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SCANNED JUL 0 1 2015

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Depa	artiment of	the Treasury		ial security numbers on		=	-		Inches	
_		ue Service		ut Form 990 and its instr				0.	Inspect	1011
			ndar year, or tax year beginnir		, 2014, a	ınd ending			, 20	
_		• •	C Name of organization VIDEO V	ERACITY INC				D Employ	er identification nu	ımber
	Address	change	Doing business as			1			72-1246350	
	Name ch	ange	Number and street (or P.O. box if	mail is not delivered to street	address)	Room/suite	•	E Telephoi	ne number	
	Initiai ret	um	3020 ROYAL ST			<u> </u>			504-948-0008	
\Box	Final retur	m/terminated		•	tal code					
\Box	Amende		NEW ORLEANS, LA 70117-67					G Gross re		<u> 27,372.22</u>
	Applicati	on pending	F Name and address of principal off	icer: TIMOTHY WATSO	N				subordinates? 🔲 Yes	
			3020 ROYAL ST . NEW ORLE	ANS, LA 70117-6741					s included? 🔲 Yes	
	Tax-exer	npt status:	☑ 501(c)(3) ☐ 501(c) () ◀ (insert no.) 🔲	4947(a)(1) or	527	If "N	lo," attach a	list. (see instructio	ns)
J	Website	× vide	eoveracity.org				H(c) Group	exemption	number ▶	
-		organization:	Corporation Trust Assoc	ciation ☐ Other ►	L. Yea	ar of formation	n: 1993	M State	of legal domicile:	LA_
P	art I	Summ	ary	.						
	1	Briefly de	escribe the organization's mis	ssion or most significar	nt activities:	Support	and encou	rage the c	reation and dis	tribution
8	ļ	of indepe	ndent documentary programm	ing not traditionally sup	ported by co	ommercial	financing,	for region	al, national, and	1
		internatio	nal audiences via film festival	s, broadcasts, cablecast	s, streaming	, and othe	r means of	distributi	on.	
Activities & Governance	2	Check th	is box ▶ 🔲 if the organization	n discontinued its oper	rations or dis	sposed of	more than	1 25% of	its net assets.	
ģ	3	Number	of voting members of the gov	verning body (Part VI, Ii	ine 1a) . .			3		3
٥ď	4	Number -	of independent voting memb	ers of the governing bo	ody (Part VI,	, line 1b)		4		3
<u>ğ</u> .	5	Total nur	mber of individuals employed	in calendar year 2014	(Part V, line	2a) .		5		0
₹	6	Total nur	mber of volunteers (estimate	if necessary)				6		20
Ş	7a		related business revenue fron	• •	line 12 .			7a		0
	Ь		lated business taxable incom					7b		0
				, , , , , , , , , , , , , , , , , , , ,			Prior Ye		Current Ye	
_	8	Contribu	tions and grants (Part VIII, lin	e 1h)		—	16	2,513.79	25	27,372.22
Revenue	9		service revenue (Part VIII, lin	•				,2,010.70		<u> </u>
₹	10	_	ent income (Part VIII, column	-		· ·	······			
æ	11		venue (Part VIII, column (A), li			· · ⊢				
	12				-	–		30.540.70	0.0	27.070.00
	13		enue-add lines 8 through 11 nd similar amounts paid (Par		 			32,513.79		27,372.22
	14				•		15	59,229.33		24,599.19
			paid to or for members (Part		· · · · ·	_				
8	15		other compensation, employed	•	• •	⁵⁻¹⁰⁾				
Ĕ	16a		onal fundraising fees (Part IX,			· · -				
Expenses	Ь		draising expenses (Part IX, c			 				
_	17	Otner ex	penses (Part IX, column (A), I	ines 11a-11d, 111-24e	FOED	IED -	7	3,284.46		2,773.03
	18	Total exp	penses. Add lines 13-17 (mus	st equal Part IX, column	(IA) JIGB 25			52,513.79	2:	27,372.22
	19	Revenue	less expenses. Subtract line	18 from line 12	<u></u>			0		0
Net Assets or Fund Balances					IIIN 1 2	7013 12-	ginning of Cu		End of Ye	
要要	20		sets (Part X, line 16)	· · · · · · · · · · · · · · ·	1911 - 17	3		0,126.49	1	10,669.22
돌	21		oilities (Part X, line 26)		<u></u>		<u> </u>	10,126.49		10,669.22
			ts or fund balances. Subtract	t line 21 from line 20 (OGDEN	UTL.		0		0
Pa	art II	Signa	ture Block	<u></u>						
			iry, I declare that I have examined thi						ny knowledge and	belief, it is
tru	e, correct	, and comp	lete. Declaration of preparer (other th	an officer) is based on all into	rmation of which	cn preparer r	as any know	eage.	1	
		I	INTO LIVE	<u> </u>				3/13	115	
Sig	ın	Sign	ature of officer	1			Da	te '	<i>'</i>	
He	re	 	TIMOTHY P. WATSO.	W . b ITEZIDENI						
		Туре	or print name and title							
Pa	id	Print/Ty	pe preparer's name	Preparer's signature		Date	9	Check	☐ if PTIN	
	o epare							self-emp		
	e Oni		name ►	· · · · · · · · · · · · · · · · · · ·	············		Firm	n's ElN ▶		
US	o UIII	y	address ▶					one no.		
Ma	y the IF		s this return with the prepare	r shown above? (see ir	structions)				· · Yes	No
For	Paperv	vork Redu	ction Act Notice, see the sepa	rate instructions.		Cat. No	. 11282Y			90 (2014)

	90 (2014)	Page 2
Part		[2]
1	Check if Schedule O contains a response or note to any line in this Part III	. <u>v</u>
	Support and encourage the creation and distribution of independent documentary programming not traditionally	
	supported by commercial financing, for regional, national, and international audiences via film festivals, broadcasts,	
	cablecasts, streaming, and other means of distribution.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?] No
_	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	141-
	services?	J NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured to the organization of the services of	ed by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to compare the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 227,372.22 including grants of \$ 224,599.19) (Revenue \$ 227,372.22)	
	Please see details on Schedule O	

łb	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
ŧc	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	

224,599.19

4e Total program service expenses ▶

rart	Checklist of Required Schedules		, —	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	•	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		v
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		,
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		,
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		V
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		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
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] [,
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		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		,
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		~
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		v
	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		,
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110	-	~
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		~
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		•
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		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
	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		,
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		,
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		,
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		,
18	Did the organization report more than \$15,000 total of fundralsing event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		,
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		~
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
þ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	1.	L

Part	V Checklist of Required Schedules (continued)			
			Yes	No
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	1	
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	<	
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		~
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	248		v
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 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		,
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		v
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		,
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		•
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	28a		~
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28b 28c		v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		,
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		,
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		,
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		,
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		,
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		V
ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
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,			
20	Part VI	37		~
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	•	

Form **990** (2014)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		[
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
С	reportable gaming (gambling) winnings to prize winners?	1c	,	1
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 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
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		
4 a	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	١.		,
	account)?	4a		-
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		,
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		V
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		~
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	}		ļ
_	gifts were not tax deductible?	6b		-
7	Organizations that may receive deductible contributions under section 170(c).	1		!
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?	70		,
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		-
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10		
	required to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year			
•	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7е		"
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<u>7g</u>		
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	_		ł
9	sponsoring organization have excess business holdings at any time during the year?	8		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions Included on Part VIII, line 12	ļ		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
8	Gross income from members or shareholders	l		1
Ь	Gross income from other sources (Do not net amounts due or paid to other sources			ļ
12a	against amounts due or received from them.)	40-		
128 b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a	-	-
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	{		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			1
	the organization is licensed to issue qualified health plans	[1
C	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
Ь	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14h		l .

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins	for a	
Secti	ion A. Governing Body and Management			
4.			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			,
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		,
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		~
6	Did the organization have members or stockholders?	6		~
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		~
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7Ь		~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	<u> </u>	
9	Each committee with authority to act on behalf of the governing body?	8b	~	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>, </u>
Secu	ion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		Ť
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		V
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		V
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		~
14 15	Did the organization have a written document retention and destruction policy?	14		_
а	The organization's CEO, Executive Director, or top management official	150		ر ا
b	Other officers or key employees of the organization	15a 15b		7
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	.00		
ь	with a taxable entity during the year?	16a		~
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			Ц
17 18	List the states with which a copy of this Form 990 is required to be filed ▶ none Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	>	

Form	agn	(201	4

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	and
	Independent Contractors	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no	r any relate	d org	aniz	atio	n c	ompe	nsa	ted any currer	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box,	unies r and	Pos leck is pe d a d	rson Irect	than o	an :ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Tim Watson, President	44			,				0	o	o
(2) Rebecca Snedeker, officer	1			,				0	0	0
(3) Amy Nesbitt, officer	11			,				0	0	0
(4)										
(5)										
(6)										
<u>(7)</u>										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and tritle	(B) Average hours per	Average hours per officer and a director/trus					an tee)	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizati (W-2/1099-N	nızations		ensation m the nization related nizations	ř
(15)							Ü							
(16)														
(17)								┝						
(18)														
(19)														
(20)														
(21)										1				
(22)														
(23)														
(24)														
(25)														
1b c	Sub-total	VII, Sectio		•	•		•	>	0		0			0
<u>d</u>	Total (add lines 1b and 1c)	not limited					above	▶ 9) W	ho received m	ore than \$1	00,00	0 of		0
3	Did the organization list any former of employee on line 1a? If "Yes," complete 8	ficer, direc						emp	oloyee, or high	est compe	ensate	d 3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual		an \$1											\
5	Did any person listed on line 1a receive of for services rendered to the organization													,
Section	on B. Independent Contractors									<u> </u>				
1	Complete this table for your five highest of compensation from the organization. Repyear.													ЭX
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compens		
		·····		-				-			<u> </u>			
								-						·
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who				

Part	VIII	Statement of Revenue					
		Check if Schedule O contains a	a response or note	to any line in this	Part VIII		<u></u> . 🛘
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
語	1a	Federated campaigns	1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	_]			
₹. ₽.	С	Fundraising events	1c	_			1
点き	d	Related organizations	1d	_			
Šä,	e	Government grants (contributions)	1e 38,000.0	00			
異る	f	All other contributions, gifts, grants, and similar amounts not included above					1
番号	_		1f 189,372.	<u>22 </u>		1	
Ę Ę	8	Noncash contributions included in lines 1a-					
	h	Total. Add lines 1a-1f	Business Code	227,372.22			
Program Service Revenue	2a			<u></u>			
æ.	b				· · · · · · · · · · · · · · · · · · ·		
8	c					 	
2	ď			+			
E	е			· †		†	
E	f	All other program service revenue	θ.				
£	g	Total. Add lines 2a-2f	.				
	3	Investment income (including	dividends, interest	t,			
		•	🕨	`		<u> </u>	ļ <u>.</u>
	4	Income from investment of tax-exen	npt bond proceeds ▶	<u> </u>			
	5	Royalties		•		 	
		(i) Real	(ii) Personal	-			
	6a	Gross rents					
	b	Less: rental expenses Rental income or (loss)		-		ļ	
	d	Net rental income or (loss)					
	7a	Gross amount from sales of (i) Securitie	es (ii) Other			 	<u> </u>
		assets other than inventory					
	ь	Less: cost or other basis		-		ļ]
		and sales expenses .					
	С	Gain or (loss)					
:	d	Net gain or (loss)	. <u></u>	·]			
venue	8a	Gross income from fundraising events (not including \$					
Other Reven		of contributions reported on line 10 See Part IV, line 18					
₹		Less: direct expenses		⊣			[
		Net income or (loss) from fundrai		•			
		Gross income from gaming activities See Part IV, line 19	a				
		Less: direct expenses		_			
		Net income or (loss) from gaming Gross sales of inventory, le		<u>' </u>			
	iva	returns and allowances					
	ь	Less: cost of goods sold				1	
	C			. 		1	ĺ
		Miscellaneous Revenue	Business Code			 	
	11a			-			
	b	***************************************					
	С	***************************************					
	d	All other revenue					
	θ	Total. Add lines 11a-11d					
	12	Total revenue See instructions	_	207.070.00			1

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations and to not include amounts reported on lines 6b, 7b, and 10b of Part VIII. Do not include amounts reported on lines 6b, 7b, and 10b of Part VIII. Total expenses Program service expenses Manage general 1 Grants and other assistance to domestic individuals. See Part IV, line 21	Page IU
Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	omplete column (A).
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 216,806.29 2 Grants and other assistance to domestic individuals. See Part IV, line 22 7,792.90 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	· · · · · · · · · · ·
and domestic governments. See Part IV, line 21	(C) (D) ement and Fundraising expenses expenses
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	
4 Benefits paid to or for members	
persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	
section 401(k) and 403(b) employer contributions)	
9 Other employee benefits	
10 Payroll taxes	
11 Fees for services (non-employees):	
a Management	
b Legal	
c Accounting	
d Lobbying	
e Professional fundraising services. See Part IV, line 17 f Investment management fees	
f Investment management fees	
12 Advertising and promotion	
13 Office expenses	
14 Information technology	
15 Royalties	
16 Occupancy	
17 Travel	
Payments of travel or entertainment expenses for any federal, state, or local public officials	
19 Conferences, conventions, and meetings .	
20 Interest	
21 Payments to affiliates	
22 Depreciation, depletion, and amortization .	
23 Insurance	
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.)	
8 website 155.40	
b bank service fee 15.00	
c state corporation fee 40.00	
d postage and delivery 10.10	
e All other expenses 25 Total functional expenses. Add lines 1 through 24e 227.372.22	
25 Total functional expenses. Add lines 1 through 24e 227,372.22 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	

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Par	1X		
	·		(A) Beginning of year		(B) End of year
	1	Cash non-interest-bearing	10,126.49	1	10,109.02
8	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	560.20
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a		1	
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	<u> </u>
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	10,126.49	16	10,669.22
	17	Accounts payable and accrued expenses	10,126.49	17	10,669.22
	18	Grants payable		18	
	19	Deferred revenue		19	·
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			
룓		· · · ·		22	
_	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		23 24	
	25	Other liabilities (including federal income tax, payables to related third		24	
	Z	parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	!	25	
	26	Total liabilities. Add lines 17 through 25	10,126.49	26	10,669.22
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and			
90	ĺ	complete lines 27 through 29, and lines 33 and 34.			
Net Assets or Fund Balances	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
P	29	Permanently restricted net assets		29	
2		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and □		1	
ō		complete lines 30 through 34.			
£\$	30	Capital stock or trust principal, or current funds		30	· · · · · · · · · · · · · · · · · · ·
88	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥	32	Retained earnings, endowment, accumulated income, or other funds .		32	· · · · · · · · · · · · · · · · · · ·
ž	33	Total net assets or fund balances		33	
	34	Total liabilities and net assets/fund balances		34	

omi 98	RU (2014)				PE	ige 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				
2	Total expenses (must equal Part IX, column (A), line 25)	2				
3	Revenue less expenses. Subtract line 2 from line 1	3				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10				
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		[
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	in			
	Schedule O.					ĺ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		V
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	oiled (or			
	reviewed on a separate basis, consolidated basis, or both:		i			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		·	2b		~
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a			
	separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or					
	of the audit, review, or compilation of its financial statements and selection of an independent accou		1.	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain i	in [
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth				
	the Single Audit Act and OMB Circular A-133?			3a		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udite		2h		1

Form **990** (2014)

SCHEDULE A (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name	of the organization				- 1	Employer Identification	number	
VIDE	DEO VERACITY, INC. 72-1246350							
Par							ns.	
	rganization is not a private foundate							
	- , , , , , , , , , , , , , , , , , , ,							
3 4	 A hospital or a cooperative hos A medical research organization hospital's name, city, and state 	n operated in co					iii). Enter the	
5	☐ An organization operated for t section 170(b)(1)(A)(iv). (Comp		college or university	owned o	operate	d by a government	al unit described in	
6 7	☐ A federal, state, or local govern ☐ An organization that normally described in section 170(b)(1)	receives a subst	tantial part of its supp				the general public	
8	A community trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II.)				
9	An organization that normally receipts from activities related support from gross investment acquired by the organization at	I to its exempt to nt income and Iter June 30, 197	functions—subject to unrelated business t /5. See section 509(a	certain otaxable in (Con	exceptior acome (la aplete Pa	ns, and (2) no more ess section 511 tax art III.)	than 331/3% of its	
10 11	☐ An organization organized and one or more publicly supported the box in lines 11a through 11c	operated exclusively organizations de	vely for the benefit of, escribed in section 5 0	to perfort 09(a)(1) or	n the fun section	ctions of, or to carry 509(a)(2). See secti	on 509(a)(3). Check	
a	☐ Type I. A supporting organization(s) organization. You must com	the power to re	gularly appoint or ele					
b	□ Type II. A supporting organize control or management of the organization(s). You must co	e supporting org	anization vested in th	nection w e same p	ith its sup ersons th	pported organization nat control or manag	n(s), by having the supported	
C	Type III functionally integra its supported organization(s)						y integrated with,	
d	Type III non-functionally Interest that is not functionally Integral requirement (see instructions	ated. The organiz	zation generally must	satisfy a	distributi	on requirement and		
•	Check this box if the organiz functionally integrated, or Ty	ation received a	written determination	from the	IRS that	it is a Type I, Type I	I, Type III	
f g	Enter the number of supported of	organizations .						
	(i) Name of supported organization	(ii) EIN	(lii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	ganization (in) is the organization (v) Amount of monetary (vi) Amount of monetary other support (see onstructions)			(vi) Amount of other support (see instructions)	
			(555 1154 55115115))	Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	l							

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

	If the organization fails to qualify	under the tes	its listed belo	w, please co	mpiete Part II	l.)	
	on A. Public Support				<u> </u>		
Calen	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 2	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise	193,548	83,011	122,204	162,514	227,372	788,649
	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	193,548	83,011	122,204	162,514	227,372	788,649
7a							
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						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						788,649
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	193,548	83,011	122,204	162,514	227,372	788,649
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		:				
13	Total support. (Add lines 9, 10c, 11, and 12.)	193,548	83,011	122,204	162,514	227,372	788,649
14	First five years. If the Form 990 is for the organization, check this box and stop he	•		d, third, fourth,	or fifth tax ye		
Secti	on C. Computation of Public Suppor	rt Percentage	9				
15	Public support percentage for 2014 (line	B, column (f) di	vided by line 1	3, column (f))		15	100 %
16	Public support percentage from 2013 Scl					16	100 %
Secti	on D. Computation of Investment In	come Percei	ntage				
17	Investment income percentage for 2014 (y line 13, colun	nn (f))	17	0 %
18	Investment income percentage from 2013	Schedule A, F	Part III, line 17			18	0 %
19a	331/s% support tests-2014. If the organ	ization did not	check the box	on line 14, ar	nd line 15 is m		6, and line
	17 is not more than 331/3%, check this box						
b	331/2% support tests - 2013. If the organiz						
	line 18 is not more than 331/3%, check this	-	_				
20	Private foundation. If the organization di	d not check a	box on line 14,	, 19a, or 19b, c	heck this box	and see instruc	ctions 🕨 🔲

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Schedule I (Form 890) (2014) produce documentary film produce documentary film produce documentary film documentary film festival ° N □ (h) Purpose of grant or assistance ✓ Yes 72-1246350 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. . (f) Method of valuation (book, FMV, appraisa, other) . Cat. No. 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance . Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 7.840 (d) Amount of cash 31,424 137,976 31,689 grant Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance 46-1576340 20-1115749 27-4482006 47-1668903 (e) 1 (a) Name and address of organization (5) TRUE MOVEMENT PROD LLC **NEW ORLEANS INT'L HUMAN** (6) NEW ORLEANS, LA 70117 RIGHTS FILM FESTIVAL (PATOIS) (2) NEW ORLEANS, LA 70117 (4) SAN FRANCISCO, CA 94133 (1) BAYOU MAHARAJAH (3) SERENDEPITY FILMS **NEW ORLEANS, LA 70119** VIDEO VERACITY, INC **4727 BANKS ST** 1736 STOCKTON ST 3020 ROYAL ST 3020 ROYAL ST Part I Part II (<u>6)</u>

E

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N

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Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014) (f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Expenditures incurred by grantees are verified to be sure they are appropriate and used for the specific projects approved and sponsored by Video Veracity. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 7,792.90 (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of reciplents က 2 and preservation of historic film and video footage 1 To assist in production of documentary films, (a) Type of grant or assistance Part IV Part III က S φ 4

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

VIDEO VERACITY INC 72-1246350 Form 990, Part III, Line 4a: Video Veracity made regrants to these non-profit educational documentary film & television projects, and film support & distribution groups, collectively reaching audiences numbering in the hundreds of thousands, or perhaps millions, via film festivals, broadcasts, cablecasts, online streaming & other distribution, disc-based distribution, classroom exhibition, and theatrical showings: • Free For All, a film on the history and importance of public libraries nationwide, received \$ 137,976 and continued in production. • Bayou Maharajah, a film on legendary New Orleans genius plano player and teacher James Booker, received \$ 31,424 and continued in distribution, screening at film festivals worldwide, with efforts toward securing a broadcast partner and securing music rights for broadcast Big Charity, a documentary on the closing of New Orleans' public hospital, received \$31,689 and completed post-production, premiering in October and continuing in distribution. Art Index, a PBS television series on contemporary visual art and sculpture, received \$ 2,940 and continued in cablecast & DVD distribution. • The Gary Groesch Video Archive Preservation Project continued, receiving \$ 3,206 for efforts to restore aging important video recordings made by the community advocate. Give Light, a film on midwives worldwide, received \$ 852 and continued in production. 91%, a film on the issues surrounding gun control, received \$4,900 and continued in production. • "Land Of Opportunity," a documentary about housing issues in post-Katrina New Orleans, received \$ 23 and had continued public & educational screenings, and its full-featured interactive website concerning how communities recover from disaster was utilized heavily • The New Orleans International Human Rights Film Festival received \$ 7,840 and continued development of its film festival featuring programs examining human rights worldwide Race, a documentary on the 2006 New Orleans mayors election, received \$13 and continued in distribution • The Southeastern Media Preservation Lab received \$ 2,735 and continued efforts to restore and preserve important and culturally significant historical film & tape recordings - both raw footage and finished programs A special project of Video Veracity, an effort to catalogue, preserve, and digitize 35 years worth of footage documenting many New Orleans musicians, shot by documentarian Stevenson Palfi, received \$ 1,000 for its continuing work • "Stories From The Faubourg Treme," about Treme, one of America's oldest black neighborhoods, had continued screenings nationwide. "Bury The Hatchet," a documentary about Mardi Gras Indians, continued in distribution.

• "The Music's Gonna Get You Through," a documentary on Henry Butler and several blind student musicians, had continued broadcasts.

Schedule O (Form 990 or 990-EZ) (2014)	Page
Name of the organization	Employer Identification number
VIDEO VERACITY INC	72-1246350
• *Sons of Tennessee Williams,* a documentary on gay civil rights history and issues, in New	Orleans, continued in distribution.
• *Walker Percy: A Documentary,* a documentary film about the writer Walker Percy, continue	d in distribution.
• "Shell-Shocked: NOLA Youth" a documentary on the violence that some children in New Orle	eans encounter, continued in distribution.
• Unfathomable City: A New Orleans Atlas, a multimedia project studying and creating many	maps of the New Orleans region,
(historical and current) continued.	
• "Immigrants," a documentary project on creative-class immigrants in New Orleans, continue	d in distribution.
• Regrants to the above projects totaled \$ 224,599 in 2014. Not all received funds; some received	ved non-financial technical & other help.
Form 990, Part VI, Section B, Line 11b: Copies of the 990 are available to the governing body.	•
Form 000 Port VI. Continue O. Nico 40. All decuments are published the Alle williams and a second se	
Form 990, Part VI, Section C, Line 19: All documents are available to the public upon request.	***************************************
END OF SCHEDULE O	