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.

OMB No. 1545-0047 2019

DLN: 93493290010120

| Form 99 (|
|-------------------|
| Department of the |

Treasury Internal Revenue Service

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

Open to Public Inspection

| A F | or the | e 2019 c | alendar year, or tax year begin | ning 01-01-2019 , and ending 12- | 31-201 | 9 | | | | | |
|--------------------------------|-----------|---|--|--|--------------|-------------------|--------------------|------------|--------------|-----------|--|
| | | pplicable: | C Name of organization | • | | | D Emplo | yer ident | ification r | number | |
| | | change | NATIONAL ACADEMY OF TELEVISION | N ARTS AND SCIENCES OHIO VALLEY | | | 51-02 | 04053 | | | |
| | me cha | - | Doing business as | | | | 31 02 | 0 1033 | | | |
| | tial ret | | • | | | | | | | | |
| | | n/terminated I return | | ail is not delivered to street address) Room/s | uite | | E Telepho | one numbe | er | | |
| | | on pending | PO BOX 24796 | , i | | | (937) | 233-330 | 3 | | |
| | | | City or town, state or province, cour | ntry, and ZIP or foreign postal code | | | | | | | |
| | | | DAYTON, OH 45424 | | | | G Gross | eceipts \$ | 283,031 | | |
| | | | F Name and address of principa | l officer: | H(a |) Is this | a group r | eturn for | | | |
| | | | CHERIE HOUSLEY 6824 EVERGREEN CIRCLE | | | | inates? | | | Yes 🗹 No | |
| | | | DAYTON, OH 45424 | | _ Н(ь |) Are all include | subordin | ates | | Yes 🗆 No | |
| Ta: | x-exen | npt status: | 501(c)(3) ☑ 501(c)(6) | (insert no.) 4947(a)(1) or 527 | | | u: " attach a | list. (se | e instruct | ions) | |
| J W | ebsit | e:▶ WV | VW.OHIOVALLEYEMMY.ORG | . , , , , , , , , , , , , , , , , , , , | H(c | | exemptio | • | | , | |
| | | | | | | | | | | | |
| K Forr | n of or | ganization | : 🗹 Corporation 🗌 Trust 🔲 Asso | ciation Other | L Yea | r of format | ion: 1962 | M Stat | e of legal c | lomicile: | |
| Б- | | S | | | | | | | | | |
| Pa | arti | | mary scribe the organization's mission o | r most significant activities: | | | | | | | |
| a. | | | | ND PROFESSIONALISM IN TELEVISION | PRODU | CTION. | | | | | |
| ဋ | - | | | | | | | | | | |
| E | | | | | | | | | | | |
| <u>¥</u> | , | Check th | is box ▶ ☐ if the organization dis | continued its operations or disposed of | more th | an 25% | of its net | assets. | | | |
| 3 | | | | g body (Part VI, line 1a) | | | 01 100 1100 | З | | 20 | |
| න් ග | 4 | Number | of independent voting members of | the governing body (Part VI, line 1b) | | | | 4 | | 20 | |
| Ě | 5 | Total nur | mber of individuals employed in ca | lendar year 2019 (Part V, line 2a) . | | | | 5 | | 0 | |
| Activities & Governance | 6 | Total nur | mber of volunteers (estimate if nec | essary) | | | | 6 | | 300 | |
| Ac | 7a | Total unr | related business revenue from Part | VIII, column (C), line 12 | | | | 78 | 1 | 0 | |
| | ь | Net unre | lated business taxable income fron | n Form 990-T, line 39 | | | | 71 | , | 0 | |
| | | | | | | Prio | r Year | | Currer | nt Year | |
| α. | 8 | Contribut | tions and grants (Part VIII, line 1h) | | | | | | | 0 | |
| Ravenue | 9 | 9 Program service revenue (Part VIII, line 2g) | | | | | | | | 283,031 | |
| λċ | 10 | Investme | ent income (Part VIII, column (A), I | ines 3, 4, and 7d) | | | | | | 0 | |
| <u> </u> | 11 | Other rev | venue (Part VIII, column (A), lines ! | 5, 6d, 8c, 9c, 10c, and 11e) | | | | | | 0 | |
| | 12 | Total rev | enue—add lines 8 through 11 (mu | st equal Part VIII, column (A), line 12) | | | 256 | ,840 | | 283,031 | |
| | _ | | nd similar amounts paid (Part IX, c | | | | 3 | ,000 | | 3,000 | |
| | 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) | | | 53 | ,792 | 55,304 | | |
| ารย | 16a | Profession | onal fundraising fees (Part IX, colur | mn (A), line 11e) | | | | | | 0 | |
| Expenses | ь | Total fund | raising expenses (Part IX, column (D), I | line 25) ▶0 | | | | | | | |
| Щ | 17 | Other ex | penses (Part IX, column (A), lines | 11a-11d, 11f-24e) | | | 194 | ,486 | | 228,620 | |
| | 18 | Total exp | penses. Add lines 13–17 (must equ | ıal Part IX, column (A), line 25) | | | 251 | ,278 | | 286,924 | |
| | 19 | Revenue | less expenses. Subtract line 18 fro | om line 12 | | | 5 | ,562 | | -3,893 | |
| & ⊘ | | | | | Ве | ginning | f Current | Year | End o | of Year | |
| Net Assets or Fund Balances | | | | | | | | | | | |
| Ba | 20 | Total ass | sets (Part X, line 16) | | | | 173 | ,852 | | 169,959 | |
| 돌 | l | | oilities (Part X, line 26) | | | | | | | 0 | |
| Zū | 22 | | ts or fund balances. Subtract line 2 | 21 from line 20 | | | 173 | ,852 | | 169,959 | |
| | ırt II | | ature Block | ined this return, including accompanying | | | | + | - +b- b | | |
| | | | | . Declaration of preparer (other than off | | | | | | | |
| any k | nowle | edge. | | | | | | | | | |
| | | **** | * | | | 2020 | -07-07 | | | | |
| Sign | | Signat | cure of officer | | | Date | 07 07 | | | | |
| Here | | CHEDI | E HOUSI EV EVECUTIVE DIDECTOR | | | | | | | | |
| | | | E HOUSLEY EXECUTIVE DIRECTOR or print name and title | | | | | | | | |
| | | | Print/Type preparer's name | Preparer's signature | Date | | | PTIN | | | |
| Paid | 1 | | | | | I | k ∐ if employed | P010063 | 24 | | |
| | a pare | er 📙 | Firm's name Van Gorder Walker & C | Company Inc | | | 's EIN ► | | | | |
| | On | ь. ⊢ | Firm's address > 224 C DIVIE HIGHWAY | | | F: | | \ 404 === | 0 | | |
| | J.11 | ا ر. | Firm's address > 3216 DIXIE HIGHWAY | | | Phon | e no. (859 |) 431-0/0 | U | | |
| | | | ERLANGER, KY 41018 | | | | | | | | |
| May + | he IP | S discuss | this return with the preparer show | vn above? (see instructions) | | | | √ | Vac | No | |

| Form | 990 (2019) | | | | Page 2 |
|------|----------------------|---|--|---|------------------------------|
| Pa | t III Statemer | nt of Program Service Acc | omplishments | | |
| | Check if Scl | hedule O contains a response or | note to any line in this Part III | | 🗆 |
| 1 | Briefly describe the | e organization's mission: | | | |
| EMMY | AWARDS TO PROM | 10TE CREATIVITY AND PROFESS | IONALISM IN TELEVISION PRODUCTION | ON. | |
| | | | | | |
| | | | | | |
| 2 | - | , - | gram services during the year which w | ere not listed on | |
| | • | or 990-EZ? | | | ☐ Yes 🗹 No |
| | * | these new services on Schedule | | | |
| 3 | Did the organization | ny program | | | |
| | services? | 🗌 Yes 🗹 No | | | |
| | If "Yes," describe t | hese changes on Schedule O. | | | |
| 4 | Section 501(c)(3) | nization's program service accon and 501(c)(4) organizations are enue, if any, for each program s | plishments for each of its three larges required to report the amount of gran ervice reported. | t program services, as measur ts and allocations to others, th | red by expenses. ne total |
| 4a | (Code: |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | See Additional Data | | | | |
| | | | | | |
| 4b | (Code: |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | | |
| | = | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 4c | (Code: |) (Evnences # | including graphs of th |) (Revenue \$ |) |
| 40 | (Code. |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | - | | | | |
| 4d | . • | rvices (Describe in Schedule O.) | | | _ |
| | (Expenses \$ | including g | grants of \$) (| Revenue \$ |) |
| 4e | Total program se | ervice expenses ► | | | |

16

17

18

19

No

Nο

Nο

Nο

Nο

Nο

Nο

Form **990** (2019)

15

16

17

18

19

20a

20b

21

| Pai | TIV Checklist of Required Schedules | | | |
|-----|--|-----|-----|----|
| | · | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 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? <i>If "Yes," complete Schedule C, Part II</i> | 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 | Yes | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III </i> | 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. | | | |
| а | 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 |
| C | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | 11c | | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | 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 |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | 14b | | No |

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

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

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

lines 1c and 8a? If "Yes," complete Schedule G, Part II

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

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

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|-----|--|-----|-----|--------|
| Par | Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | No |
| | 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 |
| | 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 | | |
| | 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 | | |
| | 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? <i>If "Yes," complete Schedule L, Part I</i> | 25b | | |
| | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | No |
| | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III | 27 | | No |
| | 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | | No |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | No |
| c | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No |
| 9 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | No |
| | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No |
| 2 | 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 |
| 3 | 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 | | No |
| 4 | 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 |
| 5a | 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 | | |
| 6 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | |
| 7 | 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 |
| 88 | 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 | |

| Par | Statements Regarding Other IRS Filings and Tax Compliance (continued) | | |
|-----|--|-----------------|----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 0 | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | No |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | No |
| 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 | No |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | No |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor? | es 7a | |
| 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 | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | _ | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | _ | |
| 11 | Section 501(c)(12) organizations. Enter: Gross income from members or shareholders | | |
| _ | Gross income from members or shareholders | \dashv \mid | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | - | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | ľ |
| b | Note. See the instructions for additional information the organization must report on Schedule O. 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 | | |
| С | Enter the amount of reserves on hand | + $+$ | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | No |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? | | No |
| 16 | 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? If "Yes," complete Form 4720, Schedule O. | 16 | No |

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|-----|---|------------|-----------|-------------------|
| 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 | • | onse to i | lines V |
| Se | ction A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 20 | | | |
| | 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 20 | | | |
| 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 | Yes | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7 b | | 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 | Yes | |
| ь | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |
| Se | ction B. Policies (This Section B requests information about policies not required by the Internal Revenue | e Code | e.) | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | No |
| | 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 | | |
| 11a | 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 | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | No |
| | 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 | | No |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | 1 | 103 | |
| a | The organization's CEO, Executive Director, or top management official | 15a | | No |
| | 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). | | | .,,, |
| 162 | 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 |
| ь | 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? | 16b | | |
| Se | ction C. Disclosure | 100 | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed▶ | | | |
| - | ОН | | | |
| 18 | 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 \square Another's website $ extbf{Y}$ Upon request \square Other (explain in Schedule O) | | | |
| 19 | 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. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records: •CHERIE HOUSLEY 6824 EVERGREEN CIRLCE DAYTON, OH 45424 (937) 233-3303 | | | |

BOARRD OF GOVERNORS

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

- 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, of reportable compensation from the organization | | | | | | sated | em | ployees who receive | ed more than \$100 | ,000 |
|--|---|-----------------------------------|--------------------------|-------------------------------|-----------------------|------------------------------|-----------|---|--|---|
| • List all of the organization's former directo organization, more than \$10,000 of reportable co | ompensation fro | m the | | | | | | | | |
| See instructions for the order in which to list the | • | | | | | | | | | |
| Check this box if neither the organization no (A) Name and title | (B) Average hours per week (list any hours | Position that pers | on (do an on on is | (C) o not e bot both | t cho x, u h an | | ore er | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation from the |
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099- MISC) | (W-2/1099- MISC) | organization and related organizations |
| (1) DAVID BRINKLEY PRESIDENT | 1.00 | | | x | | | | 0 | 0 | 0 |
| (2) JULIE DAVIS TREASURER | 1.00 | | | x | | | | 0 | 0 | 0 |
| (3) AARON ELLIS SECRETARY | 1.00 | | | × | | | | 0 | 0 | 0 |
| (4) JACKIE SHAFER BOARD OF GOVERNORS | 1.00 | х | | | | | | 0 | 0 | 0 |
| (5) ROY FLYNN NATIONAL TRUSTEE | 1.00 | х | | | | | | 0 | 0 | 0 |
| (6) NANCY COX NATIONAL TRUSTEE | 1.00 | Х | | | | | | 0 | 0 | 0 |
| (7) CHARLIE BAGLAN BOARD OF GOVERNORS | 1.00 | Х | | | | | | 0 | 0 | 0 |
| (8) ROB BUSBY JR BOARD OF GOVERNORS | 1.00 | Х | | | | | | 0 | 0 | 0 |
| (9) LYNNETTE CARLINO BOARD OF GOVERNORS | 1.00 | Х | | | | | | 0 | 0 | 0 |
| (10) JENNIFER KISER BOARD OF GOVERNORS | 1.00 | Х | | | | | | 0 | 0 | 0 |
| (11) GILBERT CORSEY BOARD OF GOVERNORS | 1.00 | Х | | | | | | 0 | 0 | 0 |
| (12) BRYNN DELANGE BOARD OF GOVERNORS | 1.00 | Х | | | | | | 0 | 0 | 0 |
| (13) SUSAN DINKEL BOARD OF GOVERNORS | 1.00 | Х | | | | | | 0 | 0 | 0 |
| (14) LENA DUNCAN BOARD OF GOVERNORS | 1.00 | х | | | | | | 0 | 0 | 0 |
| (15) MARIA DURANT BOARD OF GOVERNORS | 1.00 | х | | | | | | 0 | 0 | 0 |
| (16) ECHO GAMEL BOARD OF GOVERNORS | 1.00 | х | | | | | | 0 | 0 | 0 |
| (17) DAVE MEDLEY | 1.00 | Х | | | | | | 0 | 0 | 0 |

Part VII

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

(A) (B) (C) (D) (E) (F)

Page 8

(B) (C) (D) Name and title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Individual trustee or director Former Highest compensated employee organizations MISC) MISC) related Institutional Trustee below dotted organizations employee line) (18) JIM TIMMERMAN 1.00 BOARD OF GOVERNORS (19) JOHN SIMPSON 1.00 O BOARD OF GOVERNORS (20) CHRIS WILLAIMS 1.00 0 BOARD OF GOVERNORS (21) CHERIE HOUSLEY 40.00 Х 52,304 0 EXECUTIVE DIRECTOR \blacktriangleright c Total from continuation sheets to Part VII, Section A . . . 52,304 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on 3 line 1a? If "Yes," complete Schedule J for such individual . 3 Nο 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . 4 Nο 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person . . . 5 No Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (B) (C) Name and business address Description of services Compensation

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 >

| orm 9 Part | | (2019) | of Revenue | | | | | | Page 9 |
|---|-----|--|---------------------------------------|---------------|---------------------|--------------------------|--|--------------------------------|--|
| - Tairi | VII | | | a respo | onse or note to any | / line in this Part VIII | | | 🗆 |
| | | | | - F V | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| , y | 1 | a Federated campa | aigns | 1a | | | revenue | | 012 011 |
| Contributions, Gifts, Grants and Other Similar Amounts | | b Membership due | s | 1b | | | | | |
| <u>.</u> | | c Fundraising ever | nts | 1c | | | | | |
| ifts, ar A | | d Related organiza | itions | 1d | | | | | |
| 3,0 | | e Government grants | | 1e | | | | | |
| io I Si | | f All other contribution and similar amount | ons, gifts, grants, s not included | 1f | | | | | |
| but the | | aboveg Noncash contribution | ons included in | _ <u></u> - | | | | | |
| a di | | lines 1a - 1f:\$ | | 1 g | | | | | |
| <u>ප</u> | | h Total. Add lines | 1a-1f | | • | | | | |
| | | | | | Business Code | 10,375 | | | |
| au | 2 | a ITEM SALES | | | 515100 | 10,375 | | 0 | 0 |
| enue | Ŀ | MEMBER DUES | | | 515100 | 45,180 | | 0 | 0 |
| es Se | _ | ENTRY FEES | | | - | 167,205 | | 0 | 0 |
| vice | ۱ | U CHINITIES | | | 515100 | | | | |
| Se | c | EVENT TICKETS | | | 515100 | 54,855 | | 0 | 0 |
| Program Service Revenue | 6 | a AD SALES | | | 515100 | 2,350 | | 0 | 0 |
| Prog | | | | | 313100 | | | | |
| _ | f | f All other program | service revenue | | | 3,066 | | 0 | 0 |
| | | J Total. Add lines | | | 283,031 | | , | | |
| | 3 | Investment income similar amounts) . | e (including divid | ends, i • | | • | | | |
| | | Income from invest | | | ond proceeds | > | | | |
| | 5 | Royalties | | | | • | | | |
| | | | (i) Re | al | (ii) Personal | | | | |
| | | a Gross rents | 6a | | | | | | |
| | b | Less: rental expenses | 6b | | | | | | |
| | С | Rental income | | | | | | | |
| | | or (loss) d Net rental income | 6c | | | _ | | | |
| | | a Net rental income | (i) Secui | | (ii) Other | | | | |
| | 78 | a Gross amount | 7a | | | | | | |
| | | from sales of assets other than inventory | ' | | | | | | |
| | b | | | | | | | | |
| | _ | other basis and sales expenses | 7b | | | | | | |
| | | Gain or (loss) | 7c | | | | | | |
| | | d Net gain or (loss) | | | | | | | |
| a) | 88 | a Gross income from fu (not including \$ | | | | | | | |
| n w | | contributions reporte | | | | | | | |
| Other Revenue | | See Part IV, line 18 | | 8a | | | | | |
| erF | | b Less: direct exper c Net income or (los | | 8b sing ev | ents 🕨 | | | | |
| ot H | | (| , | | | | | | |
| _ | 9a | Gross income from See Part IV, line 19 | gaming activities | 9a | | | | | |
| | ı | b Less: direct exper | ises | 9b | | | | | |
| | | c Net income or (los | | activit | ies 🕨 | | | | |
| | 10 | aGross sales of inv | entory less | | | | | | |
| | -0 | returns and allowa | ances | 10a | | | | | |
| | ı | ${f b}$ Less: cost of good | ls sold | 10b | | | | | |
| | • | C Net income or (los | ss) from sales of ous Revenue | invent | ory ► Business Code | | | | |
| | 1: | 1a | vas veseune | | Dusiness Code | - | | | |
| | | | | | | | | | |
| | ı | b | | | | | | | |
| | | | | | | | | | |
| | • | с | | | | | | | |
| | | | | | | | | | |
| | | d All other revenue | | | | | | | |
| | | e Total. Add lines 1 | | | • | | | | |
| | 12 | 2 Total revenue. S | See instructions | • • | • • • • | 283,031 | 283,031 | (| |
| | _ | | | | | | | | Form 000 (2010) |

| Form 990 (2019) Part IX Statement of | of Functional Expenses | | | | Page 10 |
|--|--|------------------------|------------------------------------|---|---------------------------------------|
| | (3) and 501(c)(4) organizations must co | omplete all columns. | All other organizatio | ns must complete colu | ımn (A). |
| Check if Sched | ule O contains a response or note to any | / line in this Part IX | | | 🗆 |
| Do not include amounts r 7b, 8b, 9b, and 10b of Par | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| | ance to domestic organizations and See Part IV, line 21 | | | | |
| | ance to domestic individuals. See | | | | |
| governments, and forei | ance to foreign organizations, foreign gn individuals. See Part IV, lines 15 | 3,000 | 3,000 | | |
| 4 Benefits paid to or for n | nembers | | | | |
| | nt officers, directors, trustees, and | 52,304 | 52,304 | 0 | 0 |
| defined under section 4 | ded above, to disqualified persons (as 958(f)(1)) and persons described in | | | | |
| 7 Other salaries and wage | es | 3,000 | 3,000 | 0 | 0 |
| | nd contributions (include section 401 er contributions) | | | | |
| 9 Other employee benefit | s | | | | |
| 10 Payroll taxes | | | | | |
| 11 Fees for services (non- | employees): | | | | |
| a Management | | | | | |
| b Legal | | | | | |
| c Accounting | | 1,268 | 1,268 | 0 | ı |
| d Lobbying | | | | | |
| e Professional fundraising | services. See Part IV, line 17 | | | | |
| f Investment manageme | nt fees | | | | |
| | int exceeds 10% of line 25, column g expenses on Schedule O) | | | | |
| 12 Advertising and promot | ion | | | | |
| 13 Office expenses | | 1,246 | 1,246 | 0 | |
| 14 Information technology | | | | | |
| 15 Royalties | | | | | |
| 16 Occupancy | | | | | |
| 17 Travel | | | | | |
| 18 Payments of travel or e federal, state, or local p | ntertainment expenses for any public officials | | | | |
| 19 Conferences, conventio | ns, and meetings | 4,084 | 4,084 | 0 | |
| 20 Interest | | | | | |
| 21 Payments to affiliates | | | | | |
| 22 Depreciation, depletion, | , and amortization | | | | |
| 23 Insurance | | | | | |
| miscellaneous expenses | e expenses not covered above (List s in line 24e. If line 24e amount , column (A) amount, list line 24e D.) | | | | |
| a EMMY PRODUCTION | | 57,114 | 57,114 | 0 | (|
| b EMMY ADMINISTRATION | ON | 50,833 | 50,833 | 0 | ı |
| c CHAPTER ADMINISTR | ATION | 29,928 | 29,928 | 0 | 1 |
| d EMMY DINNER | | 59,171 | 59,171 | 0 | (|
| e All other expenses | | 24,976 | 24,976 | 0 | (|
| 25 Total functional expe | nses. Add lines 1 through 24e | 286,924 | 286,924 | 0 | C |
| reported in column (B) educational campaign a | this line only if the organization joint costs from a combined nd fundraising solicitation. | | | | |
| Check here $ ightharpoonup$ if fo | llowing SOP 98-2 (ASC 958-720). | | | | |

Form 990 (2019)

31

32

33

(B) End of year

| Check if Schedule O contains a response or note to any line in this Part IX $$. | | | | | | | | |
|--|---|-------|--------------------|---------------------|------|--|--|--|
| | Е | Begiı | (<i>A</i> nnin | \) g of : | year | | | |

173.852 169,959 1 Cash-non-interest-bearing 2 2 Savings and temporary cash investments . . . Pledges and grants receivable, net . . . 3 3

4 Accounts receivable, net . Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled 5 Loans and other receivables from other disqualified persons (as defined under

section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6 7 Notes and loans receivable, net . . . Assets 8 Inventories for sale or use . Prepaid expenses and deferred charges . 9 10a Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D

10b 10c **b** Less: accumulated depreciation 11 11 Investments—publicly traded securities . 12 12 Investments—other securities. See Part IV, line 11 . . . 13 13 Investments—program-related. See Part IV, line 11 . 14 14 Intangible assets . . .

15 15 Other assets. See Part IV, line 11 . . . 173,852 16 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 169,959 17 Accounts payable and accrued expenses . 17 18 18 Grants payable .

19 19 Deferred revenue . . . 20 Tax-exempt bond liabilities . . 20

21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key

Liabilities employee, creator or founder, substantial contributor, or 35% controlled entity 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 24 Unsecured notes and loans payable to unrelated third parties . 25

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 26 Total liabilities. Add lines 17 through 25 . . 26

Organizations that follow FASB ASC 958, check here ▶ complete lines 27, 28, 32, and 33. 27

27 Net assets without donor restrictions 28 28

Fund Balances Net assets with donor restrictions . Organizations that do not follow FASB ASC 958, check here 🕨 🗹 and

complete lines 29 through 33. 5 29 29 Capital stock or trust principal, or current funds . Assets 30 Paid-in or capital surplus, or land, building or equipment fund . . . 0 30

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances .

173.852

173,852

173,852

31

32

33

169.959

169,959

169.959

Form 990 (2019)

| Form | 990 (2019) | | | | Page 12 |
|------|---|---------|----|----------|----------------|
| Pa | Reconcilliation 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 | | | 283,031 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 286,924 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | -3,893 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | | 173,852 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | | | 169,959 |
| Pa | TXII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | Accounting method used to prepare the Form 990: | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | No |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: | on a | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | |
| 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: | basis, | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | |
| С | 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 | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sche | dule O. | | | |
| За | 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? | ngle | 3a | | No |
| Ь | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requiaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | red | 3b | | |

Additional Data

Software Version:

EIN: 51-0204053

Software ID: 19009670

Name: NATIONAL ACADEMY OF TELEVISION ARTS AND SCIENCES

OHIO VALLEY

Form 990 (2019)

Form 990, Part III, Line 4a:

EMMY AWARDS TO PROMOTE CREATIVITY AND PROFESSIONALISM IN TELEVISION PRODUCTION AND PROVIDE SHOLARSHIPS TO COLLEGE STUDENTS.

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

DLN: 93493290010120

Open to Public Inspection

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

| f the | Section 527 organizations: Complet e organization answered "Yes" or Section 501(c)(3) organizations that Section 501(c)(3) organizations that | n Form 990, Part IV, Line 4, or Form 9 t have filed Form 5768 (election under 9 t have NOT filed Form 5768 (election u n Form 990, Part IV, Line 5 (Proxy Ta s), then | 990-EZ, Part VI, lir section 501(h)): Co nder section 501(h | ne 47 (Lobbying Activities Implete Part II-A. Do not co III-B. Do III-B. D | omplete Part II-B. not complete Part II-A. |
|-------|--|---|--|---|--|
| Na | me of the organization FIONAL ACADEMY OF TELEVISION ARTS A | · | | Employer ider 51-0204053 | ntification number |
| Par | t I-A Complete if the orga | nization is exempt under section | on 501(c) or is | | zation. |
| 1 | Provide a description of the organ "political campaign activities") | ization's direct and indirect political car | mpaign activities ir | Part IV (see instructions f | for definition of |
| 2 | | litures (see instructions) | | > | \$ |
| 3 | | aign activities (see instructions) | | | |
| Par | t I-B Complete if the orga | nization is exempt under section | on 501(c)(3). | | |
| 1 | Enter the amount of any excise ta | ax incurred by the organization under s | ection 4955 | > | \$ |
| 2 | Enter the amount of any excise ta | ax incurred by organization managers u | ınder section 4955 | > | \$ |
| 3 | If the organization incurred a sect | tion 4955 tax, did it file Form 4720 for | this year? | | ☐ Yes ☐ No |
| 4a | Was a correction made? | | | | ☐ Yes ☐ No |
| b | If "Yes," describe in Part IV. | | | | |
| Par | t I-C Complete if the orga | nization is exempt under section | on 501(c), exce | ept section 501(c)(3) |). |
| 1 | ' ' | ed by the filing organization for section | | | \$ |
| 2 | | anization's funds contributed to other o | | | \$ |
| 3 | Total exempt function expenditure | es. Add lines $f 1$ and $f 2$. Enter here and $f o$ | n Form 1120-POL, | line 17b ▶ | \$ |
| 4 | Did the filing organization file For | m 1120-POL for this year? | ••••• | | Yes No |
| 5 | organization made payments. For of political contributions received | employer identification number (EIN) of each organization listed, enter the am that were promptly and directly deliver see (PAC). If additional space is needed, | ount paid from the ed to a separate p | filing organization's funds olitical organization, such a | . Also enter the amount |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0 | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 5 | | | | | |
| or F | Paperwork Reduction Act Notice, see | the instructions for Form 990 or 990-EZ. | Cat | No 50084S Schedule C (| Form 990 or 990-EZ) 2019 |

Grassroots lobbying expenditures

(b)

(a)

| activ | ty. | | Yes | No | 4 | Amoun | t |
|------------------------------|---|--|------------------------|--------------------|----------------|---------------|----------|
| 1 | | zation attempt to influence foreign, national, state or local legislation, ublic opinion on a legislative matter or referendum, through the use of: | | | | | |
| а | Volunteers? | | | | | | |
| b | Paid staff or management (include o | ompensation in expenses reported on lines 1c through 1i)? | | | 1 | | |
| C | Media advertisements? | | | | 1 | | |
| d | Mailings to members, legislators, or | the public? | | | | | |
| е | Publications, or published or broadca | st statements? | | | | | |
| f | Grants to other organizations for lob | bying purposes? | | | | | |
| g | Direct contact with legislators, their | staffs, government officials, or a legislative body? | | | | | |
| h | Rallies, demonstrations, seminars, o | onventions, speeches, lectures, or any similar means? | | | | | |
| i | Other activities? | | | | | | |
| j | Total. Add lines 1c through 1i | | | | | | |
| 2a | Did the activities in line 1 cause the | organization to be not described in section 501(c)(3)? | | | | | |
| b | If "Yes," enter the amount of any tax | cincurred under section 4912 | | | 1 | | |
| c | If "Yes," enter the amount of any tax | c incurred by organization managers under section 4912 | | | | | |
| d | If the filing organization incurred a s | ection 4912 tax, did it file Form 4720 for this year? | | | | | |
| Par | Complete if the orga 501(c)(6). | nization is exempt under section 501(c)(4), section 501 | (c)(5), c | r sect | ion | | |
| | (-) (-) - | | | | | Yes | No |
| 1 | Were substantially all (90% or more |) dues received nondeductible by members? | | ſ | 1 | Yes | |
| 2 | Did the organization make only in-ho | buse lobbying expenditures of \$2,000 or less? | | | 2 | Yes | |
| 3 | Did the organization agree to carry of | ver lobbying and political expenditures from the prior year? | | [| 3 | | No |
| Par | t III-B Complete if the orga and if either (a) BOT answered "Yes." | nization is exempt under section 501(c)(4), section 501 H Part III-A, lines 1 and 2, are answered "No" OR (b) Pa | (c)(5), c art III-A | r sect , line 3 | ion 5 3, is | 01(c) | (6) |
| 1 | • | ınts from members | 1 | | | | |
| 2 | Section 162(e) nondeductible lobbyic expenses for which the section 5 | ng and political expenditures (do not include amounts of political 27(f) tax was paid). | | | | | |
| а | | | 2a | | | | |
| b | , | | 2b | | | | |
| С | Total | | 2c | | | | |
| 3 | Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues . | | 3 | | | | |
| 4 | the organization agree to carryover | on line 2c exceeds the amount on line 3, what portion of the excess do to the reasonable estimate of nondeductible lobbying and political | | | | | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | | | | | | |
| Pa | rt IV Supplemental Inform | | | | | | |
| | | I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group lisomplete this part for any additional information. | t); Part II | -A, lines | 1 an | d 2 (se | <u> </u> |
| Return Reference Explanation | | | | | | | |
| | | · | | | | | |

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

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| (Form 990 or EZ) | _ | | | | |
| Department of the Treasury | | ➤ Attach to Form 990 or 990-EZ. ➤ Go to <u>www.irs.gov/Form990</u> for the latest information. | | Open to Public Inspection | |
| NATIONAL ACADEMY OF TELEVISION ARTS AND SCIENCES OHIO VALLEY 51-0204053 | | | | dentification number | |
| 990 Schedul | e O, Supp | lemental Information | · | | |
| Return Reference | | Explanation | | | |
| Pt VI, Line 7a | 1 | RENT MEMBERS ARE SENT A BALLOT EACH YEAR TO VOTE FOR N THE BOARD. | R THE GOVERNORS \ | WHO ARE ELECTED TO | |

Return Explanation
Reference

990 Schedule O, Supplemental Information

| Pt VI, Line | THE 990 FORM IS REVIEWED BY THE CHAPTER PRESIDENT, TREASURER AND EXECUTIVE DIRECTOR BEFORE |
|-------------|--|
| 11b | SUBMISSION. THE TAX RETURNS AND BI-MONTHLY FINANCIAL STATEMENTS ARE AVAILABLE TO ANY MEMB |
| | ER OF THE BOARD OF GOVERNORS. |

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

Reference
Pt VI. Line 19 THE BYLAWS/ GOVERNING DOCUMENTS ARE AVAILABLE ON THE CHAPTER'S WEBSITE.