Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury

	rtment of t al Revenu	the Treasury se Service	► The organization may have to use a copy of this return to satisfy state reporting re	quirements.	Inspection
A	For th	e 2007 ca	normal four, or tax four boginning	ıne 30	, 20 08
В	Check if a	applicable:	Please C Name of organization		tification number
	Address	change	label or	0	3395808
	Vame ch	hange	type	Telephone nur	
1	nitial ret	turn	See PO Box 1587	(970)	375-7779
-	[erminat		Instruc- City or town, state or country, and ZIP + 4	Accounting method	
	Amende	d return	tions. Durango, Colorado 81302-1587	Other (spe	
	Application	on pending	• Section 501(c)(3) organizations and 4547(a)(1) nonexempt charitation		tion 527 organizations. iliates? Yes No
_			H/h) If "Yes" onto		filiates >
G	Website	e: ► wwv	w.durangofilm.org H(c) Are all affiliate		Yes No
J	Organiz	ation type	(check only one) ► ✓ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 (If "No," attack	ch a list. See in	structions.)
			H(d) Is this a separa	ate return filed by	y an
	receipts	are normail	lly not more than \$25,000. A return is not required, but if the organization chooses	····	p ruling? Yes V No
	to file a	return, be s	· · · · · · · · · · · · · · · · · · ·	otion Number	anization is not required
1	Gross i	receipts: A			0, 990-EZ, or 990-PF).
	art I		iue, Expenses, and Changes in Net Assets or Fund Balances (See the i		
	1		utions, gifts, grants, and similar amounts received:		
	a		utions to donor advised funds		
	b		sublic support (not included on line 1a) 1b 91,200.62		
			public support (not included on line 1a) 1c 0.	19	
	d		ment contributions (grants) (not included on line 1a) 1d 0.		
	e	Total (ac	dd lines 1a through 1d) (cash \$ 91,200.62 noncash \$ 0.00) .	1e	91,201.
	2	Program	a service revenue including government fees and contracts (from Part VII, line 93)	2	34,341.
	3	_	rship dues and assessments	3	0.
	4		on savings and temporary cash investments	4	13.
	5		ds and interest from securities	5	0.
	6a		ents		
			ental expenses		
			tal income or (loss). Subtract line 6b from line 6a	6c	0.
ō	7	Other in	vestment income (describe)	7	0.
Revenue	8a	Gross a	amount from sales of assets other (A) Securities (B) Other		
Rev		than inv			
	b	Less: cos	st or other basis and sales expenses.		
			(loss) (attach schedule)		0
	d		n or (loss). Combine line 8c, columns (A) and (B)	8d	0.
	9	•	events and activities (attach schedule). If any amount is from gaming , check here >		
	а		evenue (not including \$ of		
			ations reported on this reg		
	b		rect expenses other than fundationing expenses .	9c	0.
			ome or (loss) from special events. Subtract line 9b from line 9a		
	10a		sales of inventory, less returns and allowances		
	b		rofit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c	42.
	11	Other re	evenue (from Part VII, line 103)	11	0.
	12	Total re	evenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	125,597.
	13		m services (from line 44, column (B))	13	108,107.
Ses	14		ement and general (from line 44, column (C))	14	13,844.
Expenses	15		ising (from line 44, column (D))	15	5,548.
Exp	16		nts to affiliates (attach schedule)	16	0.
	17	Total e	xpenses. Add lines 16 and 44, column (A)	17	127,499.
ţ	18	Excess	or (deficit) for the year. Subtract line 17 from line 12	18	(1,902.)
Net Assets	19	Net ass	sets or fund balances at beginning of year (from line 73, column (A)).	19	23,356.
¥,	20	Other c	changes in net assets or fund balances (attach explanation).	20	0.
ž	21	Net asse	ets or fund balances at end of year. Combine lines 18, 19, and 20	21	21,454.

Department of the Treasury Internal Revenue Service

For assistance, call: 1-877-829-5500 OGDEN, UT 84201-0074

> Notice Number: CP211A Date: December 15, 2008

Taxpayer Identification Number:

20-3395808 Tax Form: 990

Tax Period: June 30, 2008



104986

DURANGO FILM INSTITUTE DURANGO INDEPENDENT FILM FESTIVAL % MICHELE MALACH **FESTIVAL** DURANGO CO 81302

104986.564749.0363.009 1 SP 0.420 530

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We have received your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above.

We have approved your request and have extended the due date to file your return to February 15, 2009.

Please attach a copy of this letter to your return when you file it. It is evidence that we granted an extension of time to file your return. A copy is provided for your records.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top left of this letter.

Reminder - You May Be Required to File Electronically

Exempt organizations may be required to file certain returns electronically. For tax years ending on or after December 31, 2006, the electronic filing requirement applies to exempt organizations with \$10 million or more in total assets if the organization files at least 250 returns in a calendar year, including income, excise, employment tax and information returns. Private foundations and charitable trusts will be required to file Forms 990-PF electronically regardless of their asset size, if they file at least 250 returns annually. For more information, go to www.irs.gov. Click "Charities and Non-Profits" and look for the "e-file for Charities and Non-Profits" tab.

For tax forms, instructions and information visit <u>www.irs.gov</u>. (Access to this site will not provide you with your specific taxpayer account information.)

Form **8868**

(Rev. April 2008)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

If you are	filing for an Automatic 3-Month Extension, complete only Part I and check this bo filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II plete Part II unless you have already been granted an automatic 3-month extension on a	on page 2 o	of this form).
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies nee		
A corporation	on required to file Form 990-T and requesting an automatic 6-month extension—check	k this box a	nd complete
	rporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form income tax returns.	7004 to req	uest an extension o
one of the electronical returns, or a	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month au returns noted below (6 months for a corporation required to file Form 990-T). Howe y if (1) you want the additional (not automatic) 3-month extension or (2) you file Form composite or consolidated Form 990-T. Instead, you must submit the fully completed an ore details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file	ever, you ca is 990-BL, 6 and signed pa	nnot file Form 886 069, or 8870, grou ige 2 (Part II) of Forn
Type or print	Name of Exempt Organization	Employer i	dentification number
File by the due date for	Number, street, and room or suite no. If à P.O. box, see instructions.		***
filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
Check type Form 99 Form 99 Form 99	90-BL		Form 4720 Form 5227 Form 6069 Form 8870
Telephone If the org If this is for the who	s are in the care of ► PAX No. ► () Anization does not have an office or place of business in the United States, check this or a Group Return, enter the organization's four digit Group Exemption Number (GEN) le group, check this box ► If it is for part of the group, check this box he names and EINs of all members the extension will cover.	s box	
until _ for the ► □ ► □	plest an automatic 3-month (6 months for a corporation required to file Forman, 20,, to file the exempt organization return for the organization organization's return for: calendar year 20, or tax year beginning , 20, and ending	named abo	ove. The extension i
	tax year is for less than 12 months, check reason: Initial return Final return		in accounting pend
less a	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tany nonrefundable credits. See instructions.	3a	\$
	application is for Form 990-PF or 990-T, enter any refundable credits and estimated to ents made. Include any prior year overpayment allowed as a credit.	ax 3b	\$
c Balan depos	ce Due. Subtract line 3b from line 3a. Include your payment with this form, or, if require it with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymen). See instructions.	d, nt 3c	1 A
	you are going to make an electronic fund withdrawal with this Form 8868, see Form 84 tinstructions.	153-EO and	Form 8879-EO

Farm 8868 (Rev. 4-2008)		Page
Note. Only	re filing for an Additional (Not Automatic) 3-Month Extension, complete y complete Part II if you have already been granted an automatic 3-month exter re filing for an Automatic 3-Month Extension, complete only Part I (on page 1)	nsion on a pre	and check this box . >
Part II	Additional (Not Automatic) 3-Month Extension of Time. You mu	ıst file origir	nal and one copy.
Type or	Name of Exempt Organization		Employer identification numbe
print	Durango Film Institute c/o Durango Independent Film Festival		20 3395808
File by the extended due date for	Number, street, and room or suite no. If a P.O. box, see instructions. P 0 Box 1587		For IRS use only
filing the	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
return. See instructions.	Durango CO 81302-1587		사이에도 어떻게 하게 되었다. 이번
Form Form	990-BL	orm 1041-A orm 4720 orm 5227	☐ Form 6069 ☐ Form 8870
STOP! Do	not complete Part II if you were not already granted an automatic 3-mont	h extension of	on a previously filed Form 8868
Telepho If the or If this is for the wi	oks are in the care of ➤ Treasurer, Julie Cooley ne No. ➤ (970) 375-7779 FAX No. ➤ (970) ganization does not have an office or place of business in the United State for a Group Return, enter the organization's four digit Group Exemption Note to be group, check this box ➤ □ . If it is for part of the group, check the names and EINs of all members the extension is for.	umber (GEN)	box ▶ □
5 For 6 If thi 7 State a co	puest an additional 3-month extension of time until 5/15 calendar year , or other tax year beginning 7/01 , 20 0 s tax year is for less than 12 months, check reason: Initial return is in detail why you need the extension Additional time is needed in order to acomplete and accurate return. We are still pirimarily a volunteer organization, and arems and bookkeeping systems.	Final return commulate all in transition	Change in accounting perion decessary information to file between preparation
	is application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the any nonrefundable credits. See instructions.	tentative ta	×, 8a \$
estir <u>amo</u>	s application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundat nated tax payments made. Include any prior year overpayment allowed as a unt paid previously with Form 8868.	credit and ar	8b \$
c Bala	nce Due. Subtract line 8b from line 8a. Include your payment with this form, or, if r	equired, depos	sit 8c S

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Form **8868** (Rev. 4-2008)

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

		25.0				
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule)					
	(cash \$	_				
	If this amount includes foreign grants, check here 🕨 🗌	22a	0.			
22b	Other grants and allocations (attach schedule)					
	(cash \$)	006	0.		K & & 7:1	/ 例 例 摄 图 值
	If this amount includes foreign grants, check here $ ightharpoonup$	22b	U.			
23	Specific assistance to individuals (attach schedule)	23	0.			
24	Benefits paid to or for members (attach schedule)	24	0.			
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	20,000.	20,000.16	Principle Supplies of the Control of	
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.			
С	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c	0.	·		
26	Salaries and wages of employees not included on lines 25a, b, and c	26	12,654.	9,784.68	2,869.53	
27	Pension plan contributions not included on lines 25a, b, and c	27	0.			
28	Employee benefits not included on lines 25a – 27	28	0.			
29	Payroll taxes	29	2,498.	2,024.57	473.49	
30	Professional fundraising fees	30	0.			
31	Accounting fees	31	2,408.		2,408.09	
32	Legal fees	32	0.			
33	Supplies	33	3,566.	1,769.64	1,366.62	429.99
34	Telephone . ,	34	1,708.	1,195.27	512.26	
35	Postage and shipping	35	3,263.	3,089.85	173.42	
36	Occupancy	36	15,934.	12,729.00	1,341.00	1,864.10
37	Equipment rental and maintenance	37	20,009.	19,460.00		548.50
38	Printing and publications	38	9,809.	7,290.15	895.77	1,622.82
39	Travel	39	0.			
40	Conferences, conventions, and meetings	40	250.		250.00	
41	Interest	41	0.			
42	Depreciation, depletion, etc. (attach schedule)	42	0.			ļ
43	Other expenses not covered above (itemize):		05 400	20 702 00	2 552 60	4 000 60
а	See Statement 1	43a	35,400.	30,763.80	3,553.60	1,082.69
b		43b				
C		43c				
d		43d				
е		43e 43f				
f		431 43g				
g		409				
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines 13–15)	44	127,499.	108,107.12	13,843.78	5,548.10
Join	nt Costs. Check ► ☐ if you are following SOP	98-2.				
Are a	any joint costs from a combined educational campaign	and fu	ndraising solicitatio	n reported in (B) Pro	ogram services? .	► LIYes L⊻No
	es," enter (i) the aggregate amount of these joint cost	ts \$				s \$;
(iii) t	he amount allocated to Management and general \$; and (iv) the	e amount allocated	to Fundraising \$	

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Wh	at is the organization's primary exempt purpose? See Statement 2	Program Service
All of of	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for
org	anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	others.)
а	Film Festival - The third annual Durango Independent Film Festival offered diverse programs of	
	independent films plus Q&A sessions with attending filmmakers. 103 films were screened with 42	
	filmmakers in attendance. 5,490 seats were filled (an increase of 19% from the previous year).	
	The festival offered free movie night for all audience members on opening night, reduced student	
	prices, and two for one coupons.	
	Local and National In-kind sponsorship equaled \$146,381	
	(Grants and allocations \$ 0.00) If this amount includes foreign grants, check here ▶ □	97,381
b	School Program - The School Program brings global, thought provoking and educational films to	
	students in the local area. The program incorporated the State of Colorado academic standards in	
	selecting the films to be screened. 639 students from Ignacio, Colorado and Durango, Colorado	
	School Districts along with 39 of their teachers attended the screenings free of charge. The Film	
	Festival donated books and media literacy materials relating to the subjects of the screened films	
	to the participating schools.	
	(Grants and allocations \$ 0.00) If this amount includes foreign grants, check here ▶ □	9,604
C	Panels - During the course of the Festival, 3 panels were held for Festival attendees. The panels	
	consisted of representatives from the film industry and attending filmmakers. The subjects of the	
	panels were: the inspiration that propelled the panelists into the world of film; how documentary	
	filmmakers get access to subjects and financing, and the actual process behind filming the movie;	
	and the past, present, and future of documentary filmmaking.	
	67 people attended the various panels (Grants and allocations \$ 0.00) If this amount includes foreign grants, check here	1,122
_	MA	1,125
d	N/A	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	0.
е	Other program services (attach schedule)	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □] 0.
f	Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	108,107.

Form **990** (2007)

Pa	rt IV	Balance Sheets (See the instructions	.)			
N		Where required, attached schedules and amounts column should be for end-of-year amounts only.	within the description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing		22,042	45	15,535
	46	Savings and temporary cash investments .		1,019	46	3,123
	. •	carrigo and tomperary carrier materials	, , , , , , , , ,		190	
	47a	Accounts receivable	47a			
		Less: allowance for doubtful accounts .	47b	0	47c	0
		Loss, anowards to addition added to				
	48a	Pledges receivable	48a			
		Less: allowance for doubtful accounts .	48b	2,000	48c	0
	49	Grants receivable		0	49	4,500
		Receivables from current and former officers				
	Sua	key employees (attach schedule)		0	50a	0
	h	Receivables from other disqualified persons	i i			
	Ü	4958(f)(1)) and persons described in section 495		0	50b	0
	510	Other notes and loans receivable (attach	(4.11.11.11.11.11.11.11.11.11.11.11.11.11			
S	Sia	schedule)	51a			
Assets	h	Less: allowance for doubtful accounts .	51b	0	51c	0
As	52	Inventories for sale or use		0	52	0
	53	Prepaid expenses and deferred charges			53	0
		Investments—publicly-traded securities		0	54a	0
	h	Investments—other securities (attach sched	ule) ▶ ☐ Cost ☐ FMV	0	54b	0
		Investments—land, buildings, and				
	55a	equipment: basis	55a			
	h	Less: accumulated depreciation (attach				
	U	schedule)	55b	0	55c	0
	56	Investments—other (attach schedule)		0	56	0
		Land, buildings, and equipment: basis .	57a			
		Less: accumulated depreciation (attach				
		schedule)	57b	0	57c	0
	58	Other assets, including program-related inve	estments			
		(describe ▶		0		0
	59	Total assets (must equal line 74). Add lines	3 45 through 58	25,061		23,158
	60	Accounts payable and accrued expenses .		1563		1,563
	61	Grants payable		0	+	0
	62	Deferred revenue		0	62	0
S	63	Loans from officers, directors, trustees, ar			- F	_
oilities		schedule)		0	+	0
abi	64a	Tax-exempt bond liabilities (attach schedule	e)	0	-	0
Lia		Mortgages and other notes payable (attach	schedule)	0		0
	65	Other liabilities (describe ► Payroll Taxes	Withheld)	142	65	142
						4
	66	Total liabilities. Add lines 60 through 65 .		1705	66	1705
	Org	anizations that follow SFAS 117, check here	and complete lines			
Ś		67 through 69 and lines 73 and 74.		22.25	67	24 454
ည	67	Unrestricted		23,356		21,45 <u>4</u> 0
<u>a</u>	68	Temporarily restricted		0	+	0
ä	69	Permanently restricted		U	69	V
P	Org	anizations that do not follow SFAS 117, chec	k here ► 🔲 and			
Net Assets or Fund Balances		complete lines 70 through 74.		o	70	0
ō	70	Capital stock, trust principal, or current fun		0		0
ets	71	Paid-in or capital surplus, or land, building,		0		0
SS	72	Retained earnings, endowment, accumulate		<u> </u>	14	V
بٍ	73	Total net assets or fund balances. Add lin	nes 67 through 69 or lines	-		
Se		70 through 72. (Column (A) must equal line		22.256	70	21,454
		equal line 21)	on Add lines 66 and 70	23,356		21,454
	74	Total liabilities and net assets/fund balance	es. Add lines of and 73	25,061	14	۷۵,۱۵۶

Pa	rt IV-A Reconciliation of Revenue per Audi instructions.)	ited Financial Statem	ents With Reve	enue per Retur	n (See the
a b 1 2 3 4	Total revenue, gains, and other support per audite Amounts included on line a but not on Part I, line Net unrealized gains on investments Donated services and use of facilities Recoveries of prior year grants Other (specify):	12:	b1 b2 b3	a	N/A
c d 1 2	Amounts included on Part I, line 12, but not on line Investment expenses not included on Part I, line 6 Other (specify):	ne a:		_	
e	Add lines d1 and d2			▶ e _	
Pa	rt IV-B Reconciliation of Expenses per Au	dited Financial Stater	nents With Exp	enses per Ret	urn
a b 1 2	Total expenses and losses per audited financial s Amounts included on line a but not on Part I, line Donated services and use of facilities Prior year adjustments reported on Part I, line 20	· 17: · · · · · · · · ·	b1 b2	a	N/A
3	Losses reported on Part I, line 20 Other (specify): Add lines b1 through b4		b3 b4	b	
c d 1 2	Subtract line b from line a Amounts included on Part I, line 17, but not on li Investment expenses not included on Part I, line	ne a: 6b	d1 d2		
e Pa	Total expenses (Part I, line 17). Add lines c and Irt V-A Current Officers, Directors, Trustees or key employee at any time during the ye	s, and Key Employees	(List each persor	n who was an off	icer, director, trustee,
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation	(D) Contributions to emp	loyee (E) Expense account and other allowances
Se	e Statement 4	-			
			4.144.0		
		-			
		-			

Par	V-A Current Officers, Directors, Trustees	s, and Key Employe	es (continued)		Yes No		
75a	Enter the total number of officers, directors, and tr meetings			n business at board 10			
b	b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)						
	c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization.".						
The second liverage in	Former Officers, Directors, Trustees, and officer, director, trustee, or key employee reperson below and enter the amount of comp	Key Employees That Feceived compensation o	Received Comper	nsation or Other Bene escribed below) during	efits (If any former the year, list that		
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances		
Nor	e	-					
		-					
		-					
		-					
		-					
		-					
		-					
	t VI Other Information (See the instruction	ne l			Yes No		
76 77	Did the organization make a change in its activit	ies or methods of cor verning documents bu			76 V		
	Did the organization have unrelated business gr this return?	oss income of \$1,000			78a V		
b	If "Yes," has it filed a tax return on ${\bf Form~990\text{-}T}$				78b		
79	Was there a liquidation, dissolution, termination, a statement				79		
80a	Is the organization related (other than by associ common membership, governing bodies, trust organization?	ees, officers, etc., to	o any other exe	mpt or nonexempt	80a 🗸		
	If "Yes," enter the name of the organization ▶	and check whether i	t is 🗆 exempt	or nonexempt			
81a b	Enter direct and indirect political expenditures. (Did the organization file Form 1120-POL for this	See line 81 instruction s year?	s.)		81b V		

Par	t VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	V	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	84 94 10 10 11	9570	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	V	<u> </u>
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	~	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		V
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	044	100	
	gifts were not tax deductible?	84b 85a		
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85b		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	000	B E	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
_	Dues, assessments, and similar amounts from members			
	Section 162(e) lobbying and political expenditures			
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e		1	
	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f		1	
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	anto con sont	
_	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the	OFL		
	following tax year?	85h	6.	120
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12			100
	Closs (coopts, included on the 12, for public dee of olds received		35	
87	507(c)(12) drgs. Effer. a cross modifie from members of shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	36.3	~
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		V
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶			
	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		·
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	300	V
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		V
	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8 9 g		
90a	List the states with which a copy of this return is filed ► None			
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)			2
	Located at P 11 4 4 P	3 301	75-77	79
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	Yes	No 🗸

								No
At an	ny time during the calendar year, did the ces," enter the name of the foreign country	rganization mai ▶	ntain an office o	utside of the	United States?	91c		V
Sect	ion 4947(a)(1) nonexempt charitable trusts	filing Form 990	in lieu of Form	1041 —Check	here			ightharpoons
				ıx year	▶ 92			
VII	Analysis of Income-Producing Acti		······································	T				
Ente	r gross amounts unless otherwise	Unrelated b	usiness income	Excluded by sect	ion 512, 513, or 514	Re		or
ted.		(A)	(B)	_ (C)	(D)	exem	pt fun	oction
Pro	gram service revenue:	Business code	Amount	Exclusion code	Amount	i	ncome)
Fes	stival Tickets and Passes						2€	5,650
Fes	stival Guide Advertising						3	3,800
File	m Submission Fees						3	3,891
	•							
Med	dicare/Medicaid payments							0
								0
								0
	•		13					0
	, ,							0
			1	14 14 1				500 500 500 500 500 500 500 500 500 500
	· · · · · · · · · · · · · · · · · · ·							0
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Otti	lei reveriue. a					ļ		
	ALL					 		
	A STATE OF THE STA	-						
	- t - t - 1 (- d d 1) (D) (D) d (C))	7.76/195.72	55		0	 	34	4,341
			1	I Same A	>			4.396
					,			
***************************************				oses (See th	ne instructions.)			
No.	Explain how each activity for which income	is reported in co	olumn (E) of Part V	II contributed		acco	nplish	ıment
	Audiences purchase tickets and passes	to view indep	endent films and	a to connect	with the filmin	akers.	41-	
В								<u>e</u>
						e rest	ıvaı.	
IX			sregarded Entil	ties (See the	instructions.)	T	/E\	
Nar	me, address, and EIN of corporation, partnership, or disregarded entity ow	Percentage of mership interest	(C) Nature of a	ctivities	(D) Total income	En	d-of-y	rear s
		%						
	·	%				ļ		
		%						
		%						
X	Information Regarding Transfers Asso	ciated with Pers	sonal Benefit Co	ntracts (See t	he instructions.)			
Did Did	I the organization, during the year, pay prer	miums, directly	or indirectly, on a	a personal benefi a personal be	t contract?nefit contract?		s v	☑ No
	If "Y Sect and VIII Enter ted. Pro Fee Fee Me Inte Div Net debt not Net Oth Gair Net Grooth Toth Toth Ken Sull Tot	If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts and enter the amount of tax-exempt interest re III Analysis of Income-Producing Active Enter gross amounts unless otherwise ted. Program service revenue: Festival Tickets and Passes Festival Guide Advertising Film Submission Fees Medicare/Medicaid payments Fees and contracts from government agencies Membership dues and assessments. Interest on savings and temporary cash investments Dividends and interest from securities Net rental income or (loss) from real estate: debt-financed property Net rental income or (loss) from personal property Other investment income Gain or (loss) from sales of assets other than inventory Net income or (loss) from special events. Gross profit or (loss) from sales of inventory Other revenue: a Subtotal (add columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E)) Line 105 plus line 1e, Part I, should equal the VIII Relationship of Activities to the Acc No. Explain how each activity for which income of the organization's exempt purposes (oth A Audiences purchase tickets and passes B The Festival Guide is distributed free of the festival to help audience members at C Film submission fees are used to pay Ic INformation Regarding Taxable Subs (A) Name, address, and EIN of corporation, partnership, or disregarded entity X Information Regarding Taxable subs Od the organization, during the year, receive any funds, did the organization, during the year, pay prer	ff "Yes," enter the name of the foreign country ► Section 4947(a)(1) nonexempt charitable trusts filling Form 990 and enter the amount of tax-exempt interest received or accru VII Analysis of Income-Producing Activities (See the Enter gross amounts unless otherwise ted. Program service revenue: Festival Tickets and Passes Festival Guide Advertising Film Submission Fees Medicare/Medicaid payments Fees and contracts from government agencies Membership dues and assessments Interest on savings and temporary cash investments Dividends and interest from securities Net rental income or (loss) from real estate: debt-financed property not debt-financed property Net rental income or (loss) from personal property Other investment income Gain or (loss) from sales of inventory Other revenue: a Subtotal (add columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E)) Line 105 plus line 1e, Part I, should equal the amount on line VIII Relationship of Activities to the Accomplishment of the organization's exempt purposes (other than by provided the festival to help audience members and filmmakers C Film submission fees are used to pay lodging and exp Information Regarding Transfers Associated with Pers Did the organization, during the year, receive any funds, directly or indirectly, to bid the organization, during the year, pay premiums, directly or indirectly, to bid the organization, during the year, pay premiums, directly or indirectly, to bid the organization, during the year, pay premiums, directly or indirectly, to bid the organization, during the year, pay premiums, directly or indirectly, to bid the organization, during the year, pay premiums, directly or indirectly.	fi "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filling Form 990 in lieu of Form and enter the amount of tax-exempt interest received or accrued during the tax and enter the amount of tax-exempt interest received or accrued during the tax and enter the amount of tax-exempt interest received or accrued during the tax and enter the amount of tax-exempt interest received or accrued during the tax and enter the amount of tax-exempt interest received or accrued during the tax exempt interest gross amounts unless otherwise ted. A mount Festival Tickets and Passes Festival Tickets and Passes Festival Tickets and Passes Festival Guide Advertising Film Submission Fees Medicare/Medicaid payments Fees and contracts from government agencies Membership dues and assessments Interest on savings and temporary cash investments Dividends and interest from securities Net rental income or (loss) from real estate: debt-financed property Net rental income or (loss) from personal property Other investment income Gain or (loss) from sales of assets other than inventory Other investment income Gain or (loss) from sales of inventory Other revenue: a Subtotal (add columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E)) Total (add columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E)) Total (add columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E)) Total (add line 104, columns (B)	If "Yes," enter the name of the foreign country. ► Section 4947 (a)(1) none-xempt interest received or accrued during the tax year VII Analysis of Income-Producing Activities (See the instructions.) Enter gross amounts unless otherwise ted. Program service revenue: Festival Tickets and Passes Festival Guide Advertising Film Submission Fees Medicare/Medicaid payments Fees and contracts from government agencies Membership dues and assessments. Interest on savings and temporary cash investments Dividends and interest from securities. Net rental income or (loss) from real estate: debt-financed property Net rental income or (loss) from personal property Other investment income Sain or (loss) from sales of inventory Other revenue: a Subtotal (add columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E)) Total (add columns (B), and (E)) Total (add line 104, columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E)) No. Explain how each activity for which income is reported in column (E) of Part VII contributed of the organization's exempt purposes (other than by providing funds for such purposes). A Audiences purchase tickets and passes to view independent films and to connect B The Festival Duide is distributed free of charge and details all films, programs, and the festival to help audienc	if "Yes," enter the name of the foreign country ▶ Section 4947(4)t) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 11 11 12 12 13 14 15 15 15 15 15 15 15	Section 4947(a)(1) nonexempt charitable trusts filling Form 990 in fleu of Form 1041—Chock here and enter the amount of tax-exempt interest received or accrued during the tax year. Inter gross amounts unless otherwise etc. A mount survivise revenue: Festival Tickets and Passes Festival Quide Advertising Film Submission Fees Medicare/Medicaid payments Fees and contracts from government agencies Membership dues and assessments Interest on savings and temporary cash investments Dividends and interest from securities Net rental income or (loss) from personal property Net include or (loss) from sales of inventory Other investment income Gain or (loss) from sales of inventory Other revenue: a Subtotal (add columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E)) Subtotal (add columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E)) Film submission fees are used to pay lodging and expenses for accepted filmmakers of the instructions.) A Audiences purchase tickets and passes to view independent films, programs, and activities held durit the feestival to help audience members and filmmakers learn about the films and connect with the filmmakers. A Audiences purchase tickets and passes to view independent films, programs, and activities held durit the feestival to help audience members and filmmakers learn about the films and connect with the filmmakers. Information Regarding Taxable Subsidiares and Disregarded Entities (See the instructions.) Perposition of disregarded entity. Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.) Bid the organization, during theyear, pay permiums, directly or indirectly, on a personal benefit contract? Yeld the degradation, during theyear, pay permiums, directly or indirectly, on a personal benefit contract? Yeld the degradation of the programs of the particular or indirectly or indire	If Yes, enter the name of the foreign country Section 4947(2/ft) nonexempt interest received or accrued during the tax year 92 YII Analysis of Income Producing Activities (See the instructions.) YII Analysis of Income Producing Activities (See the instructions.) YII Program service revenue: Pestival Tickets and Passes Unrelated business income Exclusion code Amount Program service revenue: Pestival Tickets and Passes Pestival Tickets Pesti

Part	Information Regarding is a controlling organization		n Controlled Entities. Co n 512(b)(13).	omplete only if the c	organiz	ation
106	Did the reporting organization m the Code? If "Yes," complete the			section 512(b)(13) of	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(I Amount c	O) of transf	fer
а					·-····	
b						
С						
	Totals					
107	Did the reporting organization re 512(b)(13) of the Code? If "Yes,"				Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	Amount o	O) of trans	fer
а		 				
b						
С						
	Totals					
108	Did the organization have a bind rents, royalties, and annuities de			ering the interest,	Yes	No
Pleas Sign Here	Signature of officer	t I have examined this return, includete. Declaration of preparer (other	iding accompanying schedules and s er than officer) is based on all inform	tatements, and to the best of ation of which preparer has been been been been been been been bee	of my kno any kno	wledge wledge.
Paid	Preparer's signature		Date Check if self-employed	Preparer's SSN or PTIN	l (See Gen	ı. Inst. X)
Prepar Use Or	i Firm's name tor yours k		EIV	i ► l	orm 990	

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

Employer identification number

Part I Compensation of the Five High				nd Trustees
(See page 1 of the instructions. L	ist each one. If there a	re none, enter "i	None.")	
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000 .	0			
Part II-A Compensation of the Five High (See page 2 of the instructions. Lis				
(a) Name and address of each independent contractor		T	of service	(c) Compensation
None				
	\$40 M P R V			
Total number of others receiving over \$50,000 for professional services	0			
Part II-B Compensation of the Five High- (List each contractor who perform	est Paid Independent (Contractors for	Other Services	dividuals or
firms. If there are none, enter "No			vices, whether his	arriduais or
(a) Name and address of each independent contracto	r paid more than \$50,000	(b) Type	of service	(c) Compensation
None		-		
		•		
		-		
		-		
Total number of other contractors receiving over \$50,000 for other services	0			

Pai	Statements About Activities (See page 2 of the instructions.)	Yes	No
1	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of		V
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
а	Sale, exchange, or leasing of property?	a	~
b	Lending of money or other extension of credit?	b	V
С	Furnishing of goods, services, or facilities?	c	V
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	d 🗸	
е	Transfer of any part of its income or assets?	e e	V
3а	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	a	V
b	Did the organization have a section 403(b) annuity plan for its employees?	b	~
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	BC	V
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .	Bd	~
		a b	V
c	Did the organization make a distribution to a donor, donor advisor, or related person?	lc	V
d	Enter the total number of donor advised funds owned at the end of the tax year		0
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year •		0
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year 🕨		0

Par							ions.)
_	tify 1	that the organization is not a privat A church, convention of churches				olicable box.)	
5	Ш	A Church, convention of churches	, or association o	Charcines. Section 170	(D)(1)(A)(I).		
6		A school. Section 170(b)(1)(A)(ii). (A	Also complete Pa	rt V.)			
7		A hospital or a cooperative hospit	al service organiz	ation. Section 170(b)(1)(A)(iii).		
8		A federal, state, or local governme	ent or governmen	tal unit. Section 170(b)(1)(A)(v).		
9		A medical research organization o and state ▶					
0		An organization operated for the be (Also complete the Support Sched		or university owned or op	perated by a go	overnmental un	it. Section 170(b)(1)(A)(iv
1a		An organization that normally recei			governmental	unit or from th	e general public. Sectio
l1b		A community trust. Section 170(b))(1)(A)(vi). (Also co	emplete the Support Sci	hedule in Part	IV-A.)	
12		An organization that normally receifrom activities related to its charite from gross investment income an organization after June 30, 1975.	able, etc., function nd unrelated busin	ns—subject to certain ex ness taxable income (les	ceptions, and ss section 511	(2) no more the tax) from bus	nan 33⅓% of its suppor inesses acquired by th
13		requirements of section 509(a)(3).	Check the box the	nat describes the type of	f supporting o	rganization:	
		☐ Type I ☐ Type II	∐Type I	II-Functionally Integrate	∋d ∟ 	Type III-Othe	er
		Provide the following info	T		7		
Na	ime	(a) (s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the si organization the sup organiz	d) upported on listed in oporting zation's documents?	(e) Amount of support
					Yes	No	
							A CONTRACTOR OF THE CONTRACTOR
				i taliana and a sana a			
Tota	ıl.				, , , , ,	>	
14		An organization organized and op	perated to test for	public safety. Section 5	509(a)(4). (See	page 8 of the	instructions.)

d Add: Line 27a total

Schedule A (Form 990 or 990-EZ) 2007 Page 4 Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. (e) Total • (a) 2006 **(b)** 2005 (c) 2004 (d) 2003 Calendar year (or fiscal year beginning in) Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.). 68,547 52,758 121,305 16 Membership fees received . . . 486 2.050 2,536 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose . . . 33,104 29,858 62,962 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the 110 110 organization after June 30, 1975, 19 Net income from unrelated business activities not included in line 18. Tax revenues levied for the organization's 20 benefit and either paid to it or expended on 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. . 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets 186,913 Total of lines 15 through 22 102,247 84,666 23 123,951 69,143 54.808 24 Line 23 minus line 17 . . . 691.43 25 Enter 1% of line 23 548.10 2,479 26a Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26 Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the 26b 23,126 amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts > 26c 123,951 c Total support for section 509(a)(1) test: Enter line 24, column (e) **110** 19 Add: Amounts from column (e) for lines: 18 _ 0 23,126 26d 23,236 26b _ 22 26e 100,715 e Public support (line 26c minus line 26d total) Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 81 % 26f Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2006) (2005) (2004) (2003) For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) (2005) (2004) (2003) Add: Amounts from column (e) for lines: 15 ______ 16 _____ 27c

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

and line 27b total

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . ▶ 27f

a Public support percentage (line 27e (numerator) divided by line 27f (denominator)) h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). 27d

27e

27g

%

	rt VI			Page ansactions and Relationships With Noncharitab uctions.)	
51	501	(c) of the Code (oth	er than section 501(c)(3) organizations) or in s	of the following with any other organization described in sect section 527, relating to political organizations?	ion
а	(i) (ii)	Cash Other assets	orting organization to a noncharitable exempt	51a(i) •	/
b c d	(i) (ii) (iii) (iv) (v) (vi) Sha If th	Purchases of asse Rental of facilities Reimbursement an Loans or loan gua Performance of se ring of facilities, eq e answer to any of ds, other assets, or	es of assets with a noncharitable exempt organization equipment, or other assets	titions employees hedule. Column (b) should always show the fair market value of n. If the organization received less than fair market value in a spanning process.	/ / / the
	a) e no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements	3

Durango Film Institute a/k/a Durango Independent Film Festival

20-3395808

Schedule 1
Form 990, Part I, Line 10
Gross Sales of Inventory

Gross Sales - Film Festival Souvenirs
T-Shirts, Bags, Mini-Lights
Cost of Goods - Film Festival Souvenirs

Gross Profit from Mechandise Sales

\$42

Other Expenses				
	(A)	(B) Program	(C) Management	(D)
	Total	Services	& General	Fundraising
Advertising	380	335.20		45.00
Awards	488	487.91		
Credit Card Fees	959	958.91		
Dues & Subscriptions	824		823.79	
Entertainment	200			200.00
Film Rental & Solicitation	2,068	2,067.82		
Hospitality	1,140	240.71	61.46	837.69
Insurance	1,957	766.00	1,191.00	
Internet & Website	3,325	2,327.42	997.46	
Licences & Fees	153	150.00	2.50	
Lodging	5,790	5,790.00		
Panel & Workshops	862	861.90		
Payroll Expenses	1,130	904.00	226.04	
PR & Marketing	11,645	11,644.72		
Projection and Plattering	1,180	1,180.03		
Media Literacy	1,490	1,489.80		
Transportation	1,087	1,087.25		
Utilities	674	472.14	202.34	
Misc	49		49.00	

Statement 3
Form 990, Part III
Organization's Primary Exempt Purpose

The organization's primary exempt purpose is to bring challenging, entertaining, and diverse independent film into the community. We are committed to film literacy and educational programs.

Durango Film Institute a/k/a Durango Independent Film Festival

Statement 4
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

Name of Addresses	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account / Other
Joanie Fraughton PO Box 1587 Durango, CO 81302	Festival Coordinator 30	\$20,000	0	0
Carla Finlay PO Box 1587 Durango, CO 81302	Chairperson 3	0	0	0
Mary Jo Rakowski PO Box 1587 Durango, CO 81302	Vice Chairperson 1	0	0	0
Julie Cooley PO Box 1587 Durango, CO 81302	Treasurer 2	0	0	0
Barry Spear PO Box 1587 Durango, CO 81302	Secretary 1	0	0	0
John Cohen PO Box 1587 Durango, CO 81302	Director 1	0	0	0
Margy Dudley PO Box 1587 Durango, CO 81302	Director 1	0	0	0
Chris Warren PO Box 1587 Durango, CO 81302	Director 1	0	0	0
Christopher Warren PO Box 1587 Durango, CO 81302	Director 1	0	0	0
Greg Weiss PO Box 1587 Durango, CO 81302	Director 1	0	0	0
Wally White PO Box 1587 Durango, CO 81302	Director 1	0	0	0
Debbie Wright PO Box 1587 Durango, CO 81302	Director 1	0	0	0
	TOTAL	\$20,000.00	0	0