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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.

Department of the Treasury Internal Revenue Service

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

Open to Public

Ā	For the 2	016 calendar year, or tax year beginning , 2016, and e	nding		,	20		
B	Check if ap	plicable: C Name of organization VIDEO VERACITY INC		D	Employer id	entification number		
П	Address ch			72-1246350				
$\bar{\sqcap}$	Name char		m/suite	E	Telephone nu			
$\overline{\Box}$	initial return	- · · ·			504	1-948-0008		
$\overline{\Box}$	Final return/							
\Box	Amended r			a	Gross receip	ts \$ 413,662.76		
$\overline{\Box}$		pending F Name and address of principal officer: TIMOTHY WATSON	н			dinates? Yes No		
_	, фрс	3020 ROYAL ST · NEW ORLEANS, LA 70117-6741				uded? Yes No		
$\overline{}$	Tax-exemp			• •		(see instructions)		
<u>;</u>	Website:	emption num	ber ▶					
<u>K</u>		videoveracity.org anization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of for		```	M State of le	····		
P	art I	Summary		1000]				
_		riefly describe the organization's mission or most significant activities: Su	pport an	d encoura	ge the crea	tion and distribution		
9		f independent documentary programming not traditionally supported by comm						
Activities & Governance		nternational audiences via film festivals, broadcasts, cablecasts, streaming, and				101101101111111111111111111111111111111		
Ē		heck this box $ ightharpoonup$ if the organization discontinued its operations or dispos				net assets.		
Š		lumber of voting members of the governing body (Part VI, line 1a)			3	A		
8		lumber of independent voting members of the governing body (Part VI, line	 1b)	• • •	4	4		
8		otal number of individuals employed in calendar year 2016 (Part V, line 2a)	10, .	• • •	5			
至		otal number of volunteers (estimate if necessary)	• •		6	0		
Ŧ	1	otal unrelated business revenue from Part VIII, column (C), line 12			7a	20		
_	1	let unrelated business taxable income from Form 990-T, line 34			7b	0		
_	 	let differenced business taxable income from 10011 0101 050-1, line 54	` i `	Prior Year		Current Year		
	8 0	Contributions and grants (Part VIII, line 1h)	\vdash					
3	L .	rogram service revenue (Part VIII, line 2g)	150,	135.00	413,662.76			
Revenue		envestment income (Part VIII, column (A), lines 3, 4, and 7d)	•	······································				
æ	•	other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						
	1	otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12		150	105.00	440,000,70		
_		irants and similar amounts paid (Part IX, column (A), lines 1–3)	' 		135.00	413,662.76		
				154,	977.50	404,407.87		
	1	enefits paid to or for members (Part IX, column (A), line 4)	;					
8	1		' ├──			<u> </u>		
Expenses		rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), lifts ②) ▶	·	······································				
찚	E .		-		457.50	0.071.00		
_		other expenses (Part IX, column (A), lines 11a-11d, 11f-20d)	•		157.50	9,254.89		
		otal expenses. Add lines 13— (must lequal Rantilly, column (A), line 25)	·	158,	135.00	413,662.76		
		levenue less expenses. Subtract line 18 from line 12	Regin	ning of Curre	O Veer	End of Year		
Net Assets or Find Balances	т	otal assets (Part X, line 16)	303	······				
88	20 T	otal liabilities (Part X, line 26)	·		565.32	8,650.10		
<u> </u>	21 T	let assets or fund balances. Subtract line 21 from line 20	·	ъ,	565.32	8,650.10		
	art II	Signature Block	•		0	0		
		s of perjury, I declare that I have examined this return, including accompanying schedules and		n and to the	hoot of my ke	soulades, and halist it is		
		and complete. Declaration of preparer (other than officer) is based on all information of which pre				lowieuge and benen, it is		
3	·	1 1 1 0 0 0 C 1 D			3/4	1/2017		
Şi		Signature of officer		Date		1201		
	re	TIMOTHY P. WATSON, preside	1					
Type or print name and title								
_		Print/Type preparer's name Preparer's signature	Date			PTIN		
	id	, apparatus and a second	[ļ	Check is self-employe	·		
	eparer				<u>-</u>	<u> </u>		
Us	se Only	Firm's name		Firm's				
MA	v the IDS	Firm's address discuss this return with the preparer shown above? (see instructions).		Phone	по.	□Ves □Ne		
IVIS	y ule inc	discuss this found what the propage shown above; (see histractions)	<u> </u>	• • •		Yes No		

Part I	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		Page
1			
1	Briefly describe the organization's mission:	_ .	<u> </u>
	bliefly describe the organization similation.		
	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, broadcas		
	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?	Ŭ∐Yes	√ No
	If "Yes," describe these new services on Schedule O.		١١٠٠ ي
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	n	
	services?	☐ Yes	☑ No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 413,662.76 including grants of \$ 404,407.87) (Revenue \$	413 662	76 \
70			
	Please see details on Schedule O		

			, ==+

4b	(Code:) (Expenses \$including grants of \$) (Revenue \$		
74	(Code:) (Expenses # modeling grants of #) (notonid #		/
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$		)
			^===
			_

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$
 4e Total program service expenses ► 4

) (Revenue \$

404,407.87

Part	V 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	١.		
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1 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	\ <u>\</u>	1
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	-	1
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		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
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		1
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.			<u> </u>
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		1
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		1
	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		1
	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		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		1
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		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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		1
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		<b>✓</b>
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		1
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		<u>·</u>
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		>
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		1

Part	V Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  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	20b		-
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	21	/	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22	<b>/</b>	<del> </del> -
23	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	 	1
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		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<del> </del>	<u> </u>
	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		<u></u>
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		1
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		<b>√</b>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230	<del> </del>	<del>                                     </del>
20	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
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		1
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	28a 28b		<b>√</b>
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	28c		<b>→</b>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule $M$	30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
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		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<b>✓</b>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	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		<u> </u>
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	27		<b>√</b>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	37	1	<u> </u>
			<u> </u>	

Part				_
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	Yes	. L
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   20		100	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		1	
	reportable gaming (gambling) winnings to prize winners?	1c	<b>✓</b>	
2 <b>a</b>	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		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
Ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		ļ
<b>4a</b>	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			ĺ
	account)?	4a		1
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		1
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
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			
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<b>/</b>
	gifts were not tax deductible?	6b		ĺ
7	Organizations that may receive deductible contributions under section 170(c).	00		<del> </del>
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1		
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	<u> </u>	<b>✓</b>
d	If "Yes," indicate the number of Forms 8282 filed during the year	_	1	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<b>✓</b>
Ţ	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		✓_
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<del>-"</del>		
_	sponsoring organization have excess business holdings at any time during the year?	8		l
9	Sponsoring organizations maintaining donor advised funds.	_ <del>-</del>		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u></u>
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	. 1	.	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	, }	1	ı
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders		l	
a b	Gross income from other sources (Do not net amounts due or paid to other sources			
_	against amounts due or received from them.)	, Ì	ļ	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	İ	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
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.	. 1		
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	, [		
_			- }	
c 14a	Enter the amount of reserves on hand	14a		<del></del>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		<u> </u>
			990	(2016)
			-	/

Part \	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule 0. Check if Schedule O contains a response or note to any line in this Part VI	See in:	struct	
Section	on A. Governing Body and Management			
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.	3	Yes	No
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?	2		1
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		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<u> </u>	1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<u> </u>	1
6 7a	Did the organization have members or stockholders?	6 7a		1
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		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
8	The governing body?	8a	<b>✓</b>	<u> </u>
þ	Each committee with authority to act on behalf of the governing body?	8b	<b>✓</b>	ļ
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	2 1	1
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		7
	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		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		1
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		1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	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		<b>✓</b>
14 15	Did the organization have a written document retention and destruction policy?	14	<u> </u>	1
а	The organization's CEO, Executive Director, or top management official	15a		1
	Other officers or key employees of the organization	15b		7
	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			
ъ	with a taxable entity during the year?	16a		<b>/</b> _
	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		
	on C. Disclosure			
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.	n 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 infinancial statements available to the public during the tax year.	terest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	<b>&gt;</b>	

	(2016)	

	<u> </u>	
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	and
	Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	

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

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

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

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

☐ Check this box if neither the organization no	r any relate	d org	aniz	atio	n c	ompe	ensa	ited any currer	t officer, directo	r, or trustee.	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles er and	Pos leck is pe	rson	than is both or/trus Highest compensated employee	n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
(1) Tim Watson, President	4			<b>√</b>				0	0		
(2) Rebecca Snedeker, officer	11			1				0			_ <del>_</del>
(3) Amy Nesbitt, officer	1			<u>,</u>	<u> </u>						
(4) Almee Toledano, officer	11			<u> </u>	<u> </u>			0			_0
(5)				_				0	0		_0
(6)		<del>                                     </del>								- <del> </del>	
(7)		-					-				
(8)				_	-			]			_
(9)							<del> </del>				
(10)					-	· · · ·					_
(11)			-		$\vdash$			ļ			
(12)		-									
(13)	ļ			-							
(14)	<u> </u>				-					· · · · · · · · · · · · · · · · · · ·	_

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	office office or direct	ınles r and	Pos eck s pe	rson irect	than the both Highest compensated employee	n an	Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportab compensatior related organizatio (W-2/1099-N	n from ons	am comp fro orga and	(F) imated ount of other pensation m the unization related nization	f on on d
(45)				8		ļ	ari ed		· · · · · · · · · · · · · · · · · · ·					
(15)										Ĺ				
(16)														
(17)												·····-		
(18)														
(19)												<del></del>		
(20)								-				_		
(21)						-		-	<u> </u>					
(22)						-	<u>                                     </u>	-			_	<del></del>	<del></del>	
(23)			-			-		-						
(24)							-	-					· · · · · · · · · · · · · · · · · · ·	
(25)								-				<del></del>		
1b c	Sub-total	VII, Sectio	n A					<b>&gt; &gt; &gt;</b>	0		0			0
d	Total (add lines 1b and 1c)	not limited						e) w	ho received m	ore than \$1	00,000	of		0
3	Did the organization list any former of employee on line 1a? If "Yes," complete:	ficer, direc						emp	oloyee, or high	est compe	nsated	3	Yes	No /
4	For any individual listed on line 1a, is the organization and related organizations individual													1
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or ind	lividual 			1
Section	on B. Independent Contractors												L	
1	Complete this table for your five highest compensation from the organization. Repyear.													ax 
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compens	ation	
			<del></del>											
2	Total number of independent contractor received more than \$100,000 of compens							o th	ose listed abo	ove) who				

Form **990** (2016)

Pari	VIII	Statement of Revo				D 11/11/		
,		Check if Schedule C	ocontains a res	ponse or note to	Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
क्र क	1a	Federated campaigns	s 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues .	1b					
S, 5	С	Fundraising events .	1c			i		
E H	d	Related organizations	s 1d					
8, E	е	Government grants (cor		2,437.50				
F S	f	All other contributions, g						
ĕĕ		and similar amounts not inc	cluded above 11	411,225.26				1
E O	g	Noncash contributions inclu	ded in lines 1a-1f: \$					ĺ
<u>යි ළ</u>	h	Total. Add lines 1a-1	lf	<u></u> ▶	413,662.76			
				Business Code				
	2a							
æ	Ь							
<u>Ş</u> .	С							
\$	d							
Ē	е							
Program Service Revenue	f	All other program ser						
<u>E</u>	g	Total. Add lines 2a-2	2f	<u></u> ▶				
	3	Investment income						
	1	and other similar amo	•					
	4	Income from investmen						
	5	Royalties	<u>,</u>	<u> ▶</u>				<u> </u>
			(i) Real	(ii) Personal	-			ļ
	6a	Gross rents			1			[
	b	Less: rental expenses						ĺ
	C	Rental income or (loss)				Ì		
	d	Net rental income or						
	7a	Gross amount from sales of	(i) Securities	(ii) Other	ľ			ļ
		assets other than inventory						
	b	Less: cost or other basis		1		İ		
		and sales expenses .						
	С	Gain or (loss)	<u>L</u>					
	d	Net gain or (loss) .		<u> </u>				
Other Revenue	8a	Gross income from forevents (not including \$	undraising					
er Re		of contributions report See Part IV, line 18 .	ed on line 1c).			}		
₹	Ь	Less: direct expenses	s b					
	С	Net income or (loss)	from fundraising	events . ►				
	9a	Gross income from ga	aming activities.					
		See Part IV, line 19 .	· · · · a					
	Ь	Less: direct expense	s b	)				
	C	Net income or (loss) t	from gaming act	ivities ►				
	10a	Gross sales of in						
	í	returns and allowance	:es a					
	b	Less: cost of goods s	sold b					
	C	Net income or (loss)	from sales of inv	entory ▶		]		
		Miscellaneous F	Revenue	Business Code				
	11a							
	b							
	С							
	d	All other revenue .						
	е	Total. Add lines 11a-	-11d	>				
	12	Total revenue. See it	nstructions	•	412 662 76			

	90 (2016)	*··			Page 10					
	Statement of Functional Expenses		# -4t		(A)					
Section	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 any line in this Part IX									
Do no	t include amounts reported on lines 6b, 7b,	(A)								
8b, 9t	o, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations				ŀ					
_	and domestic governments. See Part IV, line 21	327,020.94		ļ						
2	Grants and other assistance to domestic individuals. See Part IV, line 22	77,386.93								
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16									
<b>4</b> <b>5</b>	Benefits paid to or for members		····							
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):			[	ļ					
а	Management	4,500.00								
b	Legal									
C	Accounting	4,484.78								
d	Lobbying	ļ	<del></del>	<del> </del>						
<b>e</b>	Professional fundraising services. See Part IV, line 17									
g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)									
12	Advertising and promotion									
13	Office expenses		<del></del>							
14	Information technology									
15	Royalties									
16	Occupancy			<b> </b>						
17	Travel		<del></del>	ļ	<del></del>					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings		<del></del>	<b>}</b>	<u> </u>					
20	Interest	ļ	<del></del>	<b> </b>						
21	Payments to affiliates		<del></del>							
22	Depreciation, depletion, and amortization .	}								
23	Insurance	<del> </del>		<del> </del>						
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.)			[						
а	wahelta	92.55								
b	state corporation fee	10.00								
C	postage and delivery	23.19								
d	printing and reproduction	144.37								
e	All other expenses									
25	Total functional expenses. Add lines 1 through 24e	413,662.76								
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									
	following SOP 98-2 (ASC 958-720)									

Р	art X	Balance Sheet			_ <del></del>
		Check if Schedule O contains a response or note to any line in this Pa		<del>;                                     </del>	
			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	2,930.12	1	8,650.10
	2	Savings and temporary cash investments	,	2	
	3	Pledges and grants receivable, net	3,635.20		<del></del>
	4	Accounts receivable, net	<del></del>	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	
	7	Notes and loans receivable, net	<del></del>	7	
	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	<del></del>		<del></del>
	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	
	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)	6,565.32	16	8,650.10
	17	Accounts payable and accrued expenses	6,565.32	17	8,650.10
	18	Grants payable		18	
Liabilities	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	· ·
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	·
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			···
	000			25	
_	26	Total liabilities. Add lines 17 through 25	6,565.32	26	8,650.10
lances	<u> </u>	complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	· · · · · · · · · · · · · · · · · · ·	27	
8	28	Temporarily restricted net assets		28	
Net Assets or Fund Balances	29	Permanently restricted net assets	<del> </del>	29	
野	30	Capital stock or trust principal, or current funds		30	
386	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
₹	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Ne t	33	Total net assets or fund balances		33	
	34	Total liabilities and net assets/fund balances		34	
					Form <b>990</b> (2016)

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			<u>.</u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1				
2	Total expenses (must equal Part IX, column (A), line 25)					
3	Revenue less expenses. Subtract line 2 from line 1					
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					
6	Donated services and use of facilities					
7	Investment expenses					
8	Prior period adjustments					
9	Other changes in net assets or fund balances (explain in Schedule O)					
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," explain in						
	Schedule O.		1			
2a	····· - · · · · · · · · · · · · · ·			2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	iled (	or [			
	reviewed on a separate basis, consolidated basis, or both:		1		ĺ	
	Separate basis Consolidated basis Both consolidated and separate basis		ļ			
b			· L	2b		<b>√</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on	a [			
	separate basis, consolidated basis, or both:		- 1	- 1		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			1		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over			l		
	of the audit, review, or compilation of its financial statements and selection of an independent accou	ntant'	? <u>{</u>	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in	[	1	
	the Single Audit Act and OMB Circular A-133?			3a		✓_
b			e [			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	ıdits.		3b		
				Form	990	(2016)

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

Department of the Treasury Internal Revenue Service

Name of the organization

## **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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2016

Open to Public unirs.gov/form990. Inspection

Employer identification number

VIDE	O VERACITY, INC.						46350
	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.						
The	he organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)						
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the						
5	hospital's name, city, and state:  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). (Comp		conege or university	OWITEG	Operate	ou by a government	iai uriit described ii
6		•	mental unit described	in eactio	an 170(h)	V4)(A)(A)	
7	☐ 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 publ						n the general public
•	described in section 170(b)(1)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			the gonoral pasin
8	☐ A community trust described in		•	Part II.)			
9	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college						
	or university or a non-land-graduniversity:						
10	☑ An organization that normally r	eceives: (1) more	e than 331/3% of its su	ipport fro	m contri	butions, membershi	p fees, and gross
	receipts from activities related	to its exempt full income and uni	nctions—subject to co	ertain exc	ceptions,	and (2) no more tha	n 331/3% of its
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See <b>section 509(a)(2)</b> . (Complete Part III.)						
11	An organization organized and	operated exclus	sively to test for public	safety.	See <b>sect</b> i	ion 509(a)(4).	
12	An organization organized and						
	of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3)  Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g						
а	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving						
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.						
b		-				supported organizati	on(e) by having
_	<b>b</b> Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported						
	organization(s). You must				•		
C	c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with						
	its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.						
d	d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s						
	that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness						
	requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.						
e	e						
	functionally integrated, or Type III non-functionally integrated supporting organization.						
Ţ	f Enter the number of supported organizations						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(ind is the c	rganization	(v) Amount of monetary	(vi) Amount of
	ty Hame of supported organization	(11) 2.114	(described on lines 1-10	listed in you	ır governing	support (see	other support (see
	above (see instructions)) document? instructions) instructions)						
	•			Yes	No		
(A)							
~, 							
(B)				,			1
							<del></del>
(C)							
(D)							· · · · · · · · · · · · · · · · · · ·
							<del></del>
E)						]	

Schedule A (Form 990 or 990-EZ) 2016 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2012 (c) 2014 (f) Total **(b)** 2013 (d) 2015 **(e)** 2016 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 122,204 162,514 227,372 158,135 413,663 1,083,888 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 5. . . . 122,204 1,083,888 162,514 227,372 158,135 413,663 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 c Add lines 7a and 7b . . . . . . Public support. (Subtract line 7c from 1,083,888 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Amounts from line 6 . . . . 122,204 162,514 227,372 158,135 413,663 1,083,888 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 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . . Total support. (Add lines 9, 10c, 11, and 12.) . . . . . . . . . . . 122,204 162,514 227,372 158,135 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f) . . . . . . 100 % 15 Public support percentage from 2015 Schedule A, Part III, line 15 . . . . 100 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f) . . . . 17 0 % 

331/3% support tests-2016. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . b 331/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331,2%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2016

18

0 %

▶ □

SCHEDULE (Form 990)

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

Complete if the organization answered "Yes" on 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.

OMB No. 1545-0047 2016

Open to Public Inspection

**%**□

Employer Identification number ✓ 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 . . . . . . . . . . . . Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? VIDEO VERACITY, INC
Part 1 General Information on Grants and Assistance Department of the Treasury Internal Revenue Service Name of the organization

Part II Grants and Other Assistance to Domestic Organ 990, Part IV, line 21, for any recipient that received I	sistance to Do or any recipient	mestic Organiz	ations and Domore than \$5,000.	estic Governm Part II can be d	ients. Complete if uplicated if additic	<b>izations and Domestic Governments.</b> Complete if the organization answered "Yes" on Form more than \$5,000. Part II can be duplicated if additional space is needed.	/ered "Yes" on Form
1 (a) Name and address of organization or government	( <b>b</b> ) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ALL OF THEM WITCHES LLC	47-5436514		36,441,19				produce documentary film
(2) BUCK IT LLC 3020 ROYAL ST. N.O LA 70117	47-5684799		6,860.00				produce documentary film
(3) CLAIBORNE AVE HISTORY PRO 1006 KERLEREC ST, N.O., LA 70116	47-5076619		6,272.00				produce documentary film
(4) Curve of Time LLC 7901 Belfast St., N.O., LA 70125	81-1260932		24,831.73				produce documentary film
(5) DEAMY FILMS LLC 11 PATRICIA CT., LULING, LA 70070	81-1328200		10,013.65				produce documentary film
(6) OMAR KHAYYAM LLC 1129 MONTEGUT ST., N.O., LA 70117	81-0927238		14,747.63				produce documentary film
(7) SERENDIPITY FILMS 1736 STOCKTON ST., STE 3	20-1115749		106,001.53				produce documentary film
(8) SAN FRANCISCO, CA 94133							
(9) SPIRIT TIDE LLC 7901 Belfast St., N.O., LA 70125	81-0935611		67,130.00				produce documentary film
(10) TRUE MOVEMENT PROD LLC 3020 ROYAL ST, N.O., LA 70117	27-4482006		33,320.00				produce documentary film
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	501(c)(3) and gov	emment organiza	tions listed in the li	ne 1 table			0

Schedule I (Form 990) (2016)

Cat. No. 50055P

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

Schedule I (Form 990) (2016)

Schedule I (Form 990) (2016) (f) Description of noncash 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" on 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 noncash assistance 77,386.93 (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients 2 most expenses here went directly to production 1 To assist in production of documentary films; 4 camera and sound crew, and editing staff 3 and post-production expenses such as (a) Type of grant or assistance Part IV Part III S 9

#### **SCHEDULE 0** (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 2016

**Employer identification number** 

▶ Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

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)
that will or are collectively reaching audiences numbering in the hundreds of thousands, or in some c	ases millions, via film festivals,
broadcasts, cablecasts, online streaming & other distribution, disc-based distribution, classroom exhi	Ibition, and theatrical showings:
· Buckjumping, a film on dance traditions in New Orleans, received 9,232.50 and continued in product	ion.
· Scar Story, a film on overcoming cancer, received 36,441.19 and continued in production.	
· Welmon, a film on a long-time eccentric Louisiana folk artist, received 10,013.65 and continued in pro-	oduction.
· Saints Go Marching, a film on New Orleans funeral traditions over the past 300 years, received 67,130	0.00 and continued in production.
· Women on the Curve of Time, a film on nuns in the Catholic Church, received 24,831.73 and continue	ed in pre-production.
Allen Toussaint: The Songwriter Tapes, a documentary on songwriter/producer Toussaint, filmed from	n 1980-2004, received 14,747.63 and
continued in post-production.	
• The Claiborne Avenue history project, a documentary on one of New Orleans' famous largely African	-American business and residential
corridors that was highly affected by construction of Interstate 10 in the 1960s, received 6,272.00 and	continued in production.
· Free For All, a film and transmedia project on the history and importance of public libraries nationwise	de, received 198,001.53 and
continued in post-production; the film was awarded an NEH grant to aid completion.	
· Give Light, a film on midwives worldwide, received 313.33 and continued in post-production.	
· Bayou Maharajah, a film on legendary New Orleans genius plano player and teacher James Booker, r	received 478.93 and continued in
distribution with many successful screenings and other viewings	
· Mossville, a film on an African-American Louisiana town settled by former slaves, received 33,320.00	and continued in post-production.
• The Southeastern Media Preservation Lab received 2,790.26 and continued restoring and preserving	important and culturally significant
historical film & tape recordings - both raw footage and finished programs - with subjects such as Rog	ger Dickerson and Ken Harrison,
and filmmaker Stevenson Palfi.	
Other film projects received 865.12 and continued in production.	
CONTINUED ON PAGE 2	

Form 990, Part VI, Section C, Line 19: All documents are available to the public upon request.

END OF SCHEDULE O