

Bourgeois Bennett, L.L.C.
111 Veterans Blvd., Suite 1700
Metairie, Louisiana 70005
504.831.4949

August 10, 2022

Greater New Orleans Educational
Television Foundation
916 Navarre Avenue
New Orleans, LA 70124

Enclosed is the organization's 2020 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by August 15, 2022.

FORM 990-T RETURN:

No amount is due on Form 990-T.

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by August 15, 2022.

LOUISIANA FORM CIFT-620:

The Louisiana Form CIFT-620 return has qualified for electronic filing. After you have reviewed your return for completeness and accuracy, please sign, date and return Form LA8453C to our office. We will then transmit your return electronically to the LDR. Do not mail the paper copy of the return to the LDR. Return Form LA8453C to us by September 15, 2022.

We prepared returns from information you furnished us without verification. Upon examination of the returns by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We recommend that you use certified mail with post marked receipt for proof of timely filing.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax returns.

Bourgeois Bennett, L.L.C.
Certified Public Accountants.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning OCT 1, 2020, and ending SEP 30, 2021

2020

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

| | |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| Name of exempt organization or person subject to tax GREATER NEW ORLEANS EDUCATIONAL TELEVISION FOUNDATION | Taxpayer identification number 72-0497926 |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|

Name and title of officer or person subject to tax
**ROBIN COOPER
PRESIDENT AND CEO**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

| | | |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------|
| 1a Form 990 check here ▶ <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b <u>5,233,389.</u> |
| 2a Form 990-EZ check here ▶ <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b _____ |
| 3a Form 1120-POL check here ▶ <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b _____ |
| 4a Form 990-PF check here ▶ <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b _____ |
| 5a Form 8868 check here ▶ <input type="checkbox"/> | b Balance due (Form 8868, line 3c) | 5b _____ |
| 6a Form 990-T check here ▶ <input type="checkbox"/> | b Total tax (Form 990-T, Part III, line 4) | 6b _____ |
| 7a Form 4720 check here ▶ <input type="checkbox"/> | b Total tax (Form 4720, Part III, line 1) | 7b _____ |

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize BOURGEOIS BENNETT, L.L.C. to enter my PIN 70184
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ _____

Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

72089770005

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning OCT 1, 2020, and ending SEP 30, 2021

2020

Department of the Treasury
Internal Revenue Service

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| | |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| Name of exempt organization or person subject to tax GREATER NEW ORLEANS EDUCATIONAL TELEVISION FOUNDATION | Taxpayer identification number 72-0497926 |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|

Name and title of officer or person subject to tax
**ROBIN COOPER
PRESIDENT AND CEO**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

| | | |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------|
| 1a Form 990 check here ▶ <input type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b _____ |
| 2a Form 990-EZ check here ▶ <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b _____ |
| 3a Form 1120-POL check here ▶ <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b _____ |
| 4a Form 990-PF check here ▶ <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b _____ |
| 5a Form 8868 check here ▶ <input type="checkbox"/> | b Balance due (Form 8868, line 3c) | 5b _____ |
| 6a Form 990-T check here ▶ <input checked="" type="checkbox"/> | b Total tax (Form 990-T, Part III, line 4) | 6b _____ 0. |
| 7a Form 4720 check here ▶ <input type="checkbox"/> | b Total tax (Form 4720, Part III, line 1) | 7b _____ |

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize BOURGEOIS BENNETT, L.L.C. to enter my PIN 70184
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

72089770005
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the 2020 calendar year, or tax year beginning **OCT 1, 2020** and ending **SEP 30, 2021**

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization GREATER NEW ORLEANS EDUCATIONAL TELEVISION FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 916 NAVARRE AVENUE City or town, state or province, country, and ZIP or foreign postal code NEW ORLEANS, LA 70124 F Name and address of principal officer: ROBIN COOPER 916 NAVARRE AVENUE, NEW ORLEANS, LA 70124 | D Employer identification number 72-0497926 E Telephone number 504-838-0429 G Gross receipts \$ 6,157,183. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶ |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: ▶ WYES.ORG | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: 1957 M State of legal domicile: LA |

Part I Summary

| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: THE MISSION IS TO INFORM, TEACH, ILLUMINATE AND INSPIRE THE MANY DIFFERENT AUDIENCES THAT MAKE UP OUR 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 26 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 26 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 23 6 Total number of volunteers (estimate if necessary) 6 88 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 789,347. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. | | | | | | | | | | | | | | | | | | | |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------|--------------|-----------|--------------------|--------------------|-----------|-------------------|-------------------|-----------|--------------------|--------------------|-----------|----------------|-----------------|-----------|-----------------|-------------------|
| Revenue | 8 Contributions and grants (Part VIII, line 1h) 620,655. 3,788,931. 9 Program service revenue (Part VIII, line 2g) 218,867. 1,193,279. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 8,222. 140,071. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 84,375. 111,108. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 932,119. 5,233,389. | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%;">Prior Year</th> <th style="width:35%;">Current Year</th> </tr> </thead> <tbody> <tr><td>8</td><td>620,655.</td><td>3,788,931.</td></tr> <tr><td>9</td><td>218,867.</td><td>1,193,279.</td></tr> <tr><td>10</td><td>8,222.</td><td>140,071.</td></tr> <tr><td>11</td><td>84,375.</td><td>111,108.</td></tr> <tr><td>12</td><td>932,119.</td><td>5,233,389.</td></tr> </tbody> </table> | | Prior Year | Current Year | 8 | 620,655. | 3,788,931. | 9 | 218,867. | 1,193,279. | 10 | 8,222. | 140,071. | 11 | 84,375. | 111,108. | 12 | 932,119. | 5,233,389. |
| | Prior Year | Current Year | | | | | | | | | | | | | | | | | | |
| 8 | 620,655. | 3,788,931. | | | | | | | | | | | | | | | | | | |
| 9 | 218,867. | 1,193,279. | | | | | | | | | | | | | | | | | | |
| 10 | 8,222. | 140,071. | | | | | | | | | | | | | | | | | | |
| 11 | 84,375. | 111,108. | | | | | | | | | | | | | | | | | | |
| 12 | 932,119. | 5,233,389. | | | | | | | | | | | | | | | | | | |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 435,668. 1,802,354. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 120,000. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 728,608. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 767,917. 3,786,715. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,203,585. 5,709,069. 19 Revenue less expenses. Subtract line 18 from line 12 -271,466. -475,680. | | | | | | | | | | | | | | | | | | | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) 18,176,919. 17,354,764. 21 Total liabilities (Part X, line 26) 3,065,496. 1,965,424. 22 Net assets or fund balances. Subtract line 21 from line 20 15,111,423. 15,389,340. | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%;">Beginning of Current Year</th> <th style="width:35%;">End of Year</th> </tr> </thead> <tbody> <tr><td>20</td><td>18,176,919.</td><td>17,354,764.</td></tr> <tr><td>21</td><td>3,065,496.</td><td>1,965,424.</td></tr> <tr><td>22</td><td>15,111,423.</td><td>15,389,340.</td></tr> </tbody> </table> | | Beginning of Current Year | End of Year | 20 | 18,176,919. | 17,354,764. | 21 | 3,065,496. | 1,965,424. | 22 | 15,111,423. | 15,389,340. | | | | | | |
| | Beginning of Current Year | End of Year | | | | | | | | | | | | | | | | | | |
| 20 | 18,176,919. | 17,354,764. | | | | | | | | | | | | | | | | | | |
| 21 | 3,065,496. | 1,965,424. | | | | | | | | | | | | | | | | | | |
| 22 | 15,111,423. | 15,389,340. | | | | | | | | | | | | | | | | | | |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Sign Here | Signature of officer ROBIN COOPER, PRESIDENT AND CEO Type or print name and title | Date |
| Paid Preparer Use Only | Print/Type preparer's name LAURENCE R. HOLMES | Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P00664488 |
| | Firm's name ▶ BOURGEOIS BENNETT, L.L.C. Firm's address ▶ 111 VETERANS BLVD., SUITE 1700 METAIRIE, LA 70005 | Firm's EIN ▶ 72-0136870 Phone no. 504.831.4949 |

May the IRS discuss this return with the preparer shown above? See instructions Yes No

GREATER NEW ORLEANS EDUCATIONAL TELEVISION FOUNDATION

Form 990 (2020)

72-0497926 Page 2

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE MISSION IS TO INFORM, TEACH, ILLUMINATE AND INSPIRE THE MANY DIFFERENT AUDIENCES THAT MAKE UP OUR COMMUNITY, STATE AND NATION THROUGH A VARIETY OF TELECOMMUNICATIONS AND OUTREACH ACTIVITIES BEING EVER RESPONSIVE TO THE PUBLIC'S VARIED NEEDS IN EDUCATION, PUBLIC AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,607,610. including grants of \$) (Revenue \$ 481,368.) THE GREATER NEW ORLEANS EDUCATIONAL TELEVISION FOUNDATION IS THE LICENSEE FOR WYES-TV CHANNEL 12. THE STATION SERVICES SOUTHEAST LOUISIANA WITH QUALITY TRANSMISSION AND PRODUCTION OF PUBLIC AND EDUCATIONAL TELEVISION PROGRAMS. WYES TV SERVES AS MANY AS ONE MILLION VIEWERS. WYES IS ALSO A SAFE HAVEN FOR CHILDREN AND THE PRESCHOOL PROGRAMS ARE DESIGNED TO HELP MAKE CHILDREN READY TO LEARN. ADDITIONALLY, OUR NUMEROUS OUTREACH EFFORTS USE OUR PROGRAMS OUT IN THE COMMUNITY TO HELP DEAL WITH LOCAL ISSUES. OUR LOCAL AWARD-WINNING PRODUCTIONS DISPLAY WHAT IS UNIQUE AND INTERESTING ABOUT OUR PEOPLE, CITY AND REGION. FOR MORE THAN 50 YEARS, WYES HAS POSSESSED A LEGACY OF BROADCASTING THE HIGHEST QUALITY CHILDREN'S CULTURAL, DOCUMENTARY, SCIENCE, AND PUBLIC AFFAIRS PROGRAMMING ON TELEVISION.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 3,607,610.

**GREATER NEW ORLEANS EDUCATIONAL
TELEVISION FOUNDATION**

Part 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)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 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> | X | |
| 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? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 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, Part I</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 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> | | X |
| 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? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> | X | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| 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? <i>If "Yes," complete Schedule D, Part VII</i> | | X |
| 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> | | X |
| 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> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 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)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | | X |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | X | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| 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> | | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | X | |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | | X |

**GREATER NEW ORLEANS EDUCATIONAL
TELEVISION FOUNDATION**

Part IV 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? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 | X |
| 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 | X |
| 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | 24a | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | |
| c 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? <i>If "Yes," complete Schedule L, Part I</i> | 25a | X |
| 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? <i>If "Yes," complete Schedule L, Part I</i> | 25b | X |
| 26 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? <i>If "Yes," complete Schedule L, Part II</i> | 26 | X |
| 27 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, Part III</i> | 27 | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | X |
| b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | X |
| 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 | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | X |
| 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 | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | X |
| 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 | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 34 | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | X |
| 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | X |
| 36 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 | X |
| 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? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 38 | X |

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 57 |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | X |

**GREATER NEW ORLEANS EDUCATIONAL
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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | | Yes | No |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | |
| | 2a | | 23 |
| 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) | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | X | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | X | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | X |
| 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? | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | X | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | X | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| | 7d | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | X |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | X |
| 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? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders | 11a | |
| 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 | 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 | 12b | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | 13a | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | |
| c | Enter the amount of reserves on hand | 13c | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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? If "Yes," see instructions and file Form 4720, Schedule N. | 15 | X |
| 16 | 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 | X |

**GREATER NEW ORLEANS EDUCATIONAL
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section 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 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 on Schedule O. | 26 | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 26 | |
| 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 | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | 3 | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | X |
| 6 | Did the organization have members or stockholders? | 6 | X |
| 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 | X |
| 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 | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | 8a | X |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X |
| 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 on Schedule O | 9 | X |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | | Yes | No |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X |
| 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 | X |
| 13 | Did the organization have a written whistleblower policy? | 13 | X |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X |
| 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? | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | X |
| b | Other officers or key employees of the organization | 15b | X |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | |
| 16a | 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 | X |
| 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? | 16b | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **LA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 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 on Schedule O)
- 19** Describe on 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 **▶** _____
NETA - 504-838-0429
PO BOX 50008, COLUMBIA, SC 29250

GREATER NEW ORLEANS EDUCATIONAL
TELEVISION FOUNDATION

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) ALLAN PIZZATO PRESIDENT & CEO | 36.00 4.00 | | | X | | | | 153,656. | 0. | 11,525. |
| (2) RICHARD MORIARTY GENERAL MANAGER | 40.00 | | | | X | | | 126,627. | 0. | 12,738. |
| (3) ROBIN COOPER PRESIDENT & CEO | 36.00 4.00 | | | X | | | | 94,052. | 0. | 10,698. |
| (4) ANNE REDD CHAIRMAN OF THE BOARD | 2.50 | X | | X | | | | 0. | 0. | 0. |
| (5) LORI SAVOIE VICE-CHAIR OF THE BOARD | 2.50 | X | | X | | | | 0. | 0. | 0. |
| (6) RICHARD RODRIGUEZ SECRETARY | 2.50 | X | | X | | | | 0. | 0. | 0. |
| (7) TOMMY WESTERVELT TREASURER | 2.50 | X | | X | | | | 0. | 0. | 0. |
| (8) LEONARD AUCOIN TRUSTEE | 1.50 | X | | | | | | 0. | 0. | 0. |
| (9) GREG BENSEL TRUSTEE | 1.50 | X | | | | | | 0. | 0. | 0. |
| (10) RYAN BERGER TRUSTEE | 1.50 | X | | | | | | 0. | 0. | 0. |
| (11) MANNY BLANCO TRUSTEE | 1.50 | X | | | | | | 0. | 0. | 0. |
| (12) KAREN COAXUM TRUSTEE | 1.50 | X | | | | | | 0. | 0. | 0. |
| (13) MICHELLE DODENHOFF TRUSTEE | 1.50 | X | | | | | | 0. | 0. | 0. |
| (14) FILIPPO FEOLI TRUSTEE | 1.50 | X | | | | | | 0. | 0. | 0. |
| (15) LAURIE GUILLAUME TRUSTEE | 1.50 | X | | | | | | 0. | 0. | 0. |
| (16) RENETTE DEJOIE HALL TRUSTEE | 1.50 | X | | | | | | 0. | 0. | 0. |
| (17) JENNIFER HEEBE TRUSTEE | 1.50 | X | | | | | | 0. | 0. | 0. |

**GREATER NEW ORLEANS EDUCATIONAL
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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 organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|----------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) BENJAMIN KARP TRUSTEE | 1.50 | X | | | | | 0. | 0. | 0. | |
| (19) RICK KIRSCHMAN TRUSTEE | 1.50 | X | | | | | 0. | 0. | 0. | |
| (20) BILL LANGENSTEIN TRUSTEE | 1.50 | X | | | | | 0. | 0. | 0. | |
| (21) MARC LEUNISSEN TRUSTEE | 1.50 | X | | | | | 0. | 0. | 0. | |
| (22) JONATHAN C. MCCALL TRUSTEE | 1.50 | X | | | | | 0. | 0. | 0. | |
| (23) SHARON PERLIS TRUSTEE | 1.50 | X | | | | | 0. | 0. | 0. | |
| (24) PAUL PEYRONNIN TRUSTEE | 1.50 | X | | | | | 0. | 0. | 0. | |
| (25) CLELAND POWELL TRUSTEE | 1.50 | X | | | | | 0. | 0. | 0. | |
| (26) MARK ROMIG TRUSTEE | 1.50 | X | | | | | 0. | 0. | 0. | |
| 1b Subtotal | | | | | | | 374,335. | 0. | 34,961. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 0. | 0. | 0. | |
| d Total (add lines 1b and 1c) | | | | | | | 374,335. | 0. | 34,961. | |

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 2

| | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 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? <i>If "Yes," complete Schedule J for such individual</i> | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | X |

Section B. Independent Contractors

1 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.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|-------------------------------------------------------|--------------------------------|---------------------|
| HANSEL BROWN P.O. BOX 56487, NEW ORLEANS, LA 70156 | FUNDRAISING CONSULTANTS | 120,000. |
| | | |
| | | |
| | | |
| | | |

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 1

SEE PART VII, SECTION A CONTINUATION SHEETS

**GREATER NEW ORLEANS EDUCATIONAL
TELEVISION FOUNDATION**

Form 990

72-0497926

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 organizations below line) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (27) SUSAN STALL TRUSTEE | 1.50 | X | | | | | | 0. | 0. | 0. |
| (28) ALISON TOUSSAINT-LEBEAUX TRUSTEE | 1.50 | X | | | | | | 0. | 0. | 0. |
| (29) PIERRE VILLERE II TRUSTEE | 1.50 | X | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
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| Total to Part VII, Section A, line 1c | | | | | | | | | | |

GREATER NEW ORLEANS EDUCATIONAL
TELEVISION FOUNDATION

Form 990 (2020)

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Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-------------------|------------------------------------|----------------------------|----------------------------------------------------|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Federated campaigns | 1a | | | | |
| | b | Membership dues | 1b | 478,160. | | | |
| | c | Fundraising events | 1c | 4,312. | | | |
| | d | Related organizations | 1d | | | | |
| | e | Government grants (contributions) | 1e | 666,500. | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 2,639,959. | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g | \$ | | | |
| | h Total. Add lines 1a-1f | | | 3,788,931. | | | |
| Program Service Revenue | 2 a | STUDIO RENTAL | Business Code | 531390 | 579,341. | 579,341. | |
| | b | PROGRAM UNDERWRITING | 515100 | 200,378. | 200,378. | | |
| | c | TRANSMITTER REVENUE | 515100 | 175,000. | 175,000. | | |
| | d | FACILITY AND EQUIPMENT | 531390 | 150,000. | | 150,000. | |
| | e | TOWER RENTAL | 515100 | 60,006. | | 60,006. | |
| | f | All other program service revenue | 515100 | 28,554. | 28,554. | | |
| | g Total. Add lines 2a-2f | | | 1,193,279. | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 40,717. | | 40,717. | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 | Royalties | | | | | |
| | 6 a | Gross rents | 6a | (i) Real | | | |
| | | | 6a | (ii) Personal | | | |
| | | | 6c | | | | |
| | b | Less: rental expenses | 6b | | | | |
| | c | Rental income or (loss) | 6c | | | | |
| | d | Net rental income or (loss) | | | | | |
| | 7 a | Gross amount from sales of assets other than inventory | 7a | (i) Securities | 978,398. | | |
| | | | 7a | (ii) Other | | | |
| | | | 7b | | 875,293. | 3,751. | |
| | b | Less: cost or other basis and sales expenses | 7b | | | | |
| c | Gain or (loss) | 7c | 103,105. | -3,751. | | | |
| d | Net gain or (loss) | | 99,354. | | 99,354. | | |
| 8 a | Gross income from fundraising events (not including \$ 4,312. of contributions reported on line 1c). See Part IV, line 18 | 8a | | 78,422. | | | |
| | | 8b | | 44,750. | | | |
| | | | | 33,672. | | 33,672. | |
| b | Less: direct expenses | 8b | | | | | |
| c | Net income or (loss) from fundraising events | | | | | | |
| 9 a | Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | |
| | | 9b | | | | | |
| | | | | | | | |
| b | Less: direct expenses | 9b | | | | | |
| c | Net income or (loss) from gaming activities | | | | | | |
| 10 a | Gross sales of inventory, less returns and allowances | 10a | | | | | |
| | | 10b | | | | | |
| | | | | | | | |
| b | Less: cost of goods sold | 10b | | | | | |
| c | Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | 11 a | MISC INCOME | Business Code | 900099 | 77,436. | 77,436. | |
| | b | | | | | | |
| | c | | | | | | |
| | d | All other revenue | | | | | |
| | e Total. Add lines 11a-11d | | | 77,436. | | | |
| 12 Total revenue. See instructions | | | 5,233,389. | 481,368. | 789,347. | 173,743. | |

**GREATER NEW ORLEANS EDUCATIONAL
TELEVISION FOUNDATION**

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 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, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 248,901. | 82,967. | 82,967. | 82,967. |
| 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 | 1,271,101. | 930,065. | 205,570. | 135,466. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 31,291. | 18,464. | 7,592. | 5,235. |
| 9 Other employee benefits | 162,158. | 104,649. | 30,226. | 27,283. |
| 10 Payroll taxes | 88,903. | 50,838. | 21,841. | 16,224. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | 355,040. | 320,696. | | 34,344. |
| b Legal | 12,494. | | 12,494. | |
| c Accounting | 118,993. | 77,743. | 41,250. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | 120,000. | | | 120,000. |
| f Investment management fees | 16,645. | | 16,645. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 94,008. | 5,200. | 88,808. | |
| 12 Advertising and promotion | 3,442. | 3,367. | | 75. |
| 13 Office expenses | 27,977. | 6,081. | 21,173. | 723. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 181,861. | 181,861. | | |
| 17 Travel | 8,264. | 4,972. | 3,205. | 87. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 41,178. | | 32,167. | 9,011. |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 665,639. | 445,113. | 159,874. | 60,652. |
| 23 Insurance | 177,506. | | 177,506. | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a PROGRAM RENTAL FEES | 771,445. | 771,445. | | |
| b TOWER RENTAL | 318,512. | 318,512. | | |
| c BUILDING RENTAL | 240,116. | | 240,116. | |
| d MISCELLANEOUS | 149,570. | 47,911. | 45,448. | 56,211. |
| e All other expenses SEE SCH O | 604,025. | 237,726. | 185,969. | 180,330. |
| 25 Total functional expenses. Add lines 1 through 24e | 5,709,069. | 3,607,610. | 1,372,851. | 728,608. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

Check here if following SOP 98-2 (ASC 958-720)

**GREATER NEW ORLEANS EDUCATIONAL
TELEVISION FOUNDATION**

Form 990 (2020)

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Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year | |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------|--------------------|-------------|
| Assets | 1 Cash - non-interest-bearing | 834,613. | 1 | 690,677. | |
| | 2 Savings and temporary cash investments | | 2 | | |
| | 3 Pledges and grants receivable, net | 611,910. | 3 | 453,860. | |
| | 4 Accounts receivable, net | 481,163. | 4 | 471,163. | |
| | 5 Loans and other receivables from 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 | | | 5 | |
| | 6 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 | | | 7 | |
| | 8 Inventories for sale or use | | | 8 | |
| | 9 Prepaid expenses and deferred charges | 194,809. | 9 | 66,575. | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 24,616,160. | | | |
| | b Less: accumulated depreciation | 10b 11,149,402. | 14,074,498. | 10c | 13,466,758. |
| | 11 Investments - publicly traded securities | 1,969,926. | 11 | 2,195,731. | |
| | 12 Investments - other securities. See Part IV, line 11 | 10,000. | 12 | 10,000. | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | | |
| | 14 Intangible assets | | 14 | | |
| | 15 Other assets. See Part IV, line 11 | | 15 | | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 18,176,919. | 16 | 17,354,764. | | |
| Liabilities | 17 Accounts payable and accrued expenses | 226,444. | 17 | 285,179. | |
| | 18 Grants payable | | 18 | | |
| | 19 Deferred revenue | 1,031,031. | 19 | 733,350. | |
| | 20 Tax-exempt bond liabilities | | 20 | | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | | |
| | 22 Loans and other payables to 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 | | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | | |
| | 24 Unsecured notes and loans payable to unrelated third parties | 1,108,776. | 24 | 547,650. | |
| | 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 | 699,245. | 25 | 399,245. | |
| | 26 Total liabilities. Add lines 17 through 25 | 3,065,496. | 26 | 1,965,424. | |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | | |
| | 27 Net assets without donor restrictions | 13,526,081. | 27 | 13,625,010. | |
| | 28 Net assets with donor restrictions | 1,585,342. | 28 | 1,764,330. | |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | | |
| | 32 Total net assets or fund balances | 15,111,423. | 32 | 15,389,340. | |
| | 33 Total liabilities and net assets/fund balances | 18,176,919. | 33 | 17,354,764. | |

Form **990** (2020)

**GREATER NEW ORLEANS EDUCATIONAL
TELEVISION FOUNDATION**

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|----------------------------------------------------------------------------------------------------------------|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 5,233,389. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 5,709,069. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -475,680. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 15,111,423. |
| 5 | Net unrealized gains (losses) on investments | 5 | 195,262. |
| 6 | Donated services and use of facilities | 6 | 558,335. |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 15,389,340. |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| b | Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| 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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | X | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____ | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____ | | |

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **GREATER NEW ORLEANS EDUCATIONAL TELEVISION FOUNDATION** Employer identification number **72-0497926**

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|-------------------------------------------------------------------------------|-------------------------------------------------------------|----|---------------------------------------------------|-------------------------------------------------|
| | | | Yes | No | | |
| | | | | | | |
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| Total | | | | | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 97.31%; 15 Public support percentage from 2019 Schedule A, Part II, line 14 95.40%; 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]; 16b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 17b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2019 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2019 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? | | |
| b A family member of a person described in line 11a above? | | |
| c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i> | | |
| 11a | | |
| 11b | | |
| 11c | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i> | | |
| 1 | | |
| 2 | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | | |
| 1 | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |
| 1 | | |
| 2 | | |
| 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | | |
| 2 Activities Test. Answer lines 2a and 2b below. | | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | | |
| b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | | |
| 3 Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i> | | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | | |
| 2a | | | |
| 2b | | | |
| 3a | | | |
| 3b | | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

GREATER NEW ORLEANS EDUCATIONAL

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | | Current Year |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>) | 5 |
| 6 | Other distributions (<i>describe in Part VI</i>). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 | Distributable amount for 2020 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2020 | (iii) Distributable Amount for 2020 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| 1 Distributable amount for 2020 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2020 | | | |
| a From 2015 | | | |
| b From 2016 | | | |
| c From 2017 | | | |
| d From 2018 | | | |
| e From 2019 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2020 distributable amount | | | |
| i Carryover from 2015 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2020 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2020 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2021. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2016 | | | |
| b Excess from 2017 | | | |
| c Excess from 2018 | | | |
| d Excess from 2019 | | | |
| e Excess from 2020 | | | |

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

**GREATER NEW ORLEANS EDUCATIONAL
TELEVISION FOUNDATION**

Employer identification number

72-0497926

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

| | |
|--------------------------------------------------------------------------------------|-----------------------------------------------------|
| Name of organization GREATER NEW ORLEANS EDUCATIONAL TELEVISION FOUNDATION | Employer identification number 72-0497926 |
|--------------------------------------------------------------------------------------|-----------------------------------------------------|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|----------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | KORNMAN CHARITABLE FUND 317 RUE SAINT PETER METAIRIE, LA 70005 | \$ 100,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | LE PHILIPS FOUNDATION 3925 N. HASTINGS WAY EAU CLAIRE, WI 54703 | \$ 430,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | ESTATE OF ALBERT J. FLETTRICH, JR 829 BARONNE ST NEW ORLEANS, LA 70113 | \$ 100,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | IBERIABANK (PAYCHECK PROTECTION PROGRAM) 200 W CONGRESS ST LAFAYETTE, LA 70501 | \$ 416,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--------------------------------------------------------------------------------------|-----------------------------------------------------|
| Name of organization GREATER NEW ORLEANS EDUCATIONAL TELEVISION FOUNDATION | Employer identification number 72-0497926 |
|--------------------------------------------------------------------------------------|-----------------------------------------------------|

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|----------------------------------------------|-------------------------------------------------|----------------------|
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |

| | |
|--------------------------------------------------------------------------------------|-----------------------------------------------------|
| Name of organization GREATER NEW ORLEANS EDUCATIONAL TELEVISION FOUNDATION | Employer identification number 72-0497926 |
|--------------------------------------------------------------------------------------|-----------------------------------------------------|

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|------------------------------------------------|---------------------|-------------------------------------------------|-------------------------------------|
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 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.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| | |
|------------------------------------------------------------------------------------------|-----------------------------------------------------|
| Name of organization GREATER NEW ORLEANS EDUCATIONAL TELEVISION FOUNDATION | Employer identification number 72-0497926 |
|------------------------------------------------------------------------------------------|-----------------------------------------------------|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 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.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (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-. |
|----------|-------------|---------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | |
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GREATER NEW ORLEANS EDUCATIONAL

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|------------------------------------|--------------------|-------------------------------|-----------------------------------------|--------------------------------------------------|-------------------------------------------|----------------------------------------------------|--------------------------------------------|---------------------------------------------------|-------------------|--------------|--|--|
| 1a | Total lobbying expenditures to influence public opinion (grassroots lobbying) | | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | | | | | | | | | | | | | |

Yes No

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---------------------------------------------------------------------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

GREATER NEW ORLEANS EDUCATIONAL

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| | (a) | | (b) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | X | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | X | |
| c Media advertisements? | | X | |
| d Mailings to members, legislators, or the public? | | X | |
| e Publications, or published or broadcast statements? | | X | |
| f Grants to other organizations for lobbying purposes? | | X | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | X | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | X | |
| i Other activities? | X | | 5,000. |
| j Total. Add lines 1c through 1i | | | 5,000. |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | X | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | 3 | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 1 Dues, assessments and similar amounts from members | 1 | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a Current year | 2a | |
| b Carryover from last year | 2b | |
| c Total | 2c | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 Taxable amount of lobbying and political expenditures (See instructions) | 5 | |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

\$5,000 PAID LOBBYISTS TO INFLUENCE STATE LEGISLATORS FOR FUNDING

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization GREATER NEW ORLEANS EDUCATIONAL TELEVISION FOUNDATION Employer identification number 72-0497926

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, lines 2a-2d, number of easements modified, states where located, monitoring policy, staff hours, expenses, and requirements of section 170(h)(4)(B)(i).

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include 1a) text of footnote for art collection, 1b) amounts for art collection, and 2) amounts for art collection for financial gain.

**GREATER NEW ORLEANS EDUCATIONAL
TELEVISION FOUNDATION**

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------------|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---------------------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 947,884. | 947,884. | 947,884. | 947,884. | 947,884. |
| b Contributions | 164,328. | 21,921. | 22,877. | | |
| c Net investment earnings, gains, and losses | -164,328. | -21,921. | -22,877. | 42,103. | 104,541. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | 42,103. | 104,541. |
| f Administrative expenses | | | | | |
| g End of year balance | 947,884. | 947,884. | 947,884. | 947,884. | 947,884. |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ► _____ %
 - b Permanent endowment ► 100 %
 - c Term endowment ► _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---------------------------------------------------------------------------------------------------------|-----------|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|--------------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 14,827,752. | 3,025,436. | 11,802,316. |
| d Equipment | | 9,752,004. | 8,087,562. | 1,664,442. |
| e Other | | 36,404. | 36,404. | 0. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 13,466,758. |

**GREATER NEW ORLEANS EDUCATIONAL
TELEVISION FOUNDATION**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---------------------------------------------------------------------------|----------------|-----------------------------------------------------------|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---------------------------------------------------------------------------|----------------|-----------------------------------------------------------|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|-----------------------------------------------------------------------------|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|-----------------------------------------------------------------------------|-----------------|
| (1) Federal income taxes | |
| (2) LINE OF CREDIT | 399,245. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 399,245. |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

GREATER NEW ORLEANS EDUCATIONAL
TELEVISION FOUNDATION

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | |
|---|---------------------------------------------------------------------------------|----|----------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 6,062,771. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | 195,262. | |
| b | Donated services and use of facilities | 2b | 558,335. | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | 242,430. | |
| e | Add lines 2a through 2d | 2e | | 996,027. |
| 3 | Subtract line 2e from line 1 | 3 | | 5,066,744. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 16,645. | |
| b | Other (Describe in Part XIII.) | 4b | 150,000. | |
| c | Add lines 4a and 4b | 4c | | 166,645. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | | 5,233,389. |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | |
|---|----------------------------------------------------------------------------------|----|----------|------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 5,935,386. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | 392,962. | |
| e | Add lines 2a through 2d | 2e | | 392,962. |
| 3 | Subtract line 2e from line 1 | 3 | | 5,542,424. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 16,645. | |
| b | Other (Describe in Part XIII.) | 4b | 150,000. | |
| c | Add lines 4a and 4b | 4c | | 166,645. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | | 5,709,069. |

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

ACCOUNTING STANDARDS PROVIDE DETAILED GUIDANCE FOR FINANCIAL STATEMENT
RECOGNITION, MEASUREMENT, AND DISCLOSURE OF UNCERTAIN TAX POSITIONS
RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS. IT REQUIRES AN ENTITY TO
RECOGNIZE THE FINANCIAL STATEMENT IMPACT OF A TAX POSITION WHEN IT IS MORE
LIKELY THAN NOT THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION.
AS OF SEPTEMBER 30, 2021 AND SEPTEMBER 30, 2020, MANAGEMENT BELIEVES THE
FOUNDATION AND ITS SUBSIDIARIES HAVE NO UNCERTAIN TAX POSITIONS THAT
QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.
TAX YEARS ENDED JUNE 30, 2019 AND LATER REMAIN SUBJECT TO EXAMINATION BY
TAXING AUTHORITIES.

Part XIII Supplemental Information *(continued)*

PART XI, LINE 2D - OTHER ADJUSTMENTS:

REVENUES REPORTED BY YESCOM 242,430.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL INCOME 150,000.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES REPORTED BY YESCOM 392,962.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RENTAL INCOME 150,000.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2020

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization **GREATER NEW ORLEANS EDUCATIONAL TELEVISION FOUNDATION** Employer identification number **72-0497926**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|-----------------------------------------------------------|----------------------------------------|----------------------------------------------------------------|----|-----------------------------------|-------------------------------------------------------------------|---------------------------------------------------|
| | | Yes | No | | | |
| HANSEL BROWN LLC - P.O. BOX 56487, NEW ORLEANS, LA 70156 | CAPITAL CAMPAIGN & GENERAL DEVELOPMENT | | X | 889,227. | 120,000. | 769,227. |
| LKA FUNDRAISING & COMMUNICATIONS - P.O. BOX | DIRECT MAIL | | X | 440,724. | 16,425. | 424,299. |
| CARL BLOOM ASSOCIATES - 81 MAIN STREET, SUITE 126, WHITE | NEW DONOR ACQUISITIONS | | X | 14,039. | 7,962. | 6,077. |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | 1,343,990. | 144,387. | 1,199,603. |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

GREATER NEW ORLEANS EDUCATIONAL

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) | |
|-----------------|--------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------|---------------------|--------------------------------------------------------|---------|
| | | PAR-TEE EVENT (event type) | SEASON OF GOOD TASTES (event type) | 2 (total number) | | |
| Revenue | 1 | Gross receipts | 37,750. | 29,473. | 15,511. | 82,734. |
| | 2 | Less: Contributions | | | 4,312. | 4,312. |
| | 3 | Gross income (line 1 minus line 2) | 37,750. | 29,473. | 11,199. | 78,422. |
| Direct Expenses | 4 | Cash prizes | 23,131. | | | 23,131. |
| | 5 | Noncash prizes | | | | |
| | 6 | Rent/facility costs | | | | |
| | 7 | Food and beverages | | | | |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 2,107. | 11,788. | 7,724. | 21,619. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | 44,750. |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | 33,672. | |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|--------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------|
| | | | | | |
| Revenue | 1 | Gross revenue | | | |
| | 2 | Cash prizes | | | |
| Direct Expenses | 3 | Noncash prizes | | | |
| | 4 | Rent/facility costs | | | |
| | 5 | Other direct expenses | | | |
| 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | | |
| 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

GREATER NEW ORLEANS EDUCATIONAL

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

| | | | |
|-------------------------------|--|-----|---|
| a The organization's facility | | 13a | % |
| b An outside facility | | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: LKA FUNDRAISING & COMMUNICATIONS

(I) ADDRESS OF FUNDRAISER: P.O. BOX 3257, PORTLAND, OR 97208

(I) NAME OF FUNDRAISER: CARL BLOOM ASSOCIATES

(I) ADDRESS OF FUNDRAISER:

81 MAIN STREET, SUITE 126, WHITE PLAINS, NY 10601

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **GREATER NEW ORLEANS EDUCATIONAL TELEVISION FOUNDATION** Employer identification number **72-0497926**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----------|
| 1b | | |
| 2 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2020

**GREATER NEW ORLEANS EDUCATIONAL
TELEVISION FOUNDATION**

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--------------------------------------|------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) ALLAN PIZZATO PRESIDENT & CEO | (i) | 153,656. | 0. | 0. | 3,757. | 7,768. | 165,181. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (i) | | | | | | | |
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GREATER NEW ORLEANS EDUCATIONAL
TELEVISION FOUNDATION

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2020

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization **GREATER NEW ORLEANS EDUCATIONAL TELEVISION FOUNDATION** Employer identification number **72-0497926**

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? | |
|-----------------------------------|---------------------------------------------------------------|--------------------------------|----------------|----|
| | | | Yes | No |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? | | (e) Original principal amount | (f) Balance due | (g) In default? | | (h) Approved by board or committee? | | (i) Written agreement? | |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | | | To | From | | | Yes | No | Yes | No | Yes | No |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| Total | | | | | | ▶ \$ | | | | | | |

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|-----------------------------------------------------------------|--------------------------|------------------------|---------------------------|
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Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|-----------------------------------------------------------------|---------------------------|--------------------------------|-----------------------------------------|----|
| | | | | Yes | No |
| RICHARD MORIARTY | YESCOM PRESIDENT | 17,600. | EQUIPMENT R | | X |
| | | | | | |
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Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: RICHARD MORIARTY

(D) DESCRIPTION OF TRANSACTION: EQUIPMENT RENTAL AND OTHER PRODUCTION SERVICES

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

**GREATER NEW ORLEANS EDUCATIONAL
TELEVISION FOUNDATION**

Employer identification number
72-0497926

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMMUNITY, STATE AND NATION THROUGH A VARIETY OF TELECOMMUNICATIONS AND
OUTREACH ACTIVITIES BEING EVER RESPONSIVE TO THE PULBIC'S VARIED NEEDS
IN EDUCATION, PUBLIC AND CULTURAL AFFAIRS AND ENTERTAINMENT.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CULTURAL AFFAIRS AND ENTERTAINMENT.

FORM 990, PART VI, SECTION A, LINE 2:

JONATHAN MCCALL AND BILL LANGENSTEIN ARE BOTH LAWYERS IN THE SAME LAW FIRM
OF CHAFFE, MCCALL L.L.P. CLELAND POWELL AND TOMMY WESTERVELT ARE BOTH
EMPLOYED BY IBERIA BANK.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION RECEIVES SUPPORT FROM MEMBER DONATIONS

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS PREPARED BY THE OUTSIDE CPA AND THEN REVIEWED BY THE
PRESIDENT/GENERAL MANAGER AND THE CHIEF FINANCIAL OFFICER. A DRAFT OF THE
990 IS EMAILED TO THE GOVERNING BOARD MEMBERS PRIOR TO IT BEING FILED.
AFTER FILING, THE 990 IS POSTED TO THE ORGANIZATION'S WEBSITE.

FORM 990, PART VI, SECTION B, LINE 15A:

CEO SALARY IS DETERMINED BY THE BOARD OF TRUSTEES AND IS COMPARED TO
INDUSTRY AVERAGES

Name of the organization **GREATER NEW ORLEANS EDUCATIONAL
TELEVISION FOUNDATION**

Employer identification number
72-0497926

FORM 990, PART VI, SECTION C, LINE 19:

UPON REQUEST AND ON THE WEBSITE

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

PRINTING:

| | |
|----------------------------------------|-----------------|
| PROGRAM SERVICE EXPENSES | 123,036. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 19,721. |
| TOTAL EXPENSES | 142,757. |

EQUIPMENT RENTAL:

| | |
|----------------------------------------|-----------------|
| PROGRAM SERVICE EXPENSES | 56,977. |
| MANAGEMENT AND GENERAL EXPENSES | 61,591. |
| FUNDRAISING EXPENSES | 9,561. |
| TOTAL EXPENSES | 128,129. |

BUILDINGS AND GROUNDS MAINTENANCE:

| | |
|----------------------------------------|----------------|
| PROGRAM SERVICE EXPENSES | 612. |
| MANAGEMENT AND GENERAL EXPENSES | 85,708. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 86,320. |

MEMBERSHIP PREMIUMS:

| | |
|----------------------------------------|----------------|
| PROGRAM SERVICE EXPENSES | 0. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 56,171. |
| TOTAL EXPENSES | 56,171. |

| | | | |
|--------------------------|------------------------------------------------------------------|--------------------------------|-------------------|
| Name of the organization | GREATER NEW ORLEANS EDUCATIONAL TELEVISION FOUNDATION | Employer identification number | 72-0497926 |
|--------------------------|------------------------------------------------------------------|--------------------------------|-------------------|

POSTAGE:

| | |
|---------------------------------|---------|
| PROGRAM SERVICE EXPENSES | 1,575. |
| MANAGEMENT AND GENERAL EXPENSES | 6,232. |
| FUNDRAISING EXPENSES | 48,231. |
| TOTAL EXPENSES | 56,038. |

TELEPHONE:

| | |
|---------------------------------|---------|
| PROGRAM SERVICE EXPENSES | 18,965. |
| MANAGEMENT AND GENERAL EXPENSES | 31,097. |
| FUNDRAISING EXPENSES | 5,159. |
| TOTAL EXPENSES | 55,221. |

MAILING SERVICES:

| | |
|---------------------------------|---------|
| PROGRAM SERVICE EXPENSES | 0. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 41,487. |
| TOTAL EXPENSES | 41,487. |

PRODUCTION COSTS:

| | |
|---------------------------------|---------|
| PROGRAM SERVICE EXPENSES | 34,888. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 34,888. |

TAXES - OTHER:

| | |
|---------------------------------|--------|
| PROGRAM SERVICE EXPENSES | 0. |
| MANAGEMENT AND GENERAL EXPENSES | 2,441. |
| FUNDRAISING EXPENSES | 0. |

| | | | |
|--------------------------|------------------------------------------------------------------|--------------------------------|-------------------|
| Name of the organization | GREATER NEW ORLEANS EDUCATIONAL TELEVISION FOUNDATION | Employer identification number | 72-0497926 |
|--------------------------|------------------------------------------------------------------|--------------------------------|-------------------|

TOTAL EXPENSES **2,441.**

TAXES :

PROGRAM SERVICE EXPENSES **690.**

MANAGEMENT AND GENERAL EXPENSES **0.**

FUNDRAISING EXPENSES **0.**

TOTAL EXPENSES **690.**

BOARD OF TRUSTEES' EXPENSES:

PROGRAM SERVICE EXPENSES **0.**

MANAGEMENT AND GENERAL EXPENSES **100.**

FUNDRAISING EXPENSES **0.**

TOTAL EXPENSES **100.**

BAD DEBT EXPENSE:

PROGRAM SERVICE EXPENSES **983.**

MANAGEMENT AND GENERAL EXPENSES **-1,200.**

FUNDRAISING EXPENSES **0.**

TOTAL EXPENSES **-217.**

TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A **604,025.**

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **GREATER NEW ORLEANS EDUCATIONAL TELEVISION FOUNDATION** Employer identification number **72-0497926**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|----------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------|---------------------|---------------------------|-------------------------------------------------------------|
| WYES MEDIA SERVICES, LLC FORMERLY JOHN BESH'S MY NEW ORLEANS, LLC - 27-20720, 916 NAVARRE AVE, NEW ORLEANS, LA 70124 | TV PRODUCTION | LOUISIANA | -21,392. | 692,656. | GREATER NEW ORLEANS EDUCATIONAL TELEVISION FOUNDATION |
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Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|----------------------------------------------------------|-------------------------|-----------------------------------------------------|-------------------------------|-----------------------------------------------------------|-------------------------------------|----------------------------------------------------|----|
| | | | | | | Yes | No |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2020

**GREATER NEW ORLEANS EDUCATIONAL
TELEVISION FOUNDATION**

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|----------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------|-----------------------------------------|----|-------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------|---------------------------------------|--------------------------------------------------------|---------------------------------|------------------------------------------|--------------------------------|-------------------------------------------------------|----------|
| | | | | | | | | Yes | No |
| YESCOM ENTERPRISES INC - 72-0946626 916 NAVARRE AVE NEW ORLEANS, LA 70124 | TV PRODUCTION | LA | GREATER NEW ORLEANS EDUCATIONAL | C CORP | -150,532. | 168,389. | 100% | | X |
| | | | | | | | | | |
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**GREATER NEW ORLEANS EDUCATIONAL
TELEVISION FOUNDATION**

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

| | Yes | No |
|----------------------------------------------------------------------------------------------------------------|-----|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | | X |
| c Gift, grant, or capital contribution from related organization(s) | | X |
| d Loans or loan guarantees to or for related organization(s) | X | |
| e Loans or loan guarantees by related organization(s) | X | |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | X | |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | X |
| o Sharing of paid employees with related organization(s) | | X |
| p Reimbursement paid to related organization(s) for expenses | | X |
| q Reimbursement paid by related organization(s) for expenses | | X |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | | X |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|------------------------------------------------------------------------------|----------------------------------|------------------------|----------------------------------------------|
| (1) WYES MEDIA SERVICES, LLC FORMERLY JOHN BESH'S MY NEW ORLEANS, LLC | E | 582,413. | |
| (2) YESCOM ENTERPRISES INC | D | 373,895. | |
| (3) YESCOM ENTERPRISES INC | J | 150,000. | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

GREATER NEW ORLEANS EDUCATIONAL
 TELEVISION FOUNDATION

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners sec. 501(c)(3) orgs.? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Dispropor- tionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--------------------------------------------|-------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------|----|------------------------------------|------------------------------------------|----------------------------------------------|----|-------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

YESCOM ENTERPRISES INC

DIRECT CONTROLLING ENTITY: GREATER NEW ORLEANS EDUCATIONAL TELEVISION
FOUNDATION

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2020 or other tax year beginning OCT 1, 2020, and ending SEP 30, 2021

2020

Department of the Treasury
Internal Revenue Service

▶ **Go to www.irs.gov/Form990T for instructions and the latest information.**
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Open to Public Inspection for
501(c)(3) Organizations Only

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529S</p> | Print or Type | <p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) GREATER NEW ORLEANS EDUCATIONAL TELEVISION FOUNDATION</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 916 NAVARRE AVENUE</p> <p>City or town, state or province, country, and ZIP or foreign postal code NEW ORLEANS, LA 70124</p> <p>C Book value of all assets at end of year ▶ 17,354,764.</p> | <p>D Employer identification number 72-0497926</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust Applicable reinsurance entity

H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶

J Enter the number of attached Schedules A (Form 990-T) ▶ **1**

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

L The books are in care of ▶ **NETA** Telephone number ▶ **504-838-0429**

Part I Total Unrelated Business Taxable Income

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------|----|----------|
| 1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | 1 | -60,288. |
| 2 Reserved | 2 | |
| 3 Add lines 1 and 2 | 3 | -60,288. |
| 4 Charitable contributions (see instructions for limitation rules) | 4 | 0. |
| 5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 | 5 | -60,288. |
| 6 Deduction for net operating loss. See instructions | 6 | 0. |
| 7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 | 7 | -60,288. |
| 8 Specific deduction (generally \$1,000, but see instructions for exceptions) | 8 | 1,000. |
| 9 Trusts. Section 199A deduction. See instructions | 9 | |
| 10 Total deductions. Add lines 8 and 9 | 10 | 1,000. |
| 11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero | 11 | 0. |

Part II Tax Computation

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----|
| 1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) | 1 | 0. |
| 2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) | 2 | |
| 3 Proxy tax. See instructions | 3 | |
| 4 Other tax amounts. See instructions | 4 | |
| 5 Alternative minimum tax (trusts only) | 5 | |
| 6 Tax on noncompliant facility income. See instructions | 6 | |
| 7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies | 7 | 0. |

LHA For Paperwork Reduction Act Notice, see instructions.

| Part III Tax and Payments | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------------|
| 1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 1a | | |
| b Other credits (see instructions) | 1b | | |
| c General business credit. Attach Form 3800 (see instructions) | 1c | | |
| d Credit for prior year minimum tax (attach Form 8801 or 8827) | 1d | | |
| e Total credits. Add lines 1a through 1d | | 1e | |
| 2 Subtract line 1e from Part II, line 7 | | 2 | 0. |
| 3 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) | | 3 | |
| 4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here | | 4 | 0. |
| 5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 | | 5 | 0. |
| 6a Payments: A 2019 overpayment credited to 2020 | 6a | | |
| b 2020 estimated tax payments. Check if section 643(g) election applies | 6b | | |
| c Tax deposited with Form 8868 | 6c | | |
| d Foreign organizations: Tax paid or withheld at source (see instructions) | 6d | | |
| e Backup withholding (see instructions) | 6e | | |
| f Credit for small employer health insurance premiums (attach Form 8941) | 6f | | |
| g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 | | | |
| <input type="checkbox"/> Form 4136 | | | |
| <input type="checkbox"/> Other | | | |
| Total | 6g | | |
| 7 Total payments. Add lines 6a through 6g | | 7 | |
| 8 Estimated tax penalty (see instructions). Check if Form 2220 is attached | | 8 | |
| 9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed | | 9 | |
| 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid | | 10 | |
| 11 Enter the amount of line 10 you want: Credited to 2021 estimated tax | | 11 | |
| | | | Refunded |

| Part IV Statements Regarding Certain Activities and Other Information (see instructions) | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----|----|
| 1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here | | Yes | No |
| | | X | X |
| 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? | | X | X |
| If "Yes," see instructions for other forms the organization may have to file. | | | |
| 3 Enter the amount of tax-exempt interest received or accrued during the tax year | | | |
| 4a Did the organization change its method of accounting? (see instructions) | | X | X |
| b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V | | | |

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

| | | | | |
|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| Sign Here | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | | | |
| | Signature of officer | Date | PRESIDENT AND CEO | Title |
| | | | May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Check <input type="checkbox"/> if self-employed | PTIN |
| | LAURENCE R. HOLMES | | | P00664488 |
| | Firm's name | Firm's EIN | | |
| BOURGEOIS BENNETT, L.L.C. | | 72-0136870 | | |
| Firm's address | | Phone no. | | |
| 111 VETERANS BLVD., SUITE 1700 METAIRIE, LA 70005 | | 504.831.4949 | | |

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

ENTITY 1

OMB No. 1545-0047

2020

Open to Public Inspection for
501(c)(3) Organizations Only

| | |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| A Name of the organization GREATER NEW ORLEANS EDUCATIONAL TELEVISION FOUNDATION | B Employer identification number 72-0497926 |
| C Unrelated business activity code (see instructions) ▶ 532000 | D Sequence: 1 of 1 |

E Describe the unrelated trade or business ▶ **PRODUCTION SERVICE INCOME - RENTAL**

| Part I Unrelated Trade or Business Income | (A) Income | (B) Expenses | (C) Net |
|-----------------------------------------------------------------------------------------------|------------|--------------|----------|
| 1 a Gross receipts or sales | | | |
| b Less returns and allowances c Balance ▶ | 1c | | |
| 2 Cost of goods sold (Part III, line 8) | 2 | | |
| 3 Gross profit. Subtract line 2 from line 1c | 3 | | |
| 4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions) | 4a | | |
| b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions) | 4b | | |
| c Capital loss deduction for trusts | 4c | | |
| 5 Income (loss) from a partnership or an S corporation (attach statement) | 5 | | |
| 6 Rent income (Part IV) | 6 | | |
| 7 Unrelated debt-financed income (Part V) | 7 | | |
| 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) | 8 | | |
| 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) | 9 | | |
| 10 Exploited exempt activity income (Part VIII) | 10 | | |
| 11 Advertising income (Part IX) | 119,540. | 101,044. | 18,496. |
| 12 Other income (see instructions; attach statement) STMT 1 | 759,468. | | 759,468. |
| 13 Total. Combine lines 3 through 12 | 879,008. | 101,044. | 777,964. |

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

| | | |
|----------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| 1 Compensation of officers, directors, and trustees (Part X) | 1 | 83,401. |
| 2 Salaries and wages | 2 | 246,499. |
| 3 Repairs and maintenance | 3 | 4,422. |
| 4 Bad debts | 4 | |
| 5 Interest (attach statement) (see instructions) SEE STATEMENT 2 | 5 | 1,364. |
| 6 Taxes and licenses | 6 | 16,816. |
| 7 Depreciation (attach Form 4562) (see instructions) | 7 | 326,542. |
| 8 Less depreciation claimed in Part III and elsewhere on return | 8a | 326,542. |
| 9 Depletion | 9 | |
| 10 Contributions to deferred compensation plans | 10 | |
| 11 Employee benefit programs | 11 | 35,209. |
| 12 Excess exempt expenses (Part VIII) | 12 | |
| 13 Excess readership costs (Part IX) | 13 | 18,496. |
| 14 Other deductions (attach statement) SEE STATEMENT 3 | 14 | 105,503. |
| 15 Total deductions. Add lines 1 through 14 | 15 | 838,252. |
| 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | 16 | -60,288. |
| 17 Deduction for net operating loss (see instructions) | 17 | 0. |
| 18 Unrelated business taxable income. Subtract line 17 from line 16 | 18 | -60,288. |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold Enter method of inventory valuation

| | | | |
|---|--------------------------------------------------------------------------------------------------------------------------|---|----------------------------------------------------------|
| 1 | Inventory at beginning of year | 1 | |
| 2 | Purchases | 2 | |
| 3 | Cost of labor | 3 | |
| 4 | Additional section 263A costs (attach statement) | 4 | |
| 5 | Other costs (attach statement) | 5 | |
| 6 | Total. Add lines 1 through 5 | 6 | |
| 7 | Inventory at end of year | 7 | |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 | 8 | |
| 9 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A _____

B _____

C _____

D _____

| | A | B | C | D |
|---------------------------------------------------------------------------------------------------------------------------------------------------|----|---|---|---|
| 2 Rent received or accrued | | | | |
| a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | | | | |
| b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | | | | |
| c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D | | | | |
| 3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) | 0. | | | |
| 4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) | | | | |
| 5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) | 0. | | | |

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A _____

B _____

C _____

D _____

| | A | B | C | D |
|---------------------------------------------------------------------------------------------------------------------|----|---|---|---|
| 2 Gross income from or allocable to debt-financed property | | | | |
| 3 Deductions directly connected with or allocable to debt-financed property | | | | |
| a Straight line depreciation (attach statement) | | | | |
| b Other deductions (attach statement) | | | | |
| c Total deductions (add lines 3a and 3b, columns A through D) | | | | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) | | | | |
| 5 Average adjusted basis of or allocable to debt-financed property (attach statement) | | | | |
| 6 Divide line 4 by line 5 | % | % | % | % |
| 7 Gross income reportable. Multiply line 2 by line 6 | | | | |
| 8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) | 0. | | | |
| 9 Allocable deductions. Multiply line 3c by line 6 | | | | |
| 10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) | 0. | | | |
| 11 Total dividends-received deductions included in line 10 | 0. | | | |

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

| 1. Name of controlled organization | | 2. Employer identification number | Exempt Controlled Organizations | | | 6. Deductions directly connected with income in column 5 |
|------------------------------------|---------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------|
| | | | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Nonexempt Controlled Organizations | | | | | | |
| 7. Taxable Income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 | | |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A) | Add columns 6 and 11. Enter here and on Part I, line 8, column (B) | | |
| Totals | | | 0. | 0. | | |

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add cols 3 and 4) |
|--------------------------|---------------------|-----------------------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | Add amounts in column 2. Enter here and on Part I, line 9, column (A) | | Add amounts in column 5. Enter here and on Part I, line 9, column (B) |
| Totals | | 0. | | 0. |

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| | | |
|---|------------------------------------------------------------------------------------------------------------------------------------------------|---|
| 1 | Description of exploited activity: _____ | |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) _____ | 2 |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) _____ | 3 |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 _____ | 4 |
| 5 | Gross income from activity that is not unrelated business income _____ | 5 |
| 6 | Expenses attributable to income entered on line 5 _____ | 6 |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 _____ | 7 |

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A DIAL MAGAZINE

B

C

D

Enter amounts for each periodical listed above in the corresponding column.

| | A | B | C | D |
|------------------------------------------------------------------------|----------|---|---|----------|
| 2 Gross advertising income | 119,540. | | | |
| Add columns A through D. Enter here and on Part I, line 11, column (A) | | | | 119,540. |

| | | | | |
|--------------------------------------------------------------------------|----------|--|--|----------|
| a | | | | |
| 3 Direct advertising costs by periodical | 101,044. | | | |
| a Add columns A through D. Enter here and on Part I, line 11, column (B) | | | | 101,044. |

| | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--|--|--|
| 4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 | 18,496. | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--|--|--|

| | | | | |
|--------------------|---------|--|--|--|
| 5 Readership costs | 43,304. | | | |
|--------------------|---------|--|--|--|

| | | | | |
|----------------------|---------|--|--|--|
| 6 Circulation income | 21,336. | | | |
|----------------------|---------|--|--|--|

| | | | | |
|----------------------------------------------------------------------------------------------------------------------------------|---------|--|--|--|
| 7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero | 21,968. | | | |
|----------------------------------------------------------------------------------------------------------------------------------|---------|--|--|--|

| | | | | |
|----------------------------------------------------------------------------------------------------------------------------------|---------|--|--|--|
| 8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 | 18,496. | | | |
|----------------------------------------------------------------------------------------------------------------------------------|---------|--|--|--|

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 18,496.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2. Title | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
|------------------------------------------|-----------|-------------------------------------------|----------------------------------------------------|
| (1) ALLAN PIZZATO | PRESIDENT | 42.60% | 73,350. |
| (2) ROBIN COOPER | PRESIDENT | 42.60% | 10,051. |
| (3) | | % | |
| (4) | | % | |
| Total. Enter here and on Part II, line 1 | | | 83,401. |

Part XI Supplemental Information (see instructions)

| FORM 990-T (A) | OTHER INCOME | STATEMENT 1 |
|--------------------------------------|--------------|-------------|
| DESCRIPTION | | AMOUNT |
| TOWER RENTAL | | 60,006. |
| STUDIO RENTAL | | 549,245. |
| FACILITY RENTAL | | 150,000. |
| BAD DEBT | | 217. |
| TOTAL TO SCHEDULE A, PART I, LINE 12 | | 759,468. |

| FORM 990-T (A) | INTEREST PAID | STATEMENT 2 |
|--------------------------------------|---------------|-------------|
| DESCRIPTION | | AMOUNT |
| INTEREST EXPENSE | | 1,364. |
| TOTAL TO SCHEDULE A, PART II, LINE 5 | | 1,364. |

| FORM 990-T (A) | OTHER DEDUCTIONS | STATEMENT 3 |
|---------------------------------------|------------------|-------------|
| DESCRIPTION | | AMOUNT |
| ACCOUNTING | | 1,747. |
| BANK CHARGES | | 622. |
| COMPUTER SUPPLIES | | 2,682. |
| COPIER RENTAL | | 444. |
| DUES AND SUBSCRIPTIONS | | 1,080. |
| EMPLOYEE RELATIONS | | 125. |
| INSURANCE | | 7,520. |
| OCCUPANCY | | 43,389. |
| POSTAGE | | 319. |
| PROFESSIONAL SERVICES | | 19,737. |
| TELEPHONE | | 5,991. |
| TOWER RENTAL | | 5,729. |
| UTILITIES | | 7,704. |
| BOARD OF TRUSTEE EXP | | 4. |
| STUDIO EXPENSES | | 6,887. |
| LEGAL | | 529. |
| TRAVEL | | 144. |
| HOSPITALITY | | 425. |
| MISCELLANEOUS | | 331. |
| PROFESSIONAL DEVELOPMENT | | 94. |
| TOTAL TO SCHEDULE A, PART II, LINE 14 | | 105,503. |

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**GREATER NEW ORLEANS EDUCATIONAL
TELEVISION FOUNDATION**

**PRODUCTION SERVICE
INCOME - RENTAL**

72-0497926

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

| | | | |
|----|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------|
| 1 | Maximum amount (see instructions) | 1 | 1,040,000. |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation | 3 | 2,590,000. |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 | Listed property. Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2019 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 | 13 | |

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

| | | | |
|----|--------------------------------------------------------------------------------------------------------------------------|----|--|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | |

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

| | | | |
|----|-----------------------------------------------------------------------------------------------------------------------------------|----|--------------------------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2020 | 17 | |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here | | <input type="checkbox"/> |

Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

| | (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only - see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|-----|--------------------------------|--------------------------------------|------------------------------------------------------------------------------|---------------------|----------------|------------|----------------------------|
| 19a | 3-year property | | | | | | |
| b | 5-year property | | | | | | |
| c | 7-year property | | | | | | |
| d | 10-year property | | | | | | |
| e | 15-year property | | | | | | |
| f | 20-year property | | | | | | |
| g | 25-year property | | | 25 yrs. | | S/L | |
| h | Residential rental property | / | | 27.5 yrs. | MM | S/L | |
| | | / | | 27.5 yrs. | MM | S/L | |
| i | Nonresidential real property | / | | 39 yrs. | MM | S/L | |
| | | / | | | MM | S/L | |

Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

| | | | | | | | |
|-----|------------|---|--|---------|----|-----|--|
| 20a | Class life | | | | | S/L | |
| b | 12-year | | | 12 yrs. | | S/L | |
| c | 30-year | / | | 30 yrs. | MM | S/L | |
| d | 40-year | / | | 40 yrs. | MM | S/L | |

Part IV Summary (See instructions.)

| | | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|
| 21 | Listed property. Enter amount from line 28 | 21 | 326,542. |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. | 22 | 326,542. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

**GREATER NEW ORLEANS EDUCATIONAL
TELEVISION FOUNDATION**

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/ investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/ Convention | (h) Depreciation deduction | (i) Elected section 179 cost |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------|-------------------------------|--------------------------------------------------------------------|---------------------------|------------------------------|----------------------------------|---------------------------------------|
| 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use | | | | | | | 25 | |
| 26 Property used more than 50% in a qualified business use: | | | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| 27 Property used 50% or less in a qualified business use: | | | | | | | | |
| | | % | | | | S/L - | | |
| | | % | | | | S/L - | | |
| | | % | | | | S/L - | | |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 | | | | | | | 28 | |
| 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 | | | | | | | | 29 |

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

| | (a) Vehicle | | (b) Vehicle | | (c) Vehicle | | (d) Vehicle | | (e) Vehicle | | (f) Vehicle | |
|--------------------------------------------------------------------------------------------------|----------------|----|----------------|----|----------------|----|----------------|----|----------------|----|----------------|----|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 30 Total business/investment miles driven during the year (don't include commuting miles) | | | | | | | | | | | | |
| 31 Total commuting miles driven during the year | | | | | | | | | | | | |
| 32 Total other personal (noncommuting) miles driven | | | | | | | | | | | | |
| 33 Total miles driven during the year. Add lines 30 through 32 | | | | | | | | | | | | |
| 34 Was the vehicle available for personal use during off-duty hours? | | | | | | | | | | | | |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | | | | | | | |
| 36 Is another vehicle available for personal use? | | | | | | | | | | | | |

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

| | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | | |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners | | |
| 39 Do you treat all use of vehicles by employees as personal use? | | |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | | |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? | | |

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|--------------------------------------------------------------------------------------|------------------------------------|------------------------------|------------------------|---------------------------------------------|--------------------------------------|
| 42 Amortization of costs that begins during your 2020 tax year: | | | | | |
| | | | | | |
| 43 Amortization of costs that began before your 2020 tax year | | | | | 43 |
| 44 Total. Add amounts in column (f). See the instructions for where to report | | | | | 44 |

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | | |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| Type or print | Name of exempt organization or other filer, see instructions. GREATER NEW ORLEANS EDUCATIONAL TELEVISION FOUNDATION | Taxpayer identification number (TIN) 72-0497926 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. 916 NAVARRE AVENUE | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW ORLEANS, LA 70124 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

| Application Is For | Return Code | Application Is For | Return Code |
|------------------------------------------|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

NETA

- The books are in the care of ▶ **PO BOX 50008 - COLUMBIA, SC 29250**
Telephone No. ▶ **504-838-0429** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **AUGUST 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **OCT 1, 2020**, and ending **SEP 30, 2021**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|----|
| 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

LOUISIANA
DEPARTMENT of REVENUE**Louisiana Department of Revenue
Corporation Income/Franchise Tax
Declaration for Electronic Filing**

Do not file paper copies. This form must be maintained by the Electronic Return Originator (ERO).

For calendar year 2020, or tax year beginning OCT 1, 2020, ending SEP 30, 2021

PLEASE PRINT OR TYPE.

| | | | |
|------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------|----------------------------------------------------------|
| Name of Corporation GREATER NEW ORLEANS EDUCATIONAL TELEVISI | | | |
| Louisiana Revenue Account Number 0343103-001 | | Federal Employer Identification Number (FEIN) 72-0497926 | |
| Street Address of Corporation 916 NAVARRE AVENUE | | Unit Type | Unit Number |
| City NEW ORLEANS | State LA | ZIP 70124 | Foreign Nation, if not United States (do not abbreviate) |

| Part 1 - Tax Return Information (whole dollars only) | | | |
|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|---|-----|
| 1 | Income & Franchise tax due after Priority 1 Credits (Form CIFT-620, Line 10, the sum of both columns 1 and 2) | 1 | .00 |
| 2 | Refund (Form CIFT-620, Line 28, column 3) | 2 | .00 |
| 3 | Total amount due (Form CIFT-620, Line 25, column 3) | 3 | .00 |
| 4 | Amount of payment remitted electronically | 4 | .00 |

| Part II - Declaration of Officer (Sign only after Part I is completed.) | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------|
| Under penalties of perjury, I declare that I am an officer of the above corporation and that the information that I have given my electronic return originator (ERO), transmitter, and/or intermediate service provider (ISP) and the amounts in Part 1 above agree with the amounts on the corresponding lines of the Louisiana 2020 Income/2021 Franchise tax return. To the best of my knowledge and belief, the corporation's return is true, correct, and complete. I consent to my ERO, transmitter, and/or ISP sending the corporation's return, this declaration, accompanying schedules, and statements to the Louisiana Department of Revenue. I also consent to the Louisiana Department of Revenue sending my ERO, transmitter, and/or ISP an acknowledgment of receipt of transmission and an indication of whether or not the corporation's return is accepted, and, if rejected, the reason(s) for the rejection. | | |
| <input checked="" type="checkbox"/> I authorize a representative of the Louisiana Department of Revenue to discuss my return and attachments with my preparer. | | |
| Signature of Officer | Date (mm/dd/yyyy) | Title |
| | | PRESIDENT AND CEO |

| Part III - Declaration of Electronic Return Originator (ERO) and Paid Preparer | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------|-------------------------------------------------|---------------------------------------|
| I declare that I have reviewed the above corporation's return and that the entries on LA8453-C are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The corporate officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the Louisiana Department of Revenue, and have followed all other requirements in Pub. 3112, IRS E-file Application and Participation, and Pub. 4163, Modernized E-File Information for Authorized IRS E-Providers. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above corporation's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge. | | | | |
| ERO's Use Only | | | | |
| ERO's Signature X | Date (mm/dd/yyyy) | <input checked="" type="checkbox"/> Check if also paid preparer | <input type="checkbox"/> Check if self-employed | ERO's SSN or PTIN P00664488 |
| Firm's Name (or yours if self-employed) BOURGEOIS BENNETT, L.L.C. | | | | FEIN 72-0136870 |
| City METAIRIE | State LA | ZIP 70005 | Phone Number 504.831.4949 | |
| Paid Preparer's Use only | | | | |
| Preparer's Signature | Date (mm/dd/yyyy) | <input type="checkbox"/> Check if self-employed | Preparer's SSN or PTIN | |
| Firm's Name (or yours if self-employed) | | | | FEIN |
| City | State | ZIP | Phone Number | |

Louisiana Department of Revenue
 Post Office Box 91011
 Baton Rouge, LA 70821-9011

Enter your LA Revenue Account Number here (Not FEIN):

0343103-001

For office use only.

| | |
|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| LA Corporation Income Tax Return for 2020 <input type="checkbox"/> Mark box for calendar year | LA Corporation Franchise Tax Return for 2021 |
| Or Fiscal Year (Enter dates) Begun <u>10/01</u> , 2020 Begun _____, 2021 Ended <u>09/30</u> , 2021 Ended _____, 2022 | |
| Calendar year returns are due May 15. See instructions for fiscal years. | |
| Final return | Mark the appropriate box for Short period or Final return. |
| Short period return | |

Mark box if:

- Name change.
- Amended return.
- Entity is not required to file franchise tax.
- Entity is not required to file income tax.
- First time filing of this form.

| | | |
|----------------------------------------------------------|--------------------|---------------------|
| Legal Name GREATER NEW ORLEANS EDUCATIONA | | |
| Trade Name | | |
| Mailing Address 916 NAVARRE AVENUE | | |
| Unit Type | Unit Number | |
| City NEW ORLEANS | State LA | ZIP 70124 |
| Foreign Nation, if not United States (do not abbreviate) | | |

| | |
|-------------------------------------------|--------------------------------------------------|
| A. Federal Employer Identification Number | 72-0497926 |
| B. Federal taxable income | <input checked="" type="checkbox"/> 60288 |
| C. Federal income tax | 0 |
| D. Income tax apportionment percentage | 100.00 % |
| E. Gross revenues | 0 |
| F. Total assets | 17354764 |

| | |
|---------------------------------------------------------------------------------------------|--------------------------------------------|
| G. NAICS code | 517000 |
| H. Enter the state abbreviation for location of the principal place of business. | LA |
| I. Does the income of this corporation include the income of any disregarded entities? | Yes No <input checked="" type="checkbox"/> |
| J. Was the income of this corporation included in a consolidated federal income tax return? | Yes No <input checked="" type="checkbox"/> |
| K. If answered yes to J, enter FEIN of consolidated federal income tax return. | |
| L. Do the books of the corporation contain intercompany debt? | Yes No <input checked="" type="checkbox"/> |
| M. Enter the code for the federal form filed. | 1 |
| N. Enter the code for the type of entity. | 8 |
| O. Pass-through Entity Tax Election | |

| Computation of Income Tax - See instructions. | |
|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| 1A. Louisiana net income before loss adjustments and federal income tax deduction. | <input checked="" type="checkbox"/> 60288 |
| 1B. Subchapter S corporation exclusion | 0 |
| 1C. Loss carryforward [\$ 0 .00] less federal tax refund applicable to loss [\$ 0 .00] Attach schedule. | 0 |
| 1C1. Loss carryforward utilized | 0 |
| 1D. Federal income tax deduction | 0 |
| 1D1. Federal Disaster Relief Credits | 0 |
| 1E. Louisiana taxable income | <input checked="" type="checkbox"/> 60288 |
| 2. Louisiana income tax | 0 |
| 3. Nonrefundable income tax credits from Schedule NRC-P1 | 0 |
| 4. Income tax after priority 1 credits | 0 |

| Computation of Franchise Tax - See instructions. | |
|--------------------------------------------------------------------------------|-----------------|
| 5A. Total capital stock, surplus, & undivided profits | 15389340 |
| 5B. Franchise tax apportionment percentage | 100.00 % |
| 5C. Franchise taxable base | 15389340 |
| 6. Amount of assessed value of real and personal property in Louisiana in 2020 | 0 |
| 7. Louisiana franchise tax | 5 |
| 8. Nonrefundable franchise tax credits from Schedule NRC-P1 | 0 |
| 9. Franchise tax after priority 1 credits | 0 |

IMPORTANT!

All four (4) pages of this return MUST be mailed in along with completed schedules. Please sign and date the return on Page 3 and remit any amount due shown on Line 26, Column 3. **Do not send cash.**



FOR OFFICE USE ONLY

Field Flag

DEV ID 2249

054401
02-11-21

22141

| Net Amount Due | | | | | | | | |
|----------------------------------------------------------------|---------------------|---|------------------------|---|----------------|--|-----|---|
| | Col. 1 - Income tax | | Col. 2 - Franchise tax | | Col. 3 - Total | | | |
| 10. Tax liability after priority 1 credits | 10. | 0 | 10. | 0 | | | | |
| 11. Refundable credits from Schedule RC-P2 | 11. | 0 | 11. | 0 | | | | |
| 12. Tax liability after priority 2 credits | 12. | 0 | 12. | 0 | | | | |
| 13. Overpayment after priority 2 credits | 13. | 0 | 13. | 0 | | | | |
| 14. Nonrefundable credits from Schedule NRC-P3 | 14. | 0 | 14. | 0 | | | | |
| 15. Tax liability after priority 3 credits | 15. | 0 | 15. | 0 | | | 15. | 0 |
| 16A. Overpayment after priority 2 credits | 16A. | 0 | 16A. | 0 | | | | |
| 16B. Refundable credits from Schedule RC-P4 | 16B. | 0 | 16B. | 0 | | | | |
| 16C. Credit carryforward from prior year return | 16C. | 0 | 16C. | 0 | | | | |
| 16D. Estimated payments | 16D. | 0 | | | | | | |
| 16E. Payment made with extension | 16E. | 0 | 16E. | 0 | | | | |
| 16F. Total refundable credits and payments | 16F. | 0 | 16F. | 0 | | | | |
| 17. Overpayment | 17. | 0 | 17. | 0 | | | 17. | 0 |
| 18. Tax due | 18. | 0 | 18. | 0 | | | | |
| 19. Amount of Income tax overpayment applied to franchise tax | | | 19. | 0 | | | | |
| 20. Net Tax due | | | 20. | 0 | | | | |
| 21. Interest | 21. | 0 | 21. | 0 | | | | |
| 22. Delinquent filing penalty | 22. | 0 | 22. | 0 | | | | |
| 23. Delinquent payment penalty | 23. | 0 | 23. | 0 | | | | |
| 24. Additional donation to The Military Family Assistance Fund | 24. | 0 | 24. | 0 | | | | |
| 25. Total amount due | 25. | 0 | 25. | 0 | | | 25. | 0 |

▼ PAY THIS AMOUNT ▼

IMPORTANT!

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| Net Amount Due | | | |
|-------------------------------------------------------------------------------------|---------------------|------------------------|----------------|
| | Col. 1 - Income tax | Col. 2 - Franchise tax | Col. 3 - Total |
| 26. Net overpayment | | 26. 0 | 26. 0 |
| 27. Amount of overpayment you want to donate to The Military Family Assistance Fund | | | 27. 0 |
| 28. Amount of overpayment to be refunded | | | 28. 0 |
| 29. Amount of overpayment to be credited to 2021 | | | 29. 0 |

Make payment to Louisiana Department of Revenue. DO NOT SEND CASH. You can pay your taxes online at: www.revenue.louisiana.gov/LaTap.

Under the penalties of perjury, I declare that I have examined this return, including all accompanying documents, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he has any knowledge.

| | | |
|-----------------------|----------------------------------------------|-------------------|
| Signature of Officer | Title of Officer PRESIDENT AND CEO | |
| Print Name of Officer | Telephone 504-838-0429 | Date (mm/dd/yyyy) |

| | | | | |
|---------------------------------------|----------------------------------------------------|----------------------------------------|-------------------|-------------------------------------------------|
| PAID PREPARER USE ONLY | Print Preparer's Name LAURENCE R. HOLMES | Preparer's Signature | Date (mm/dd/yyyy) | Check <input type="checkbox"/> if Self-employed |
| | Firm's Name ▶ | BOURGEOIS BENNETT, L.L.C. | | Firm's FEIN ▶ 72-0136870 |
| | Firm's Address ▶ | 111 VETERANS BLVD., SUITE 1700, | | Telephone ▶ 504.831.4949 |

IMPORTANT!

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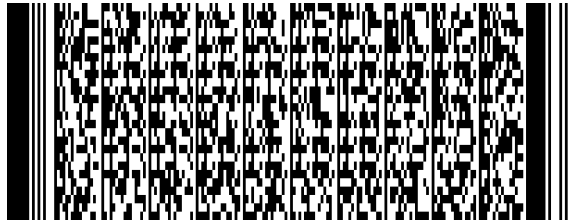
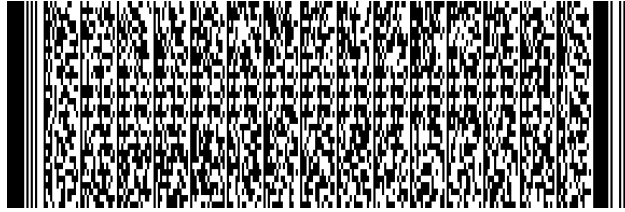
**PTIN, FEIN, or LDR Account
Number of Paid Preparer**

720136870



Enter your LA Revenue Account Number here. ▶

0343103-001



IMPORTANT!

All four (4) pages of this return **MUST** be mailed in along with completed schedules. Please sign and date the return on Page 3 and remit any amount due shown on Line 26, Column 3. **Do not send cash.**



All applicable schedules must be completed.

| Schedule A - Required Information | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------|------------|
| 1. At the end of the tax year, did you directly or indirectly own 50% or more of the voting stock of any corporation or an interest of any partnership, including any entity treated as a corporation or partnership? If yes, list the FEIN and percentage owned for the five largest percentages. Attach a schedule listing the names, addresses, FEIN and percentage owned of all entities. | Yes <input type="checkbox"/> | 1 | FEIN | Percentage |
| | | 2 | | |
| | No <input checked="" type="checkbox"/> | 3 | | |
| | | 4 | | |
| | | 5 | | |
| | 2. At the end of the tax year, did any corporation, individual, partnership, trust, or association directly or indirectly own 50% or more of your voting stock? If yes, list the FEIN or SSN and percentage owned for the five largest percentages. Attach a schedule listing the names, addresses, FEIN or SSN and percentage owned of all entities. | Yes <input type="checkbox"/> | 1 | FEIN/SSN |
| 2 | | | | |
| No <input checked="" type="checkbox"/> | | 3 | | |
| | | 4 | | |
| | | 5 | | |
| 3. If you answered yes to Line 1 on CIFT-620, list the FEIN of five of those entities. Also, attach a schedule listing the names, addresses, and FEIN of all entities. | | Yes <input type="checkbox"/> | 1 | FEIN |
| | 2 | | | |
| | No <input checked="" type="checkbox"/> | 3 | | |
| | | 4 | | |
| | | 5 | | |

| Schedule B - Computation of Income Tax Apportionment Percentage | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------|------------|
| Description of items used as ratios | 1. Total amount | 2. Louisiana amount | 3. Percent |
| 1. Net sales of merchandise and/or charges for services | | | |
| A. Sales | 0 | 0 | |
| B. Charges for services | 0 | 0 | |
| C. Other gross apportionable income | 0 | 0 | |
| D. Total - Add the amounts in Columns 1 and 2. | 0 | 0 | 100.00 % |
| 2. For certain oil & gas businesses only. Wages, salaries, and other personal service compensation paid during the year (see instructions). If ratio not used, check box. <input checked="" type="checkbox"/> | 0 | 0 | % |
| 3. For certain oil & gas businesses only (see instructions). Income tax property ratio - Enter percentage from Schedule C, Line 24. If ratio not used, check box. <input checked="" type="checkbox"/> | | | % |
| 4. ONLY corporations primarily in the oil and gas business, enter ratio from Line 1D, Column 3 (see instructions). | | | % |
| 5. Total of percents in Column 3 | | | 100.00 % |
| 6. Average of percents - Divide Line 5 by applicable number of ratios. Enter here and on CIFT-620, Line D. | | | 100.00 % |



Schedule D - Computation of Louisiana Net Income

See instructions if separate accounting method is used and check box.



| | Totals | | | Totals | |
|------------------------------------------------------------------|---------------|------------|----------------------------------------------------------------------------------------------------------------------|---------------|------------|
| 1A. Gross receipts | 759468 | .00 | 22. Other employee benefit plans | 35209 | .00 |
| 1B. Less returns and allowances | 0 | .00 | 23. Other deductions - Attach schedule. | 128421 | .00 |
| 1C. Balance. Subtract Line 1B from Line 1A. | 759468 | .00 | 24. Total deductions - Add Lines 10 through 23. | 838252 | .00 |
| 2. Less: Cost of goods sold and/or operations - Attach schedule. | 0 | .00 | 25. Net income from all sources - Subtract Line 24 from Line 9. | -60288 | .00 |
| 3. Gross profit - Subtract Line 2 from Line 1C. | 759468 | .00 | 26. Allocable income from all sources: | | |
| 4. Gross rents | 0 | .00 | 26A. Net rents and royalties from immovable or corporeal movable property | 0 | .00 |
| 5. Gross royalties | 0 | .00 | 26B. Royalties from the use of patents, trademarks, etc. | 0 | .00 |
| 6. Income from estates, trusts, partnerships | 0 | .00 | 26C. Income from estates, trusts, and partnerships | 0 | .00 |
| 7. Income from construction, repair, etc. | 0 | .00 | 26D. Income from construction, repair, etc. | 0 | .00 |
| 8. Other income - Attach schedule. | 18496 | .00 | 26E. Other allocable income | 0 | .00 |
| 9. Total income - Add Lines 3 through 8. | 777964 | .00 | 26F. Allocable expenses | (0) | .00 |
| 10. Compensation of officers | 0 | .00 | 26G. Net allocable income from all sources | 0 | .00 |
| 11. Salaries and wages (not deducted elsewhere) | 329900 | .00 | 27. Net income subject to apportionment - Subtract Line 26G from Line 25. | -60288 | .00 |
| 12. Repairs | 0 | .00 | 28. Net income apportioned to Louisiana | -60288 | .00 |
| 13. Bad debts | 0 | .00 | 29. Allocable income from Louisiana sources: | | |
| 14. Rent | 0 | .00 | 29A. Net rents and royalties from immovable or corporeal movable property | 0 | .00 |
| 15. Taxes and licenses - Attach schedule. | 16816 | .00 | 29B. Royalties from the use of patents, trademarks, etc. | 0 | .00 |
| 16. Interest | 1364 | .00 | 29C. Income from estates, trusts, and partnerships | 0 | .00 |
| 17. Charitable Contributions | 0 | .00 | 29D. Income from construction, repair, etc. | 0 | .00 |
| 18. Depreciation - Attach schedule. | 326542 | .00 | 29E. Other allocable income | 0 | .00 |
| 19. Depletion - Attach schedule. | 0 | .00 | 29F. Allocable expenses | (0) | .00 |
| 20. Advertising | 0 | .00 | 29G. Net allocable income from Louisiana sources | 0 | .00 |
| 21. Pension, profit sharing, stock bonus, and annuity plans | 0 | .00 | 30. Louisiana net income before loss adjustments and federal income tax deduction - Add Line 28 and Line 29G. | -60288 | .00 |



Schedule E - Reconciliation of Income Per Books with Income Per Return

| | | | |
|---------------------------------------------------------------------------|----------|-------------------------------------------------------------------------------------------|----------|
| 1. Net income per books | - 475680 | 6. Total - Add Lines 1 through 5c. | - 475680 |
| 2. Louisiana income tax | 0 | 7. Income recorded on books this year, but not included in this return - Attach Schedule. | 0 |
| 3. Excess of capital loss over capital gains | 0 | 8. Deductions in this tax return not charged against book income this year: | |
| 4. Taxable income not recorded on books this year - Attach schedule | 0 | a. Depreciation | 0 |
| 5. Expenses recorded on books this year, but not deducted in this return: | | b. Depletion | 0 |
| a. Depreciation | 0 | c. Other - Attach Schedule | 0 |
| b. Depletion | 0 | 9. Total - Add Lines 7 through 8c. | 0 |
| c. Other - Attach schedule. | 0 | 10. Net income from all sources per return - Subtract Line 9 from Line 6. | - 475680 |

Schedule G - Liabilities and Capital from Balance Sheet

| Liabilities and Capital | 1. Beginning of year | 2. End of year |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------|
| 1. Accounts payable | 226444 | 285179 |
| 2. Mortgages, notes, and bonds payable one year old or less at balance sheet date and having a maturity of one year or less from original date incurred | 0 | 0 |
| 3. Other current liabilities - Attach schedule. SEE STATEMENT 4 | 1031031 | 733350 |
| 4. Loans from stockholders - Attach schedule. | 0 | 0 |
| 5. Due to subsidiaries and affiliates | 0 | 0 |
| 6. Mortgages, notes, and bonds payable more than one year old at balance sheet date or having a maturity of more than one year from original date incurred | 1108776 | 547650 |
| 7. Other liabilities - Attach schedule. STMT 5 | 699245 | 399245 |
| 8. Capital stock: a. Preferred stock | 0 | 0 |
| b. Common stock | 0 | 0 |
| 9. Paid-in or capital surplus | 0 | 0 |
| 10. Surplus reserves - Attach schedule. | 0 | 0 |
| 11. Earned surplus and undivided profits | 15111423 | 15389340 |
| 12. Excessive reserves or undervalued assets | 0 | 0 |
| 13. Totals - Add Lines 1 through 12. | 18176919 | 17354764 |



All applicable schedules must be completed.

| Schedule F - Reconciliation of Federal and Louisiana Net Income | |
|--------------------------------------------------------------------------------------------------------------------------------|----------|
| See R.S. 47:287.71, R.S. 47:287.73, and R.S. 47:287.82 for information. | |
| | Column 1 |
| 1. Enter the total net income calculated under federal law before special deductions. | -60288 |
| 2. Additions to federal net income: | |
| a. Louisiana income tax | 0 |
| b. Related members interest\intangible\management fee expenses or costs. From Form R-6950 (see instructions). | 0 |
| c. Donation to School Tuition Organization Credit (see instructions). | 0 |
| d. Other additions - Attach schedule. | 0 |
| e. Total additions - Add Lines 2a through 2d. | 0 |
| 3. Subtractions from federal net income: | |
| a. Bank dividends (see instructions). | 0 |
| b. All other dividends | 0 |
| c. Interest | 0 |
| d. Road Home - The amount included in federal taxable income | 0 |
| e. Louisiana depletion in excess of federal depletion | 0 |
| f. Expenses not deducted on the federal return due to Internal Revenue Code Section 280C | 0 |
| g. Exempt amount of related members interest\intangible\management fee expenses or costs. From Form R-6950 (see instructions). | 0 |
| h. Compensation for disaster services (see instructions). | 0 |
| i. Expenses not deducted on the federal return due to Internal Revenue Code Section 280E. | 0 |
| j. Other subtractions - Attach schedule. | 0 |
| k. Total subtractions - Add Lines 3a through 3j. | 0 |
| 4. Louisiana net income from all sources - The amount should agree with Schedule D, Line 25. | -60288 |



See Revenue Ruling 06-010 and Revenue Information Bulletin 13-006. **All applicable schedules must be completed.** Complete Lines 1 through 11 only if there is an end of year balance in the "Due to Subsidiaries and Affiliates" account or an **equivalent account** on the books of the corporation. All corporations must complete Lines 12 through 19.

| Schedule G-1 Computation of Franchise Tax Base | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 1. Capital Stock: | |
| 1A. Common Stock - Include paid-in or Capital Surplus | 0 |
| 1B. Preferred Stock - Include paid-in or Capital Surplus | 0 |
| 2. Total Capital stock - Add Lines 1A and 1B. | 0 |
| 3. Surplus and undivided profits | 0 |
| 4. Surplus reserves - Include any excessive reserves or undervalued assets | 0 |
| 5. Total - Add Lines 2, 3, and 4 | 0 |
| 6. Due to subsidiaries and affiliates (Do not net with receivables) | 0 |
| 7. Deposit liabilities to affiliates - Included in the amount on Line 6 | 0 |
| 8. Accounts payable less than 180 days old - Included in the amount on Line 6 | 0 |
| 9. Adjusted debt to affiliates - Subtract Lines 7 and 8 from Line 6 | 0 |
| 10A. If Line 9 is greater than zero, AND Line 5 is greater than or equal to zero, subtract Line 5 from Line 9. If both conditions of this line do not apply, skip to Line 10B. | 0 |
| 10B. If Line 9 is greater than zero, AND Line 5 is less than or equal to zero, subtract Line 5 from Line 9. Multiply the difference by 50 percent and enter the result here. | 0 |
| 11. Additional Surplus and Undivided Profits - See instructions | 0 |
| Total Franchise Taxable Base | |
| 12. Capital Stock: Common Stock | 0 |
| Preferred Stock | 0 |
| 13. Paid-in or capital surplus - Include items of paid-in capital in excess of par value | 0 |
| 14. Surplus reserves - Attach schedule | 0 |
| 15. Earned surplus and undivided profits | 15389340 |
| 16. Excessive reserves or undervalued assets | 0 |
| 17. Additional surplus and undivided profits - From Line 11 above | 0 |
| 18. Allowable deductions - See instructions | 0 |
| 19. Total capital, surplus and undivided profits - Add Lines 12 through 18. Also enter the total on CIFT-620, Line 5A. Round to the nearest dollar. | 15389340 |

Note: All accounts on the books of the corporation should be reviewed to determine if an account is an item of capital, surplus or undivided profits. All items of capital, surplus and undivided profits must be included in the franchise taxable base. See Revenue Information Bulletin 06-026.



| Schedule H - Computation of Corporate Franchise Tax Property Ratio | | |
|------------------------------------------------------------------------------|---------------------------|-----------------------------|
| | LOCATED EVERYWHERE | LOCATED IN LOUISIANA |
| | 1. End of year | 2. End of year |
| 1. Cash | 690677 | 690677 |
| 2. Notes and accounts receivable | 925023 | 925023 |
| 3. Reserve for bad debts | (0) | (0) |
| 4. Investment in U.S. gov. obligations | 0 | 0 |
| 5. Stock and obligations of subsidiaries | 0 | 0 |
| 6. Other investments - Attach schedule | 2205731 | 2205731 |
| 7. Loans to stockholders | 0 | 0 |
| 8. Other intangible assets - Attach schedule | 66575 | 66575 |
| 9. Accumulated depreciation | (0) | (0) |
| 10. Total intangible assets - Add Lines 1-9 | 3888006 | 3888006 |
| 11. Inventories | 0 | 0 |
| 12. Bldgs. and other depreciable assets | 24616160 | 24616160 |
| 13. Accumulated depreciation | (11149402) | (11149402) |
| 14. Depletable assets | 0 | 0 |
| 15. Accumulated depletion | (0) | (0) |
| 16. Land | 0 | 0 |
| 17. Other real & tangible assets - Attach schedule | 0 | 0 |
| 18. Excessive reserves, assets not reflected on books, or undervalued assets | 0 | 0 |
| 19. Total real and tangible assets - Add Lines 11 through 18 | 13466758 | 13466758 |
| 20. Total Assets - Add Lines 10 and 19 | 17354764 | 17354764 |
| 21. Franchise tax property ratio (Line 20, Column 2 ÷ Line 20, Column 1) | | 100.00 % |



| Schedule I - Computation of Corporate Franchise Tax Apportionment Percentage | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------|-------------------|
| Description of items used as ratios | 1. Total amount | 2. Louisiana amount | 3. Percent |
| 1. Net sales of merchandise, charges for services, and other revenues | | | |
| A. Sales | 0 | 0 | |
| B. Charges for services | 0 | 0 | |
| C. Other Revenues: | | | |
| (i) Rents and royalties | 0 | 0 | |
| (ii) Dividends and interest from subsidiaries | 0 | 0 | |
| (iii) Other dividends and interest | 0 | 0 | |
| (iv) All other revenues | 0 | 0 | |
| D. Total - If the ratio is not used, check the box. <input checked="" type="checkbox"/> | 0 | 0 | % |
| 2. Franchise tax property ratio - Enter the percentage from Schedule H, Line 21. If the ratio is not used, check the box. <input type="checkbox"/> | | | 100.00 % |
| 3. Total of applicable percents in Column 3 | | | 100.00 % |
| 4. Average of percents - Divide Line 3 by applicable number of ratios. Enter here and on CIFT-620, Line 5B. | | | 100.00 % |



Schedule J - Calculation of Income Tax

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------|------------------------|
| 1. Enter the amount of net taxable income from CIFT-620, Line 1E. Short period filers mark this box and see the instructions. <input type="checkbox"/> | | | 0 |
| 2. Calculation of tax | Column 1 Net income in each bracket | Rate | Column 2 Tax |
| a. First \$25,000 of net taxable income | 0 | x 4% = | 0 |
| b. Next \$25,000 | 0 | x 5% = | 0 |
| c. Next \$50,000 | 0 | x 6% = | 0 |
| d. Next \$100,000 | 0 | x 7% = | 0 |
| e. Over \$200,000 | 0 | x 8% = | 0 |
| 3. Add the amounts in Column 1, Lines 2a through 2e and enter the result. | | | 0 |
| 4. Add the amounts in Column 2, Lines 2a through 2e. Round to the nearest dollar. Enter the result in Column 2 and on CIFT-620, Line 2. | | | 0 |

Schedule J-1 - Pass-Through Entity Tax Election Calculation of Income Tax

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------|------------------------|
| 1. Enter the amount of net taxable income from CIFT-620, Line 1E. Short period filers mark this box and see the instructions. <input type="checkbox"/> | | | |
| 2. Calculation of Tax | Column 1 Net income in each bracket | Rate | Column 2 Tax |
| a. First \$25,000 of net taxable income | | x 2% = | |
| b. Next \$75,000 | | x 4% = | |
| c. Over \$100,000 | | x 6% = | |
| 3. Add the amounts in Column 1, Lines 2a through 2c and enter the result. | | | |
| 4. Add the amounts in Column 2, Lines 2a through 2c. Round to the nearest dollar. Enter the result in Column 2 and on CIFT-620, Line 2. | | | |

Schedule K - Summary of Estimated Tax Payments

| | Check number | Date | Amount |
|----------------------------------------|--------------|------|--------|
| 1. Credit from prior year return | | | 0 |
| 2. First quarter estimated payment | | | 0 |
| 3. Second quarter estimated payment | | | 0 |
| 4. Third quarter estimated payment | | | 0 |
| 5. Fourth quarter estimated payment | | | 0 |
| 6. Payment made with extension request | | | 0 |



| Schedule L - Calculation of Franchise Tax | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| 1. Enter the amount from CIFT-620, Line 5C or Line 6, whichever is greater. Short period filers mark this box <input type="checkbox"/> and see the instructions. | 0 |
| 2. Enter the amount of Line 1 or \$300,000, whichever is less. | 0 |
| 3. Multiply the amount on Line 2 by \$1.50 for each \$1,000 or major fraction and enter the result. | 0 |
| 4. Subtract Line 2 from Line 1 and enter the result. | 0 |
| 5. Multiply the amount on Line 4 by \$3.00 for each \$1,000 or major fraction and enter the result. | 0 |
| 6. Add Lines 3 and 5. Round to the nearest dollar. Enter the result here and on CIFT-620, Line 7. | 0 |

| Schedule M - Analysis of Schedule G, Line 11, Column 2 - Earned surplus and undivided profits per books | | | |
|----------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------|----------|
| 1. Balance at beginning of year | 15111423 | b. Stock | 0 |
| 2. Net income per books | -475680 | c. Property | 0 |
| 3. Other increases - Attach schedule. | 753597 | 6. Other decreases - Attach schedule. | 0 |
| 4. Total - Add Lines 1, 2, and 3. | 15389340 | 7. Total - Add Lines 5a through 6. | 0 |
| 5. Distributions: a. Cash | 0 | 8. Balance at end of year - Subtract Line 7 from Line 4. | 15389340 |

| Schedule N - Additional Information Required | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. Describe the nature of your business activity and specify your principal product or service, both in Louisiana and elsewhere.</p> <p>Louisiana: SERVICE <hr/> PUBLIC TELEVISION <hr/></p> <p>Elsewhere: PUBLIC TELEVISION <hr/> RENTAL <hr/></p> | <p>2. Indicate the date and state of incorporation. <u>04011956</u> <u>LA</u></p> <p>3. Indicate parishes in which property is located. ORLEANS <hr/> <hr/> <hr/></p> |



FEDERAL INCOME TAX DEDUCTION WORKSHEET

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----------------------------------|
| 1A. Louisiana net income - From Form CIFT-620, Line 1A | \$ | <u> -60,288. </u> |
| 1B. Loss deductions - Enter the amount from Form CIFT-620, Line 1C1 | \$ | <u> </u> |
| 1C. Louisiana net income before federal income tax deduction - Subtract Line 1B from Line 1A | \$ | <u> -60,288. </u> |
| 2. Adjustments to convert Louisiana net income to a federal basis | | |
| _____ | \$ | <u> </u> |
| _____ | \$ | <u> </u> |
| _____ | \$ | <u> </u> |
| _____ | \$ | <u> </u> |
| _____ | \$ | <u> </u> |
| _____ | \$ | <u> </u> |
| _____ | \$ | <u> </u> |
| Net adjustment | \$ | <u> </u> |
| 3. Louisiana net income on a federal basis - Subtract Line 2 from Line 1C | \$ | <u> -60,288. </u> |
| 4. Federal net income | \$ | <u> </u> |
| 5. Less creditable expenses | \$ | <u> </u> |
| 6. Federal net income - Subtract Line 5 from Line 4 | \$ | <u> </u> |
| 7. Ratio of Louisiana net income to federal net income - Divide Line 3 by Line 6 | | <u> 100.0000 %</u> |
| 8. Federal income tax liability | \$ | <u> 0. </u> |
| 9. Less base erosion minimum tax | \$ | <u> </u> |
| 10. Federal income tax - Subtract Line 9 from Line 8 | \$ | <u> 0. </u> |
| 11. Federal income tax attributable to Louisiana income - Multiply Line 10 by Line 7 | \$ | <u> 0. </u> |
| 12. Federal income tax disaster relief credits | \$ | <u> </u> |
| 12a. Federal income tax disaster relief credit attributable to Louisiana - Multiply Line 12 by Line 7 and enter the amount here and on Form CIFT-620, Line 1D1 | \$ | <u> </u> |
| 13. 2020 Net IRC Section 965 tax liability from the worksheet in the instructions | \$ | <u> </u> |
| 14. Add Lines 11, 12a, and 13 - Enter on Form CIFT-620, Line 1D | \$ | <u> </u> |

The amount of federal income tax to be deducted is that portion levied on the income derived from sources in this state. See R.S. 47:287.83 and 287.85 and Louisiana Administrative Code 61:I.1122 and 1123 for specific information regarding the computation of the federal income tax deduction.

LA FORM CIFT-620 SCHEDULE D - TAXES AND LICENSES STATEMENT 1

| DESCRIPTION | LA AMOUNT | TOTAL AMOUNT |
|-----------------------------------------|-----------|--------------|
| LOUISIANA TAX DEDUCTION | 16,816. | |
| TOTALS TO CIFT-620, SCHEDULE D, LINE 15 | 16,816. | |

LA FORM CIFT-620 SCHEDULE D - OTHER INCOME STATEMENT 2

| DESCRIPTION | LOUISIANA | EVERYWHERE |
|----------------------------------------|-----------|------------|
| DIAL MAGAZINE | 18,496. | 18,496. |
| TOTALS TO CIFT-620, SCHEDULE D, LINE 8 | 18,496. | 18,496. |

LA FORM CIFT-620 SCHEDULE D - OTHER DEDUCTIONS STATEMENT 3

| DESCRIPTION | LOUISIANA | EVERYWHERE |
|-----------------------------------------|-----------|------------|
| ACCOUNTING | 1,747. | 1,747. |
| BANK CHARGES | 622. | 622. |
| COMPUTER SUPPLIES | 2,682. | 2,682. |
| COPIER RENTAL | 444. | 444. |
| DUES AND SUBSCRIPTIONS | 1,080. | 1,080. |
| EMPLOYEE RELATIONS | 125. | 125. |
| INSURANCE | 7,520. | 7,520. |
| OCCUPANCY | 43,389. | 43,389. |
| POSTAGE | 319. | 319. |
| PROFESSIONAL SERVICES | 19,737. | 19,737. |
| REPAIRS AND MAINTENANCE | 4,422. | 4,422. |
| TELEPHONE | 5,991. | 5,991. |
| TOWER RENTAL | 5,729. | 5,729. |
| UTILITIES | 7,704. | 7,704. |
| BOARD OF TRUSTEE EXP | 4. | 4. |
| STUDIO EXPENSES | 6,887. | 6,887. |
| LEGAL | 529. | 529. |
| TRAVEL | 144. | 144. |
| HOSPITALITY | 425. | 425. |
| MISCELLANEOUS | 331. | 331. |
| PROFESSIONAL DEVELOPMENT | 94. | 94. |
| DIAL MAGAZINE | 18,496. | 18,496. |
| TOTALS TO CIFT-620, SCHEDULE D, LINE 23 | 128,421. | 128,421. |

LA FORM CIFT-620 SCHEDULE G - OTHER CURRENT LIABILITIES STATEMENT 4

| <u>DESCRIPTION</u> | <u>BEGINNING OF TAX YEAR</u> | <u>END OF TAX YEAR</u> |
|----------------------------------------|----------------------------------|----------------------------|
| DEFERRED REVENUE | 1,031,031. | 733,350. |
| TOTALS TO CIFT-620, SCHEDULE G, LINE 3 | 1,031,031. | 733,350. |

LA FORM CIFT-620 SCHEDULE G - OTHER LIABILITIES STATEMENT 5

| <u>DESCRIPTION</u> | <u>BEGINNING OF TAX YEAR</u> | <u>END OF TAX YEAR</u> |
|----------------------------------------|----------------------------------|----------------------------|
| LINE OF CREDIT | 699,245. | 399,245. |
| TOTALS TO CIFT-620, SCHEDULE G, LINE 7 | 699,245. | 399,245. |

LA FORM CIFT-620 SCHEDULES C AND H - OTHER INVESTMENTS STATEMENT 6

| <u>DESCRIPTION</u> | <u>BEGINNING OF TAX YEAR</u> | <u>END OF TAX YEAR</u> |
|--------------------------------------------------------------|----------------------------------|----------------------------|
| INVESTMENTS | 1,969,926. | 2,195,731. |
| INVESTMENT IN YESCOM | 10,000. | 10,000. |
| TOTALS TO CIFT-620, SCHEDULE C, LINE 6 SCHEDULE H, LINE 6 | 1,979,926. | 2,205,731. |

LA FORM CIFT-620 SCHEDULE M - OTHER INCREASES STATEMENT 7

| <u>DESCRIPTION</u> | <u>AMOUNT</u> |
|---------------------------------------------|---------------|
| DONATED SERVICES AND USE OF FACILITIES | 558,335. |
| NET UNREALIZED GAINS(LOSSES) ON INVESTMENTS | 195,262. |
| TOTAL TO CIFT-620, SCHEDULE M, LINE 3 | 753,597. |