part V Secti 1 Net sh 2 Recove 3 Other 4 Add lines 1 through 3 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 8 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) **Section B - Minimum Asset Amount** (A) Prior Year (B) Current Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year): a Average monthly value of securities 1a 1b **b** Average monthly cash balances c Fair market value of other non-exempt-use assets **1**c

1d

d Total (add lines 1a, 1b, and 1c)

		_	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A)	1	Current Year
1 2		1 2	Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)		Current Year
2	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1	2	Current Year
3	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A)	2	Current Year
3	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3	3 4	Current Year

Schedule A (Form 990) 2023

– Page 7 *–*

Schedule A (Form 990) 2023

Page 7

Section D - Distributions		Current Year	
1 Amounts paid to supported organizations to accompli	ish exempt purposes	1	
2 Amounts paid to perform activity that directly further excess of income from activity	rs exempt purposes of supported	l organizations, in	
3 Administrative expenses paid to accomplish exempt p	ourposes of supported organizat	ions 3	
4 Amounts paid to acquire exempt-use assets		4	
5 Qualified set-aside amounts (prior IRS approval requ	ired - provide details in Part VI	5	
6 Other distributions (<i>describe in Part VI</i>). See instruc	tions	6	
7 Total annual distributions. Add lines 1 through 6.		7	
8 Distributions to attentive supported organizations to details in Part VI). See instructions	which the organization is respon	sive (<i>provide</i>	
9 Distributable amount for 2023 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	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023:			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7:			
a Applied to underdistributions of prior years			

/20/25, 10:19 AM	March On Washington Film F	Festival - Full Filing - Nonprofit	Explorer - ProPublica
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line	2 4.		
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from lir If the amount is greater than zero, <i>explain in</i> See instructions.	ne 2.		
6 Remaining underdistributions for 2023. Subtra- lines 3h and 4b from line 1. If the amount is of than zero, <i>explain in Part VI</i> . See instructions	greater		
7 Excess distributions carryover to 2024. Add 3j and 4c.	ld lines		
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			Schedule A (Form 990) (2023)
	5a, 6, 9a, 9b, 9c, 11a, 11b, a t IV, Section E, lines 1c, 2a, 2 t V, Section E, lines 2, 5, and	and 11c; Part IV, Section B, li 2b, 3a and 3b; Part V, line 1; 6. Also complete this part fo	
	Facts And Circums	tances Test	
Return Reference		Explanation	
			Schedule A (Form 990) 2023

Additional Data

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efile Public Visual Render	ObjectId: 202432859349300313	Submission: 2024-10-11		TIN: 46-4604132		
Schedule B	Schedul	e of Contributors	-	OMB No. 1545-0047		
(Form 990) Department of the Treasury Internal Revenue Service		form 990, 990-EZ, or 990-PF. / <u>Form990</u> for the latest information.		2023		
Name of the organization March on Washington Film Fe	stival		Employer ide	entification number		
Organization type (check o	one):		46-4604132			
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) org	ganization				
	4947(a)(1) nonexempt charite	able trust not treated as a private fo	undation			
	☐ 527 political organization					
Form 990-PF	501(c)(3) exempt private four	ndation				
	4947(a)(1) nonexempt charita	able trust treated as a private founda	ation			
	☐ 501(c)(3) taxable private foundation					
under sections 509(a received from any or	described in section 501(c)(3) filing a)(1) and 170(b)(1)(A)(vi), that check ne contributor, during the year, total n, or (ii) Form 990-EZ, line 1. Compl	sed Schedule A (Form 990 or 990-E2 contributions of the greater of (1) \$5	Z), Part II, line 13, 1	6a, or 16b, and that		
during the year, total	described in section 501(c)(7), (8), of contributions of more than \$1,000 exprevention of cruelty to children or a	exclusively for religious, charitable, s	t received from any scientific, literary, or	one contributor, educational		
during the year, cont If this box is checked purpose. Don't comp	described in section 501(c)(7), (8), contributions exclusively for religious, chair, enter here the total contributions to lete any of the parts unless the Ger etc., contributions totaling \$5,000 or	paritable, etc., purposes, but no such that were received during the year fo the ral Rule applies to this organization	n contributions total or an <i>exclusively</i> reli on because it receiv	ed more than \$1,000. gious, charitable, etc.		
990-EZ, or 990-PF), but it m	at isn't covered by the General Rule nust answer "No" on Part IV, line 2, o , line 2, to certify that it doesn't meet	of its Form 990; or check the box on	line H of its Form 9	n 990, 90-EZ		
For Paperwork Reduction Act N for Form 990, 990-EZ, or 990-PF		Cat. No. 30613X	Sche	edule B (Form 990) (2023		
		- Page 2				
Schedule B (Form 990) (202	23)		Page 2			

Name of organization

Employer identification number

butors	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
ICTED			Person
<u>- :</u>		\$ RESTRICTED	Payroll
		\$ RESTRICTED	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
			Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) 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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
			Payroll
			Noncash
			(Complete Part II for noncash contributions.)

Schedule E	B (Form 990) (2023)	_	Page 3	
Name of ore March on W	ganization Vashington 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 Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	

-			[\$		
(a) No. from Part I	(b) Description of noncash	property given		(c) (d) FMV (or estimate) (see instructions) Date receive		
-			- - -	\$_		
(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	
-			- - -	\$		
	B (Form 990) (2023)	Page 4 ———			Page 4	
	rganization Nashington Film Festival			46-4604132	ification 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 ins Use duplicate copies of Part III if additional sp	ributor. Complete columns (a e total of exclusively religious tructions.)	a) through (e)	and the following	line entry. For	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	:	(d) Descript	tion of how gift is held	
-	Transferee's name, address, and	(e) Transfer of g	ift Relationsh	ip of transferor to	transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	:	(d) Descript	tion of how gift is held	
-						
	Transferee's name, address, and	(e) Transfer of g	ιπ Relationsh	ip of transferor to	transferee	
(a)						
N - 'e'	/I-) D 6 166	() 11		1 (05		

Part I	(b) Fulpose of glit	(c) use or grit	(u) Description of now girt is field
	Transferee's name, address, and a	(e) Transfer of gift ZIP 4 Rela	ationship 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 2	(e) Transfer of gift ZIP 4 Rela	ationship of transferor to transferee
			Schedule B (Form 990) (202
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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

	ment of the Treasury		Attach to Form 990.				to Public
	I Revenue Service		990 for instructions and the lat				spection
	me of the organ ch on Washington Fil				ployer identific	auon	пашрег
_					4604132		
Pa		zations Maintaining Donor Adviste if the organization answered "Yes			counts.		
	соттріс	the organization unswered Tes	(a) Donor advised funds		(b) Funds and	other	accounts
1	Total number at	end of year					
2	Aggregate value	of contributions to (during year)					
3	Aggregate value	of grants from (during year)					
4	Aggregate value	at end of year					
5		ation inform all donors and donor advisor roperty, subject to the organization's exc			funds are the		Yes \square No
6	charitable purpo	ation inform all grantees, donors, and do oses and not for the benefit of the donor	or donor advisor, or for any other p	purpose confer			Yes O No
Pa		vation Easements. Ite if the organization answered "Yes	s" on Form 990 Part IV line 7		-		
1		onservation easements held by the organ		ı			
		on of land for public use (e.g., recreation		tion of an histo	rically important	land a	area
		of natural habitat	,		ed historic structi		
			_ Treservat	ion or a certific	sa mistoric structi	ui e	
2		on of open space 2a through 2d if the organization held a (qualified conservation contribution	in the form of	a conservation		
_		e last day of the tax year.	quaimed conservation contribution	iii tile lollii ol	Held at the	End c	f the Year
а	Total number of	conservation easements		2a			
b	Total acreage res	stricted by conservation easements		2b			
c	Number of conse	ervation easements on a certified historic	structure included in (a)	. 2c			
d		ervation easements included in (c) acquire listed in the National Register	red after July 25, 2006, and not on	a 2d			
3	Number of cons tax year	ervation easements modified, transferred	d, released, extinguished, or termin	nated by the o	rganization durin	g the	
4	Number of state	es where property subject to conservation	n easement is located 🕨				
5		ization have a written policy regarding th nt of the conservation easements it holds		handling of viol	lations,	/os	□ No
_	Staff and volunt	teer hours devoted to monitoring, inspec	ting, handling of violations, and en	forcing conserv			
6	<u> </u>		ang, nanamg or notations, and on		racion cassinones	,	.g cc , ca.
7	Amount of expe ▶ \$	enses incurred in monitoring, inspecting,	handling of violations, and enforcin	ng conservatior	ı easements duri	ng the	e year
8		ervation easement reported on line 2(d) $O(h)(4)(B)(ii)$?			(4)(B)(i)	⁄es	□ No
9	balance sheet, a	scribe how the organization reports conso and include, if applicable, the text of the n's accounting for conservation easement	footnote to the organization's finar				
Par	t III Organi	zations Maintaining Collections	of Art, Historical Treasures,		imilar Assets		
		te if the organization answered "Yes					<u> </u>
1a	historical treasu	ion elected, as permitted under FASB ASI res, or other similar assets held for publ ext of the footnote to its financial stateme	ic exhibition, education, or research				
b	historical treasu	ion elected, as permitted under FASB ASI Ires, or other similar assets held for publints relating to these items:					
(-	led on Form 990, Part VIII, line 1			. ▶\$		
		l in Form 990, Part X					
2	If the organizati	ion received or held works of art, historic nts required to be reported under FASB A	al treasures, or other similar asset		-	:	
а	Revenue include	ed on Form 990, Part VIII, line 1			. ▶\$		
ь	Assets included	in Form 990, Part X			. > \$		

https://projects.propublica.org/nonprofits/organizations/464604132/202432859349300313/full

Schedule D (Form 990) 2022

Cat. No. 52283D

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Sche	dule D	(Form 990) 2022							Page
Par	t III	Organizations Maintaining Co	llections of Art,	Historical Tre	easures, o	r Other	Similar Asset	s (contin	ued)
3		the organization's acquisition, accessio (check all that apply):	n, and other record	s, check any of th	he following	that are a	significant use of	fits colle	tion
а		Public exhibition		d 🗌	Loan or exch	nange prog	rams		
b		Scholarly research		e 🗌	Other				
С		Preservation for future generations							
4	Provid	de a description of the organization's co	llections and explain	n how they furthe	er the organi	zation's ex	empt purpose in		
5		g the year, did the organization solicit o s to be sold to raise funds rather than t						Yes	□ No
Pai	rt IV	Escrow and Custodial Arrange Complete if the organization ansuline 21.		orm 990, Part I	V, line 9, o	r reporte	d an amount o		
1a		e organization an agent, trustee, custod led on Form 990, Part X?						Yes	□ No
b	If "Ye	s," explain the arrangement in Part XII	I and complete the	following table:			Amou	nt	
С	Begin	ning balance				1c			
d	Additi	ions during the year				1d			
е	Distri	butions during the year				1e			
f	Endin	g balance				1f			
2a	Did th	ne organization include an amount on Fo	orm 990, Part X, lin	e 21, for escrow	or custodial	account lia	bility?	Yes	□ No
b	If "Ye	s," explain the arrangement in Part XIII	. Check here if the	explanation has b	been provide	ed in Part X	an		
Pa	rt V	Endowment Funds.							
		Complete if the organization answ					less == .		
1a	Reginn	ing of year balance	(a) Current year	(b) Prior year	(c) Iwo	years back	(d) Three years ba	CK (e) FO	ur years back
	-	outions							
		restment earnings, gains, and losses							
		or scholarships							
		expenditures for facilities							
		ograms							
f	Admini	strative expenses							
g	End of	year balance							
2	Provid	de the estimated percentage of the curr	ent year end baland	ce (line 1g, colum	nn (a)) held a	as:			
а	Board	I designated or quasi-endowment 🕨							
b	Perma	anent endowment 🕨							
С	Term	endowment 🕨							
_	•	ercentages on lines 2a, 2b, and 2c shou	•						
3a		nere endowment funds not in the posse dization by:	ssion of the organiz	ation that are hel	ld and admir	nistered for	r the	Г	Yes No
	-	related organizations						3a(i)	
	(ii) R	elated organizations						3a(ii)	
b	If "Ye	s" on 3a(ii), are the related organization	ns listed as required	l on Schedule R?				3b	
4	Descr	ibe in Part XIII the intended uses of the		owment funds.					
Pai	rt VI	Land, Buildings, and Equipme		000 P I	V 1: 11-	C	000 P+ V	li 10	
	Descri	Complete if the organization anso ption of property (a) Cost or ot (investm	her basis (b) Co	st or other basis (ot		cumulated d		(d) Boo	k value
		gs							
		old improvements							
		nent							
		ines 1a through 1e. (Column (d) must	equal Form 000 Da	rt X column (B)	line 10/c))		>		
. J.a	Auu		equal i olili 550, Fa	, column (D),	10(0).)	• •		e D (For	m 990) 202

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

rart VII	Investments - Other Securities. Complete if the organization answered "Yes" on Form 990	, Part IV,	line 11b.See For	m 990, Part X,	line 12.
	(a) Description of security or category (including name of security)	(b) Book value	Cost	(c) Method of va or end-of-year n	luation:
-	al derivatives				
	held equity interests				
A)					
3)					
C)					
D)					
E)					
F)					
(G)					
(H)					
	nn (b) must equal Form 990, Part X, col. (B) line 12.)	•			
art VIII	Investments - Program Related. Complete if the organization answered 'Yes' on Form 990	, Part IV,	line 11c. See Fo	rm 990, Part X,	line 13.
	(a) Description of investment		(b) Book value		od of valuation: of-year market value
1)					·
(2)					
(3)					
(4)					
5)					
(6)					
(7)					
(8)					
(9)					
otal. (Colum	nn (b) must equal Form 990, Part X, col.(B) line 13.)	•			
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990,	Part IV, I	ine 11d. See For	m 990, Part X,	line 15.
'4\	(a) Description				(b) Book value
(1)					
(2)					
(3)					
(4)					
5)					
6)					
(7)					
(8)					
(9)					
	omn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities.		.		
Part X	Complete if the organization answered 'Yes' on Form 990,		ine 11e or 11f.Se	<u>ee Form 990,</u> P	
L.	(a) Description of liabi	lity			(b) Book v

,	10:19 AM March On Washington Film Fe	estival - Full Filing	- Nonprofit Explo	rer - ProPubli	ca
otal. (Column (b) must equal Form 990, Part X, col.(B) line 25.)			•	
	ility for uncertain tax positions. In Part XIII, provide the text of the footnote	e to the organizat	ion's financial sta	tements tha	t reports the
	zation's liability for uncertain tax positions under FIN 48 (ASC 740). Check h	=			_
				Schedule	D (Form 990) 2022
	Page 4 —				
shodi	No D (Form 000) 2022				D 4
Part	ile D (Form 990) 2022 XI Reconciliation of Revenue per Audited Financial State	monte With D	ovenue ner B	oturn	Page 4
arı	Complete if the organization answered 'Yes' on Form 990, P		•	eturn.	
	Total revenue, gains, and other support per audited financial statements .	•		1	1,150,750
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				· · · · · · · · · · · · · · · · · · ·
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	0
	Subtract line 2e from line 1			3	1,150,750
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				_
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	2.)		5	1,150,750
art	XII Reconciliation of Expenses per Audited Financial Stat	ements With I	Expenses per	Return.	
	Complete if the organization answered 'Yes' on Form 990, P			1	_
	Total expenses and losses per audited financial statements			1	1,824,066
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
	Donated services and use of facilities	2a			
	Prior year adjustments	2b		1	
	Other losses	2c		4	
	Other (Describe in Part XIII.)	2d		4 _ 1	_
	Add lines 2a through 2d			2e	0
	Subtract line 2e from line 1			3	1,824,066
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1	
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)		5	1,824,066
Part	XIII Supplemental Information				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines $1a\ a$ 2d and $4b$; and Part XII, lines $2d\ and\ 4b$. Also complete this part to provide			t V, line 4; Pa	art X, line 2; Part XI,
	Return Reference		Explanation		
art X,	Line 2: March on Washington Fil				
	described in Section 501 unrelated business incor				
	Junierateu pusiness micor	ne wates for the y	car criueu Decel		D (Form 990) 2022

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efile Public Visual Render			313 - Submission: 20				TIN: 46-4604132
lote: To capture the full o	ontent of this d	locument, please s	elect landscape mode	e (11" x 8.5") who	en printing.	ĺ	OMB No. 1545-0047
Schedule I Form 990)		Grants and	Other Assistand	e to Organiz	ations,		OMB NO. 1545-0047
101111 990)			and Individuals	_	•		2023
			ation answered "Yes," o	on Form 990, Part IV			Open to Public
epartment of the easury		► Go to ww	Attach to Form ww.irs.gov/Form990 for		on.		Inspection
ternal Revenue Service						Employer ide	entification number
arch on Washington Film Festiv	al					46-4604132	
Part I General Inform	ation on Grants	and Assistance				1.0	
Does the organization main the selection criteria used					for the grants or assistance	e, and	☐ Yes 🗸 No
Describe in Part IV the org							
			and Domestic Governme Iditional space is needed.	nts. Complete if the o	rganization answered "Yes"	on Form 990, Part IV,	line 21, for any recipient
(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description (of (h) Purpose of grant
organization or government		(if applicable)	grant	cash assistance	(book, FMV, appraisal, other)	noncash assistan	ce or assistance
or government				assistance	ouner,		
(1) Restorative Justice Fund	86-2222205	501 (c)(3	51,500				daily expenses,
676 Riverside Drive Suite 9B	80-2222203	301 (0)(3	31,300				medical needs, and
New York, NY 10031							mental health of those affected by racism
Enter total number of secti	ion 501(c)(3) and g	overnment organization	s listed in the line 1 table .			🕨	
Enter total number of othe	r organizations liste	ed in the line 1 table .				.	
		Dear	- 2				
		Page	= 2				
chedule I (Form 990) 2023							Page 2
Part III Grants and Other A Part III can be dupli			mplete if the organization a	answered "Yes" on For	m 990, Part IV, line 22.		
(a) Type of grant or assist	tance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (I		otion of noncash assistance
	<u> </u>	recipients	cash grant	noncash assistance	FMV, appraisal, other)	
.)							
2)							
3)							
1)							
5)							
5)							
7)							
Part IV Supplementa	l Information.	Provide the informati	on required in Part I, lir	ne 2; Part III, colum	nn (b); and any other ad	lditional information	1.
eturn Reference	Explanation						
art I, Line 2:			ntee to submit a comprehe be used for charitable pur			ng how the grant fund	ling was spent. The grant award
	reccer also spec	anco chac runus can OIII)	, oc asea for charitable pur	poses in compliance v	nan sorte)(s) regulations.	Scl	hedule I (Form 990) 2023
Additional Data							Detuum te Feum

Software ID: Software Version: 2/20/25, 10:19 AM March On Washington Film Festival - Full Filing - Nonprofit Explorer - ProPublica efile Public Visual Render ObjectId: 202432859349300313 - Submission: 2024-10-11 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) 2023 Page 2 Schedule L (Form 990) 2023 Page 2 **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (c) Amount of (b) Relationship (a) Name of interested person (d) Description of transaction (e) Sharing between interested transaction of person and the organization's organization revenues? Yes No (1) The Raben Group Robert Raben, the 476,319 Business operating functions No owner, is a member of he Board

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: 202432859349300313 - Submission: 2024-10-11

TIN: 46-4604132OMB 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.

2023

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 Executive Director and Finance Consultant 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 1,198,069. Management and general expenses 0. Fundraising expenses 84,000. Total expenses 1,282,069.
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) 2023

Additional Data

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