Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

DLN: 93493196045820 OMB No. 1545-0047

2018

Open to Public Inspection

		enue Servic	· ·					
			calendar year, or tax year begin C Name of organization	ning 09-01-2018 , and ending 08-3	31-2019	5.5		
		ipplicable: change	NATL ACADEMY OF TV ARTS & SCIE	NCES				ication number
□ Na		-				23-2164	1733	
☐ Ini		-	Doing business as					
		n/terminate				E Telephon	e number	
		d return on pendin	95 OVEDLOOK CIRCLE	ail is not delivered to street address) Room/s	uite			
— Ар	piicati	on pendin	City or town, state or province, cour	stry, and ZIP or foreign postal code		(610) 8:	59-8886	
			GARNET VALLEY, PA 19061	in y, and 21 or foreign postar code		G Gross red	cainte ¢ 36	50 065
			F Name and address of principa	Lofficer	Ш(а) т			
			ERIC HEISLER	i omeer.		s this a group ret subordinates?	turn for	□Yes ☑ No
			134 N WAYNE AVE WAYNE, PA 19087			Are all subordinat	es	Yes No
I Ta:	x-exer	mpt status	•	σ Πσσ Πσσ	┤ `´ï	ncluded?		
_				(insert no.) 4947(a)(1) or 527		f "No," attach a l Group exemption	•	•
J W	ebsii	te:▶ nt	tp://www.natasmid-atlantic.org/		"(")	stoup exemption	Humber	
K Forr	n of o	rganization	n: 🗹 Corporation 🗌 Trust 🔲 Asso	ciation ☐ Other ►	L Year of	formation: 1955	M State	of legal domicile: PA
Pa	art I		nmary	unant significant activities.				
			escribe the organization's mission of SIONAL ASSOCIATION FOR TV INDU					
၁င	-							
E	-							
Ver	ੑ	Charle th	-i- b-v • i6 +bii	continued its operations or disposed of		250/ of its not a		
Governance			of voting members of the governin			25 % OF Its Het as	3	27
	4	Number	of independent voting members of	the governing body (Part VI, line 1b)			4	27
Activities &	5	Total nu	mber of individuals employed in cal	lendar year 2018 (Part V, line 2a)			5	1
3	6	Total nu	imber of volunteers (estimate if nec	essary)			6	10
Ac	7a	Total un	related business revenue from Part	VIII, column (C), line 12			7a	0
	ь	Net unre	elated business taxable income fron	n Form 990-T, line 34			7b	0
Revenue						Prior Year		Current Year
	8	Contribu	itions and grants (Part VIII, line 1h)			57,2	235	53,414
	9	Program	n service revenue (Part VIII, line 2g)			180,7	748	287,591
ðΛċ	10	Investm	ent income (Part VIII, column (A), li	ines 3, 4, and 7d)		1,0	39	1,388
<u>~</u>	l		evenue (Part VIII, column (A), lines !			11,3	372	27,572
	l			st equal Part VIII, column (A), line 12)		250,3	394	369,965
	13	Grants a	and similar amounts paid (Part IX, c	olumn (A), lines 1–3)				0
	14	Benefits	paid to or for members (Part IX, co	olumn (A), line 4)				0
S.	15	Salaries	, other compensation, employee be	nefits (Part IX, column (A), lines 5-10)		66,0	081	68,374
Expenses	16a	Professi	ional fundraising fees (Part IX, colur	nn (A), line 11e)				0
e d	ь	Total fund	draising expenses (Part IX, column (D), I	ine 25) ▶ 0				
Щ	17	Other ex	xpenses (Part IX, column (A), lines :	11a-11d, 11f-24e)		175,0	82	241,147
	18	Total ex	penses. Add lines 13–17 (must equ	al Part IX, column (A), line 25)		241,1	163	309,521
	19	Revenue	e less expenses. Subtract line 18 fro	om line 12		9,2	231	60,444
% & ⊗					Begin	ning of Current Y	ear	End of Year
anc anc								
Net Assets or Fund Balances	l		sets (Part X, line 16)			314,5	545	374,987
₹ ₩	l		bilities (Part X, line 26)					0
			ets or fund balances. Subtract line 2	21 from line 20		314,5	545	374,987
	rt II		nature Block neriury I declare that I have exami	ined this return, including accompanying	r schedule	s and statements	and to	the hest of my
knowl	ledge	and beli		Declaration of preparer (other than off				
any k	nowle	edge.						
		****	**			2019-05-06		
Sign		Signa	ture of officer			Date		
Here		ERIC	HEISLER CHAPTER PRESIDENT					
		Туре	or print name and title					
			Print/Type preparer's name		Date		PTIN	<u> </u>
Paid	t				2020-07- 1 4	self-employed	00219389	
Pre		er	Firm's name LUTZ & TRAVERS PC			Firm's EIN ►		
Use		H	Firm's address ► 633 SWEDESFORD ROA	ND		Phone no. (610) 9	993-8340	
			FRAZER, PA 19355					
M	he T	ا مانم مان		vn abovo2 (coo imateriation -)		1		es 🗆 No
			s this return with the preparer shoved aduction Act Notice, see the sep	•	· ·	No. 11282Y	₹	Form 990 (2018)
					cat.			(4U10)

Form	990 (2018)					Page 2
Pa	rt III Statement	of Program Service	Accomplis	hments		
	Check if Sche	dule O contains a respor	nse or note to a	any line in this Part III		🗹
1	Briefly describe the o	organization's mission:				
PROF	ESSIONAL ASSOCIATI	ION FOR TV INDUSTRY				
_	B. I. I.					
2	-	undertake any significar	it program serv	- ,	hich were not listed on	☐ Yes ☑ No
	the prior Form 990 o	⊔ Yes ⊻ No				
_	•	ese new services on Sch				
3	3	cease conducting, or ma	•	changes in how it condi	ucts, any program	
	services?	🗌 Yes 🗹 No				
	If "Yes," describe the	ese changes on Schedule	О.			
4	Section $501(c)(3)$ an		ns are required	to report the amount of	largest program services, as measu of grants and allocations to others, t	
4a	(Code:) (Expenses \$	182,064	including grants of \$) (Revenue \$	285,622)
	See Additional Data					
4b	(Code:) (Expenses \$	94,487	including grants of \$) (Revenue \$	72,960)
	See Additional Data					
4c	(Code:) (Expenses \$	6,179	including grants of \$) (Revenue \$	10,021)
	See Additional Data					
	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
	WEBSITE ALLOWS FOR	DISEMINATION OF INFORMA	ATION TO OUR MI	EMBERS		
4d	Other program servi	ces (Describe in Schedul	e O.)			
	(Expenses \$	inclu	ding grants of	\$) (Revenue \$)
4e	Total program serv	vice expenses >	282,7	30		

15

16

18

19

21

13

14a

14b

15

16

17

18

19

20a

20b

21

22

Nο

Nο

No

Nο

Nο

Nο

No

Νo

No

Nο

Nο

Form 990 (2018)

Pa	t IV 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	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
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		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional.	12b		No

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

orm	990 (2018)			Page 4
Par	Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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		
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		No
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		No
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
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, Part VI	37		No
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	Yes	

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

1a

1b

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a.Enter -0- if not applicable .

Yes

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0

0

No

b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		_			
12a	2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
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.						
а	Is the organization licensed to issue qualified health plans in more than one state? 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	l					

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

13b

13c

14a

14b

15

No

Form 990 (2018)

orm	aao (5018)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	" respoi	nse to l	ines 🔽
Se	ction A. Governing Body and Management			
4 -		\vdash	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 27			
	If there are material differences in voting rights among members of the governing			
	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
	1b 27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a		No
b	Each committee with authority to act on behalf of the governing body?	8b		No
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code.		
			Yes	No
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a 10b		No
4 -	and branches to ensure their operations are consistent with the organization's exempt purposes?	100		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
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		
3	Did the organization have a written whistleblower policy?	13		No
4	Did the organization have a written document retention and destruction policy?	14		No
5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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?			
6-		16b		
<u>5e</u> 7	ction C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶			
	<u>PA</u>			
.8	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
_	Own website Another's website Upon request Other (explain in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
.0	State the name, address, and telephone number of the person who possesses the organization's books and records: TARA FACCENDA 85 OVERLOOK CIRCLE GARNET VALLEY, PA 19061 (610) 859-8886			

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

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

• 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, or 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.

Lightharpoonup Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) (B) (C) (D) (F) (E) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person amount of other compensation compensation is both an officer and a week (list from the from related compensation any hours director/trustee) organization organizations from the for related (W- 2/1099-(W- 2/1099organization and Highest compensat employee Individual to or director Officer organizations MISC) MISC) related Institutional below dotted organizations employee line) trustee Trustee 5.00 (1) ERIC HEISLER C PRESIDENT 5.00 (2) WANDA SWANSON Х 0 VICE-PRESIDENT 5.00 (3) COREY MARTIN Х O 0 TREASURER 5.00 (4) LAURA MCHUGH Χ n SECRETARY 40.00 (5) TARA FACCENDA 63,000 Χ 0 CHAPTER ADMIN 5.00 (6) LEO MCCAFFERTY Х 0 n 0 VICE-PRESIDENT REGION 5.00 (7) MARIE CUSICK Χ 0 VICE-PRESIDENT REGION

Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	ne bo	ox, u n off or/ti	t che inles ficer rust	and a	son	Repo compe from organiz	D) ortable ensation m the ation (W- 9-MISC)	(E) Reportable compensatio from related organizations (2/1099-MISO	W-	Estima amount o compens from to	ited f other sation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			2,2030 1130		relate organiza	ed
сТ	Sub-Total	art VII , Section	Α				*			63,000		0		0
2	Total number of individuals (including of reportable compensation from the		to thos	e liste	ed al	bove	e) who	rece	eived mo	re than \$1	00,000			
3	Did the organization list any former of line 1a? If "Yes," complete Schedule 3				ey er		oyee, o	or hi	ghest cor	mpensated	employee on	3	Yes	No
4	For any individual listed on line 1a, is organization and related organization individual										n the	4		No No
5	Did any person listed on line 1a receiv services rendered to the organization	?If "Yes," compl							_		ividual for	5		No
	ection B. Independent Contract		d : J - :					LL C L			- #100 000 -£			
1	Complete this table for your five high- from the organization. Report comper											mpen	isation	
(A) Name and business address Description of services									(C) Compensation					
													l	

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

Form **990** (2018)

Part IX	Statement of Functional Expenses	
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or	m 990 (2018)				Page 10
	art IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	olumns. All other orga	nizations must comp	elete column (A).	
	Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	63,000	63,000	0	0
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				
	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	5,374	5,374	0	0
11	Fees for services (non-employees):				
i	a Management	4,228	128	4,100	0
ı	b Legal				
	c Accounting	9,800	9,800	0	0
	d Lobbying				
	e Professional fundraising services. See Part IV, line 17				
	f Investment management fees				
	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	7,554	0	7,554	0
	Information technology	9,668	0	9,668	0
	Royalties	,		,	
16	Occupancy				
	Travel	5,469	0	5,469	0
	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	182,064	182,064	0	0
	Interest				
	Payments to affiliates	1,756	1,756	0	0
	Depreciation, depletion, and amortization	1,730	1,730		<u> </u>
	· ' ' ' '	2.061	2.061	0	
	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.)	2,061	2,061	0	0
	a SCHOLARSHIPS & ED. PROGRAMS	6,179	6,179	0	0
	b PUBLIC RELATIONS	4,629	4,629	0	0
	c BANK/CREDIT CARD FEES	6,855	6,855	0	0
	d OTHER	884	884	0	0
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	309,521	282,730	26,791	0
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2018)

3

Assets

Liabilities

Fund Balances

Assets or 30

Net

27

28

29

31

32

33

34

End of year

(A)

Beginning of year

131,495

183,050

1

2

3

4

5

6

8

9

10c 11

12

13

14

15

16

17 18

19

20

21

22 23

24

25

27 28

29

30

31

32

33

34

314,545

314.545

314,545

0 26

314.545

Page **11**

215,548

159,439

374.987

374,987

374,987

374,987

Form **990** (2018)

С	ash-n	on-int	erest

1 -bearing . 2

Savings and temporary cash investments . . . Pledges and grants receivable, net . .

Accounts receivable, net . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Loans and other receivables from other disqualified persons (as defined under

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

Part II of Schedule L . . .

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 Notes and loans receivable, net Inventories for sale or use .

Prepaid expenses and deferred charges basis. Complete Part VI of Schedule D

10a

Less: accumulated depreciation 10b

10a Land, buildings, and equipment: cost or other Investments—publicly traded securities .

Investments—other securities. See Part IV, line 11 . Investments-program-related. See Part IV, line 11

11 12 13 14 Intangible assets 15 Other assets. See Part IV, line 11 . .

16

Total assets.Add lines 1 through 15 (must equal line 34) . . . 17 Accounts payable and accrued expenses

18 Grants payable . . 19 Deferred revenue . . .

20 Tax-exempt bond liabilities . . . 21 Escrow or custodial account liability. Complete Part IV of Schedule D

persons. Complete Part II of Schedule L .

22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 23 24

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties . and other liabilities not included on lines 17 - 24).

Other liabilities (including federal income tax, payables to related third parties,

Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 .

26

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Unrestricted net assets

Organizations that follow SFAS 117 (ASC 958), check here ▶ 📙 and complete lines 27 through 29, and lines 33 and 34.

Form	990 (2018)				Page 12
Pa	Reconcilliation 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			369,965
2	Total expenses (must equal Part IX, column (A), line 25)	2			309,521
3	Revenue less expenses. Subtract line 2 from line 1	3			60,444
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			314,545
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			-2
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			374,987
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				✓
2a	Accounting method used to prepare the Form 990:	on a	2a	Yes	
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	basis,			
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		No
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Audit Act and OMB Circular A-133?	-	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ired	3b		

Form **990** (2018)

Additional Data

Software ID: 18007482 Software Version:

EIN: 23-2164733

Name: NATL ACADEMY OF TV ARTS & SCIENCES

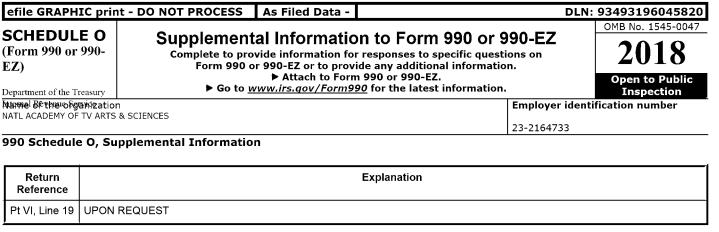
Form 990 (2018)

Form 990, Part III, Line 4a:

ANNUAL PRESENTATION OF REGIONAL AWARDS RECOGNIZING EXCELLANCE IN LOCAL NEWS AND TELEVISION PROGRAMMING. EVENT ATTENDANCE:600

Form 990, Part III, Line 4b: PROVIDING PROGRAM AND SEMINARS ON TOPICS RELATING TO PROFESSIONAL DEVELOPMENT OR CAREER ENHANCEMENT MEMBERSHIP: 860

Form 990, Part III, Line 4c: SCHOLARSHIP PROGRAM FOR HIGH SCHOOL STUDENTS AND NATIONAL STUDENT TELEVISION AWARD RECOGNITION PROGRAM.



990 Schedule O, Supplemental Information Return **Explanation** Reference

Pt XII, Line THE BOARD AS A WHOLE REVIEWS

990 Schedule O, Supplemental Information Return **Explanation** Reference Pt VI, Line 8a | MINUTES ARE TAKEN AT EACH MEETING

990 Schedule O, Supplemental Information Return **Explanation** Reference Pt VI, Line 8b | COMMITTEES DO NOT MAKE DECISIONS

990 Schedule O, Supplemental Information Return **Explanation** Reference Pt VI, Line 1a BOARD OF GOVERNORS AND TRUSTEES

990 Schedule O, Supplemental Information Return **Explanation** Reference Pt VI, Line SENT TO NATIONAL HQ

990 Schedule O, Supplemental Information Return Explanation Reference

Form 990,
Part III, Line
WEBSITE ALLOWS FOR DISEMINATION OF INFORMATION TO