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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsonng organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2011

Open to Public Inspection

A	For the	2011 calenda	ar year, or tax year beginning , 2011, and ending			, 20
В	Check if ap	oplicable.	C Name of organization	D Empl	oyer id	entification number
	Address o	change	VIDEO VERACITY INC		7	2-1246350
님	Name cha	ange .	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Telep	hone n	umber
\mathbb{H}	Initial retu		3020 ROYAL ST		50	4- 94 8-0008
H	Terminate Amended	_	City or town, state or country, and ZIP + 4	F Grou	јр Ехе	mption
ŏ		n pending	NEW ORLEANS, LA 70117-6741	Nun	nber 🖡	<u> </u>
G	Account	ting Method	☐ Cash	Check I	▶ □ ı	f the organization is not
ı	Websit	te: ► video	veracity.org	required	i to att	ach Schedule B
J	Tax-exen	npt status (che	eck only one) — 501(c)(3)	(Form 9	90, 99	D-EZ, or 990-PF)
K	Check •	► ☐ if the	e organization is not a section 509(a)(3) supporting organization or a section 527 organization	on and it	s gros	s receipts are normally
	not mor		0 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) m			
	the orga	anization choo	ses to file a return, be sure to file a complete return.			
L.	Add lines	s 5b, 6c, and 7	b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asset	ts (Part II,		
- 1	lıne 25, c		w) are \$500,000 or more, file Form 990 instead of Form 990-EZ	•	▶ \$	
F	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the	instruc	ctions	for Part I.)
		Check if	the organization used Schedule O to respond to any question in this Part	١		🗸
	1	Contribution	ons, gifts, grants, and similar amounts received		1	83,011
	2	Program s	ervice revenue including government fees and contracts		2	
	3	Membersh	ip dues and assessments		3	
	4	Investment	tincome		4	
	5a	Gross amo	ount from sale of assets other than inventory 5a			
	Ь	Less: cost	or other basis and sales expenses			
	C	Gain or (los	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming ar	nd fundraising events			
	a	Gross inc	ome from gaming (attach Schedule G if greater than			
9	:					
Revenue	Ь	Gross inco	me from fundraising events (not including \$ of contributio	ns		
ě	<u> </u>		aising events reported on line 1) (attach Schedule G if the			
-	`	sum of suc	ch gross income and contributions exceeds \$15,000) 6b			
	C	Less: direc	et expenses from gaming and fundraising events 6c		1	
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and su	ubtract	1	
					6d	
	7a	Gross sale	s of inventory, less returns and allowances			
	Ь		of goods sold 7b	-	1	
	C	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8		nue (describe in Schedule Ö)		8	
	9		nue. Add lines, 1, 2, 3, 4, 5c, 6d, 7c, and 8	. ▶	9	83,011
_	10		sımılar amounts paid (list\in-Schedule 0)		10	81,351
	11		aid to or for members		11	
ø,	12		ther compensation, and employee benefits		12	
Jse	13	-	al fees and other payments to independent contractors		13	1,419
Expense	14		y, rent, utilities, and maintenance		14	
Ä	15	-	ublications, postage, and shipping		15	241
	16		enses (describe in Schedule O)		16	
	17	Total expe	enses. Add lines 10 through 16	. ▶	17	83,011
	40		(deficit) for the year (Subtract line 17 from line 9)		18	0
į	19		s or fund balances at beginning of year (from line 27, column (A)) (must agree			
88	[]		ar figure reported on prior year's return)		19	0
Net Assets	20	Other char	nges in net assets or fund balances (explain in Schedule O)		20	0
ž	21		or fund balances at end of year. Combine lines 18 through 20	. ▶	21	0
Fo			tion Act Notice, see the separate instructions. Cat. No. 10642		01	Form 990-EZ (2011)
-			· · · · · · · · · · · · · · · · · · ·	1	57 C	b
				17	(



Pa	t II Balance Sheets. (see the instructions	for Part II.)				
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part II	<u></u>	🗸
			L	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	· · · · · ·		7,183		7,627
23	Land and buildings				23	
24 25	Other assets (describe in Schedule O)			7,183	24	7,627
26	Total liabilities (describe in Schedule O)			7,183		7,627
27	Net assets or fund balances (line 27 of column				27	0
Par						E
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III 🗹	(Rec	Expenses guired for section
Wha	t is the organization's primary exempt purpose?	Facilitate producing	educational/cultural	non-profit films	501((c)(3) and 501(c)(4)
	ribe the organization's program service accompli					anizations and section 7(a)(1) trusts, optional
	neasured by expenses. In a clear and concise m		e services provided	, the number of		others)
	ons benefited, and other relevant information for ea	ach program title.				
28	Please see attached sheet					
	(Grants \$ 81,351) If this amount	includes foreign gra	ints, check here	• П	28a	81,351
29	Total to 4					
	(Grants \$) If this amount	includes foreign gra	ints, check here .	<u> ▶ □</u>	29 a	
30						
						}
	(Grants \$) If this amount	includes foreign gra	inte chack hara	<u> </u>	30a	
31	Other program services (describe in Schedule O)			· · · · · · · · · · · · · · · · · · ·	300	<u>'</u>
•,		includes foreign gra		▶ □	31a	,
32	Total program service expenses (add lines 28a				32	
Par	List of Officers, Directors, Trustees, and Ke	y Employees. List eac	h one even if not com	pensated. (see the	nstru	ctions for Part IV.)
		~		D - 4 N/		
	Check if the organization used Schedule	O to respond to a				<u> </u>
	<u> </u>	(b) Title and average	(c) Reportable compensation	(d) Health benefits,	Т	
	Check if the organization used Schedule (a) Name and address	1	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ benefit plans, and	ee (e)	
Tim	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation	(d) Health benefits, contributions to employ	ee (e)	Estimated amount of
	(a) Name and address Watson	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	ee (e)	Estimated amount of other compensation
3020	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	ee (e)	Estimated amount of
3020	(a) Name and address Watson Royal St.	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	ee (e)	Estimated amount of other compensation
3020	(a) Name and address Watson Royal St.	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	ee (e)	Estimated amount of other compensation
3020	(a) Name and address Watson Royal St.	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	ee (e)	Estimated amount of other compensation
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Part				
-	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	V Yes	 No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	162	NO ✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		√
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a			
ь	Did the organization file Form 1120-POL for this year?	37b		✓_
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	200		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38a		✓
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities]		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		√
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed. ▶ none			
42a		504-94		
L	Located at ► 3020 Royal St. New Orleans, LA ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	70117	-6741 Yes	$\overline{}$
D	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	res	No ✓
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	<u> </u>	✓_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	. 1	▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
c	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		✓

-omi 99	U-EZ (20	11)						Pi	age 🖜
				 				Yes	No
46		e organization engage, directly or in ndidates for public office? If "Yes,"							✓
Part '	_	Section 501(c)(3) organizations 501(c)(3) organizations and sections and sections and 52, and complete the tables	on 4947(a)(1) nonex	cempt charitable t					
		Check if the organization used Sci			this Part	VI			
		one of the contract of the con	ioddio o to roopena	to any quotion in		··· · · · · · · · · · · · · · · · · ·		Yes	No
47		e organization engage in lobbying If "Yes," complete Schedule C, Par		section 501(h) elect		ct during the	tax . 47		✓
48	Is the	organization a school as described ii	n section 170(b)(1)(A)(i	i)? If "Yes," complete	e Schedule	Ε	. 48		✓
49a	Did th	e organization make any transfers t	o an exempt non-cha	ritable related orgar	nization?.		. 49a		✓
b		s," was the related organization a se					. 49b		
50	Comp	lete this table for the organization's	five highest compen	sated employees (o	ther than o	officers, direct	tors, truste	es an	d key
	emplo	yees) who each received more than	\$100,000 of comper	nsation from the org			e, enter 'N	ione."	
	(a) Na	me and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	contributi benefit pla	alth benefits, ons to employee ans, and deferred apensation	(e) Estimate other con		
None									
						_			
			•				_		
		~~~							
f 51	Comp \$100,	number of other employees paid ovolete this table for the organization 000 of compensation from the organical address of each independent contractor paid	s five highest compensation. If there is no	ensated independer			h received		than
None			····						
			••••	-					
d	Total	number of other independent contra	ectore each recovere	Over \$100 000	<u> </u>				
52	Did th	e organization complete Schedule a tempt charitable trusts must attach	A? Note: All section 5	01(c)(3) organizatio			► 🗸 Yes	. 🗆 1	No.
Under p true, co	enalties	of penury, I declare that I have examined this is complete. Declaration of preparer (other that	return, including accompan	ying schedules and state	ments, and to er has any kno	the best of my k	nowledge an	d belief	, it is
		I with P.	Wish			- 4			
Sign Here		111.00.141	P. WATSON	PRESINE	77	Date /			
	Ш,	Type or print name and title		<del></del>			1		
Paid		Print/Type preparer's name	Preparer's signature		Date	Check Self-emplo	oved PTIN		
Prep		[	<u> </u>		···		-,		
Use	Only	Firm's name	-			Firm's EIN ▶	<u>-</u>		
		Firm's address   discuss this return with the prepare				Phone no	► □ Voc	. = .	<u>.</u>

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

Department of the Treasury

Name of the organization

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. ► See separate instructions.

OMB No 1545-0047 2011

Open to Public Inspection

**Employer identification number** 

Video Veracity, Inc. 72-1246350 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a ☐ Type I c Type III—Functionally integrated **b** ☐ Type II e 🔲 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and No 11g(i) 11g(ii) 11g(iii) Provide the following information about the supported organization(s). h

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the organ	ou notify ization in of your port?	organizat (i) organi	s the ion in col zed in the S.?	(vii) Amount of support
		(coo allo a colletti)	Yes	No	Yes	No	Yes	No	
(A)				j					
(B)									
(C)									
(D)									
(E)									
Total									

			<del></del>				
Part							
•	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support			<b>4</b>			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid				•		
	to or expended on its behalf						<b></b>
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						<u> </u>
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly					ļ	
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)			-			<del> </del>
6 Sacti	Public support. Subtract line 5 from line 4 on B. Total Support			<u> </u>	<u> </u>		L
	dar year (or fiscal year beginning in)	(a) 2007	(F) 2000	(=) 2000	(40.2010	(e) 2011	(f) Total
_	Amounts from line 4	(a) 2007	<b>(b)</b> 2008	(c) 2009	( <b>d)</b> 2010	(e) 2011	(i) Iolai
7			<del> </del>				
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources						
9	Net income from unrelated business				_		
•	activities, whether or not the business						
	is regularly carried on		}	!	i		
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)		İ			[	
11	Total support. Add lines 7 through 10						<del> </del>
12	Gross receipts from related activities, etc	. (see instructi	ons)			12	•
13	First five years. If the Form 990 is for the					ear as a section	on 501(c)(3)
	organization, check this box and stop he						🕨 📋
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2011 (line	6, column (f) d	ivided by line 1	1, column (f))		14	%
15	Public support percentage from 2010 Sch	nedule A, Part	ii, line 14 .			15	%
16a	331/3% support test-2011. If the organi						heck this
	box and stop here. The organization qua	•		•			· · 🕨 🛚
b	331/3% support test—2010. If the organ						
	check this box and stop here. The organ	•	, ,				-
17a	10%-facts-and-circumstances test—2	9			•	•	
	10% or more, and if the organization me						
	Part IV how the organization meets the "f			-			
	organization						<b>&gt;</b> 🛚
b	10%-facts-and-circumstances test —26						
	15 is 10% or more, and if the organization						
	Explain in Part IV how the organization m				-	on qualifies as	
4.0	supported organization						▶ 🛚
18	Private foundation. If the organization di	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	K this box and	see

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only	y if you checked the bo	ox on line 9 of Part I or if the organization failed to qualify under Part	t II.
If the organization	tion fails to qualify und	ler the tests listed below, please complete Part II.)	

Section	on A. Public Support	41401 1110 100	to noted being	ii, picace co	inploto i di t		
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees	, ,		1			
	received. (Do not include any "unusual grants.")	37,874	169,787	95,711	193,548	83,011	579,931
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the				İ		
	organization's tax-exempt purpose			i	ì		
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513			1			
4	Tax revenues levied for the						
	organization's benefit and either paid				ĺ		
	to or expended on its behalf				1		
5	The value of services or facilities		-		- 1		
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	37,874	169,787	95,711	193,548	83,011	579,931
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3				l		
	received from other than disqualified	·					
	persons that exceed the greater of \$5,000			i			
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from		1				
	line 6.)				l	1	579,931
	on B. Total Support		[		45.55.5		
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	37,874	169,787	95,711	193,548	83,011	579,931
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources.						
	· '	-					<del></del>
D	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975	l			1		
С	Add lines 10a and 10b		<del></del>				
11	Net income from unrelated business						
•••	activities not included in line 10b, whether					Į	
	or not the business is regularly carried on	1					
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	37,874	169,787	95,711	193,548	83,011	579,931
14	First five years. If the Form 990 is for the	e organization	's first, second	d, third, fourth,	, or fifth tax ye	ar as a section	n 501(c)(3)
	organization, check this box and stop her	re		<u>.</u>			<b>&gt;</b> 🗆
Secti	on C. Computation of Public Suppor	t Percentage	•				
15	Public support percentage for 2011 (line 8	3, column (f) dıv	rided by line 1:	3, column (f))		15	100 %
16	Public support percentage from 2010 Sch			<u> </u>	<u> </u>	16	100 %
<u>Secti</u>	on D. Computation of Investment Inc					<del></del>	
17	Investment income percentage for 2011 (i					17	0 %
18	Investment income percentage from 2010					18	0 %
19a	331/s% support tests – 2011. If the organi						
_	17 is not more than 331/8%, check this box						
b	331/3% support tests—2010. If the organiz						
	line 18 is not more than 331/3%, check this t						
20	Private foundation. If the organization die	u not cneck a t	oox on line 14,	19a, or 19b, c	THECK THIS DOX	ario see instruc	ctions 🕨 🔲

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

# Supplemental Information to Form 990 or 990-EZ

2011

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public Inspection

OMB No 1545-0047

Video Veracity, Inc.	72-1246350				
Line 10, 990-EZ: Regrants we made to the following non-profit educational film projects and film support groups:					
Art Index - \$ 16,906					
Bayou Maharajah - 1 23,633					
Immortal City - \$ 6,370					
Piano Players documentary (preservation project) - \$8,384					
Race documentary on New Orleans mayoral election - \$ 1,089					
Southeastern Media Preservation Lab - 87,255					
Shell-Shocked: NOLA Youth - \$ 17,715					
Line 26: Administrative expenses due but not yet paid.					
Line 28: Video Veracity supported many non-profit film projects and the distribution of such projects	in 2011.				
• "Land Of Opportunity," a documentary about housing issues in post-Katrina New Orleans, went into	distribution and was seen in festivals				
• "Stories From The Faubourg T*reme," about one of America's oldest black neighborhoods, was dist	ributed on DVD and was				
broadcast again on many PBS stations and had film fest showings. The film continued to garner in	terest nationwide.				
• "Bury The Hatchet," a documentary about Mardi Gras Indians, continued in distribution and was hig	hly praised at film festivals.				
• "The Music's Gonna Get You Through" (formerly entitled "See What I'm Saying"), a documentary on	Henry Butler (a blind planist, who				
teaches blind musicians in a summer program at the University of New Orleans TRAC center) and the	lives of several blind teenagers				
over several years, was seen on many PBS stations.					
• "Sons of Tennessee Williams," a documentary on gay civil rights history and issues, in New Orleans	, went into theatrical distribution				
• "Walker Percy: A Documentary," a documentary film about the writer Walker Percy, was seen on ma	ny PBS stations				
• "Shell-Shocked: NOLA Youth" a documentary on the violence that some children in New Orleans en	counter, was nearing completion				
• A documentary produced in the 1980s called "Piano Players Rarely Ever Play Together, about sever	al famous New Orleans piano players,				
continued in distribution					
• "Bayou Maharajah," a documentary on piano player James Booker, continued in production.					

Schedule O.(Form 990 or 990-EZ) (2011) Name of the organization	Employer identification number					
Video Veracity, Inc.	72-1246350					
*Art Index," a PBS series about contemporary art, continued in pro	oduction and was widely seen.					
• "Immortal City," a multimedia project studying and creating many maps of the New Orleans region (historical and current) went into						
production	<del>-</del>					
The Southeastern Media Preservation Lab continued with efforts to	to preserve important and culturally significant historical film and					
rideotape recordings						
*Race," a documentary on the 2006 New Orleans mayors election,	, continued in post-production a distributive					
Regrants to all these projects totaled \$81,351 in 2011.						