### Form **990-EZ**

Department of the Treasury

Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150 2012

Open to Public Inspection

Α	For the	2012 calenda	r year, or tax year beginning	, 2012, an	d ending		06-30	
В	Check if a	applicable:	C Name of organization			D Emplo	yer ide	entification number
	Address o	change	Durango Film Institute	20-	33958	808		
	Name cha	ange	Number and street (or P.O. box, if mail is not delivered to street address)		Room/suite	E Telepho	one nu	mber
	Initial retu	ırn						
	Terminate	ed	PO Box 1587					
	Amended	return	City or town, state or country, and ZIP + 4			F Group I	Exemp	tion
	Applicatio	n pending	Durango, CO 81301-1587			Numbe	r 🕨	
G	Accoun	ting Method:	☐ Cash ☐ Accrual Other (specify) ▶		Н	Check ▶	if t	the organization is <b>not</b>
1	Websit	te: www.d	durangofilm.org			required to	attach :	Schedule B
J			check only one) - x 501(c) (3)	4947(a)(1)	or 527	(Form 990,	990-E2	Z, or 990-PF).
			ganization is not a section 509(a)(3) supporting organization or	r section 5	27 organizatio	n and its gro	ss rec	eipts are normally
			0. A Form 990-EZ or Form 990 return is not required though Form					
			es to file a return, be sure to file a complete return.					
L			b, to line 9 to determine gross receipts. If gross receipts are \$200,0	000 or more	e, or if total asse	ets (Part II,		
			ow) are \$500,000 or more, file Form 990 instead of Form 990-EZ				. > \$	194,480
P	art I		e, Expenses, and Changes in Net Assets or Fur			NAME AND ADDRESS OF TAXABLE PARTY.	-	
			e organization used Schedule O to respond to any question in this					<u>x</u>
-	1						1	123,072
	2						2	68,055
	3		dues and assessments				3	
	4	Investment in					4	3
			It from sale of assets other than inventory	1 =	1			
			other basis and sales expenses					
			from sale of assets other than inventory (Subtract line 5b from line	5a)			5c	
	6	Gaming and		NAME OF TAXABLE PARTY.				
je je	, u		e from gaming (attach Schedule G if greater than	6a	- 1			
ent	h		e from fundraising events (not including \$		of contribution	19		
Revenue	, D		ing events reported on line 1) (attach Schedule G if the		. Or corruibation	10		
Sedim .			gross income and contributions exceeds \$15,000)	6b	. Î	3,350	No.	
			xpenses from gaming and fundraising events		_	1,994		
			r (loss) from gaming and fundraising events (add lines 6a and 6b a			1,334		
	u			ilu subilac			6d	1,356
	70	,	of inventory, less returns and allowances	7a			ou	1,330
		Less: cost of						
	~		r (loss) from sales of inventory (Subtract line 7b from line 7a)				7c	
	8		e (describe in Schedule O)				8	
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9	192,486
_	10		milar amounts paid (list in Schedule O)				10	2327200
	11		to or for members				11	
	12		er compensation, and employee benefits				12	26,824
es	13						13	
Expenses	14		ent, utilities, and maintenance				14	14,190
Xp	15		cations, postage, and shipping				15	1,607
-		-	es (describe in Schedule O)				16	148,680
	16 17		ses. Add lines 10 through 16				17	191,301
_	18						18	1,185
ts	19		fund balances at beginning of year (from line 27, column (A)) (mus				499	2,203
SSe	19		gure reported on prior year's return)				19	11,126
Net Assets	20				 		20	
Ne	21		fund balances at end of year. Combine lines 18 through 20			12.1	21	12,311

Part II Balance Sheets (see the instructions for Part II)			20-3	39580	08 Pag
(ase the mistastic for that in					
Check if the organization used Schedule O to respond to a	any question in this Part		<mark></mark>		X
22 Cash, savings, and investments		()	A) Beginning of year		(B) End of year
23 Land and buildings			8,704	22	7,661
24 Other assets (describe in Schedule O)			0	23	0
25 Total assets			2,422	24	4,650
26 Total liabilities (describe in Schedule O)			11,126	26	12,311
27 Net assets or fund balances (line 27 of column (B) must agree	W. U. & W.		0		0
Part III Statement of Program Service Accompli		estructions for Pa	11,126	27	12,311
Check if the organization used Schedule O to respond to	any question in this Par	t III		(Pog	Expenses uired for section
What is the organization's primary exempt purpose? See Statemer					c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for each of	of ita there a large at any and			1 /	nizations and section
as measured by expenses. In a clear and concise manner, describe the	services provided, the n	am services, umber of			(a)(1) trusts; optional
persons benefited, and other relevant information for each program title.	promote, and m	arribor or		1	hers.)
28 The 8th annual Festival was presented in 2013.	Diverse				
programming and sessions with filmmakers brough	t many sold				
out performances with over 5,200 attendees.					
	dudes foreign grants, ch	eck here		28a	168,17
29 The School program brought global, thought prove					
educational films to the local area with over 83	30 students				
and 50 teachers involved in the program					
	ludes foreign grants, ch	eck here	▶ □	29a	11,09
30					
(Cranta C					
	ludes foreign grants, che	eck here	▶ 📙	30a	
31 Other program services (describe in Schedule O)	· · · · · · · · · · · · · · · · · · ·				
/ III die di l'iodi it il iod	ludes foreign grants, che	eck here	· · · · · · · · · ·	31a	
32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Employer	vess list such and a			32	179,26
Check if the organization used Schedule O to respond to a	pyees List each one ev	N.Z			for Part IV)
errostri and organization adda donidadio d to respond to a	iny question in this Fart	(c) Reportable			
(a) Name and title	(b) Average hours per week	compensation	(d) Health benefits contributions to emp	oloyee(	e) Estimated amount o
CD 000000 0000 0000	devoted to position	(Form W-2/1099-M (if not paid, enter -	ISC) benefit plans, an	d	other compensation
Bo Sandine		(a not paid, enter	0-) deferred compensa	шоп	
Board Chair	5		0	0	0
Bill Niblick					
Vice Chair	2		0		0
Judy Abercrombie				0	
Freasurer				U	
Lisa Schuba	2		0	0	0
	2		0		
Secretary	2		0		
Secretary Sarry Spear			0	0	0
Secretary Barry Spear Member			0 0	0	0
Secretary Barry Spear Member Julie Cooley	2		0 0	0	0
Secretary Sarry Spear Member Julie Cooley Member	2		0 0 0	0	0
Secretary Sarry Spear Member Julie Cooley Member Kristin Hopper	2		0 0 0	0 0	0
Secretary Sarry Spear Member Julie Cooley Member Kristin Hopper Member	2		0 0 0 0 0	0 0	0
Secretary Sarry Spear Member Julie Cooley Member Kristin Hopper Member Ron Martin	1		0 0 0 0 0	0 0 0	0 0
Secretary Sarry Spear Member Julie Cooley Member Kristin Hopper Member	1		0 0 0 0 0 0	0 0 0	0 0
Secretary Sarry Spear Member Julie Cooley Member Kristin Hopper Member Ron Martin	1		0 0 0 0 0 0	0 0 0 0	0 0 0
Secretary Sarry Spear Member Julie Cooley Member Kristin Hopper Member Ron Martin	1		0 0 0 0 0 0 0	0 0 0 0	0 0 0
Secretary Sarry Spear Member Julie Cooley Member Kristin Hopper Member Ron Martin	1		0 0 0 0 0 0 0 0	0 0 0 0	0 0 0
Secretary Sarry Spear Member Julie Cooley Member Kristin Hopper Member Ron Martin	1		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0	0 0 0
Secretary Sarry Spear Member Julie Cooley Member Kristin Hopper Member Ron Martin	1		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0	0 0 0
Secretary Sarry Spear Member Julie Cooley Member Kristin Hopper Member Ron Martin	1		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0	0 0 0
Secretary Sarry Spear Member Julie Cooley Member Kristin Hopper Member Ron Martin	1		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0	0 0 0
Secretary Sarry Spear Member Julie Cooley Member Kristin Hopper Member Ron Martin	1		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0	0 0 0

	art V Other Information (Note the School of A and reversely 5)	808		Page
	(Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			. 🗌
33	Did the organization angage in any circuit and a six if		Yes	No
	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O			
34		33		X
	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		1	
35		34		X
00	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
i	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
	b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
'	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
36	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
50	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
27 .	during the year? If "Yes," complete applicable parts of Schedule N	36		X
3/ 6	a Enter amount of political expenditures, direct or indirect, as described in the instructions    37a			E B
	Did the organization file Form 1120-POL for this year?	37b		X
30 6	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			4.77%
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
39	o If "Yes," complete Schedule L, Part II and enter the total amount involved			100
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9		- 0 - 10	
	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  section 4911			
h	, Section 4900			
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	40b		X
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
	reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T			77
41	List the states with which a copy of this return is filed	40e		X
42 a				
	ocated at PO Box 1597 Durange GO	9-161	9	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		es	Ma
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No X
	If "Yes," enter the name of the foreign country:	720		22
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country:			
13	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		. ▶	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
		,	Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	MI SUR		
	completed instead of Form 990-EZ	44a		X
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	I SALLY		
	explanation in Schedule O	44d		7.7
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  Did the organization receive any payment from or engage in any transaction with a controlled entity within the	45a		X
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	AFL		X
		45b		67

	EZ (2012) Durango Film Ir	istitute		20-3	395808		) _ ~
<b>46</b> Did	the organization and a second				333008	Yes	Pag
to c	the organization engage, directly or indirectly,	in political campaign activities	s on behalf of or in opposit	ion			STEEL ST
Part V	candidates for public office? If "Yes," complete  Section 501(c)(3) organization	Schedule C, Part I			46		X
- are vi	All Section 501(c)(3) organization 50 and 51 Check if the organization used 5	ons must answer ques			ables for li	nes	
						Van	_
47 Did year	the organization engage in lobbying activities or? If "Yes," complete Schedule C, Part II		ion in effect during the tax			Yes	N
	ne organization a school as described in section	n 170(b)(1)(A)(ii)? If "Yes." co	molete Schedule F	* * * * * * * * * * * * * * *	47	-	X
49a Did	the organization make any transfers to an exer	mpt non-charitable related or	ganization?		48	-	X
b If "Y	es," was the related organization a section 527	7 organization?			49b		Δ
<b>50</b> Con	nplete this table for the organization's five higher	est compensated employees	(other than officers, directo	ors, trustees and key			
emp	oloyees) who each received more than \$100,00	00 of compensation from the	organization. If there is no	ne, enter "None."			
	(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred	(e) Estimate		
			(1 011110 W-2/1099-WIGC)	compensation			_
NONE							
							_
							-
							_
							_
\$100	I number of other employees paid over \$100,00 plete this table for the organization's five higher 0,000 of compensation from the organization.	st compensated independent f there is none, enter "None."	contractors who each rec	eived more than			
(4)		+ 6400 000	and the second s				
	and address of each independent contractor paid mo	ore than \$100,000	(b) Type of service	e (c)	Compensation	1	
NONE	and address of each independent contractor paid me	ore than \$100,000	(b) Type of service	e (c)	Compensation		_
NONE	and address of each independent contractor paid me	ore than \$100,000	(b) Type of service	e (c)	Compensation		
JONE	and address of each independent contractor paid me	ore than \$100,000	(b) Type of service	e (c)	Compensation		_
NONE	and address of each independent contractor paid me	ore than \$100,000	(b) Type of service	e (c)	Compensation		
			(b) Type of service	e (c)	Compensation		
d Total	number of other independent contractors each	receiving over \$100,000	>	e (c)	Compensation		
d Total 1 2 Did th	number of other independent contractors each ne organization complete Schedule A? <b>Note</b> kempt charitable trusts must attach a complete	receiving over \$100,000 : All section 501(c)(3) organd Schedule A	▶ izations and 4947(a)(1)		X Yes	No	
d Total of the nonex	number of other independent contractors each ne organization complete Schedule A? <b>Note</b> kempt charitable trusts must attach a complete es of perjury, I declare that I have examined this retu	receiving over \$100,000  : All section 501(c)(3) organd Schedule A	izations and 4947(a)(1)	the best of my knowledge and	X Yes		
d Total of the nonex order penaltic	number of other independent contractors each ne organization complete Schedule A? <b>Note</b> tempt charitable trusts must attach a completed es of perjury, I declare that I have examined this return and complete. Declaration of preparer (other than of	receiving over \$100,000  : All section 501(c)(3) organd Schedule A	izations and 4947(a)(1)	the best of my knowledge and	X Yes		
d Total   2 Did th     nonex nder penaltie	number of other independent contractors each ne organization complete Schedule A? <b>Note</b> cempt charitable trusts must attach a complete es of perjury, I declare that I have examined this return and complete. Declaration of preparer (other than of Bill Niblick	receiving over \$100,000  : All section 501(c)(3) organd Schedule A	izations and 4947(a)(1)	the best of my knowledge and wledge.	X Yes		
d Total (2 Did the nonex ader penaltic pen correct, a	number of other independent contractors each ne organization complete Schedule A? <b>Note</b> Kempt charitable trusts must attach a complete es of perjury, I declare that I have examined this return and complete. Declaration of preparer (other than of Bill Niblick Signature of officer	receiving over \$100,000  : All section 501(c)(3) organd Schedule A	izations and 4947(a)(1)	the best of my knowledge and	X Yes		
d Total (2 Did the nonex ander penalticue, correct, a	number of other independent contractors each ne organization complete Schedule A? <b>Note</b> Kempt charitable trusts must attach a completer es of perjury, I declare that I have examined this return and complete. Declaration of preparer (other than of Bill Niblick  Signature of officer  Bill Niblick, 2013-2014 Bo	receiving over \$100,000  : All section 501(c)(3) organd Schedule A	izations and 4947(a)(1)	the best of my knowledge and wledge.	X Yes		
d Total (2 Did the nonex noder penalticue, correct, a	number of other independent contractors each ne organization complete Schedule A? <b>Note</b> Kempt charitable trusts must attach a complete es of perjury, I declare that I have examined this return and complete. Declaration of preparer (other than of Bill Niblick Signature of officer	receiving over \$100,000  : All section 501(c)(3) organd Schedule A	izations and 4947(a)(1) dules and statements, and to of which preparer has any known	the best of my knowledge and wledge.	X Yes [belief, it is		
d Total a 2 Did the nonex of th	number of other independent contractors each ne organization complete Schedule A? Note kempt charitable trusts must attach a complete es of perjury, I declare that I have examined this retu and complete. Declaration of preparer (other than of Bill Niblick Signature of officer  Bill Niblick, 2013-2014 Bot Type or print name and title  Print/Type preparer's name	receiving over \$100,000  : All section 501(c)(3) organd Schedule A  rn, including accompanying scheficer) is based on all information of the control of the	izations and 4947(a)(1) dules and statements, and to of which preparer has any known before the control of the	the best of my knowledge and wledge.  Date  Check if	Yes [belief, it is		
d Total of the nonex	number of other independent contractors each ne organization complete Schedule A? Note kempt charitable trusts must attach a complete es of perjury, I declare that I have examined this retu and complete. Declaration of preparer (other than of Bill Niblick Signature of officer  Bill Niblick, 2013-2014 Bot Type or print name and title  Print/Type preparer's name	receiving over \$100,000  : All section 501(c)(3) organd Schedule A	izations and 4947(a)(1) dules and statements, and to of which preparer has any known	he best of my knowledge and wledge.  Date  Check if self-employed	X Yes [belief, it is		
d Total   2 Did th nonex nder penaltie ue, correct, a ign lere	number of other independent contractors each ne organization complete Schedule A? Note kempt charitable trusts must attach a complete es of perjury, I declare that I have examined this retu and complete. Declaration of preparer (other than of Bill Niblick Signature of officer  Bill Niblick, 2013-2014 Bot Type or print name and title  Print/Type preparer's name  Erin Sweet Neer CPA	receiving over \$100,000  : All section 501(c)(3) organd Schedule A rn, including accompanying scheficer) is based on all information ward Chair  Preparer's signature  Erin Sweet Neer CPA	izations and 4947(a)(1) dules and statements, and to of which preparer has any known before the control of the	the best of my knowledge and wledge.  Date  Check if	Yes [belief, it is		
d Total   2 Did th nonex nder penaltie ue, correct, a ign ere	number of other independent contractors each ne organization complete Schedule A? Note cempt charitable trusts must attach a completer es of perjury, I declare that I have examined this return and complete. Declaration of preparer (other than of Bill Niblick Signature of officer  Bill Niblick, 2013-2014 Bottom Type or print name and title  Print/Type preparer's name  Erin Sweet Neer CPA  Firm's name SweetBooks LLC	receiving over \$100,000  : All section 501(c)(3) organd Schedule A rn, including accompanying scheficer) is based on all information ward Chair  Preparer's signature  Erin Sweet Neer CPA	izations and 4947(a)(1) dules and statements, and to of which preparer has any known before the control of the	he best of my knowledge and wledge.  Date  Check if self-employed	X Yes belief, it is		

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

		o Film Institu								yer identificati			
	art I	Reason for	Public Charit	y Status (All organ	izations	must cor	nplete th	is part )	See inc	-3395808			
Th	e orga	riization is not a privi	ate foundation beca	use it is: (For lines 1 throu	ah 11. ched	ck only one	hay )		000 1113	uctions			
1	Ц	A church, conven	tion of churches, o	r association of churches	s described	in section	170(b)/1	)/A)/i)					
2		A school describe	d in section 170(b	)(1)(A)(ii). (Attach Sche	dule E.)								
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii)												
4		A medical research	ch organization ope	erated in conjunction with	a hospital	described	in section	n 170(b)(1	)/A)/iii) =	ntor the			
		nospitals flattle, Gi	ly, and state:										
5		An organization op	erated for the benef	it of a college or university	owned or	operated by	/ a governr	nental unit	described	in			
		section 1/0(b)(1)	(A)(IV). (Complete	Part II.)					described	11.1			
6		A federal, state, or	r local government	or governmental unit de	scribed in	section 17	0(b)(1)(A)	(v).					
7		An organization tha	federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  n organization that normally receives a substantial part of its support from a governmental unit or from the general public										
		described in secti	on 170(b)(1)(A)(vi	). (Complete Part II.)					orioral par	,,,,,			
8		A community trust	described in secti	on 170(b)(1)(A)(vi). (Co	mplete Par	rt II.)							
9	X	An organization tha	t normally receives:	(1) more than 33 1/3% of	its support	from contri	butions, m	embership	fees, and o	iross			
		receipts from activit	ies related to its exe	empt functions - subject to	certain exc	eptions, an	d (2) no me	ore than 33	1/3% of its	3			
		support from gross	investment income	and unrelated business ta	xable incor	ne (less sec	ction 511 ta	ax) from bu	sinesses				
		acquired by the or	ganization after Jui	ne 30, 1975. See <b>sectio</b>	n 509(a)(2	). (Complet	te Part III.						
10	H	An organization or	ganized and opera	ted exclusively to test for	r public sat	fety. See s	ection 50	9(a)(4).					
11		An organization org	anized and operate	d exclusively for the benef	it of, to perf	form the fur	octions of, o	or to carry o	out the				
		purposes of one or	more publicly sup	ported organizations des	scribed in s	ection 509	(a)(1) or s	ection 509	(a)(2). See	esection			
		509(a)(3). Check th	ne box that describ	es the type of supporting	g organizat	ion and co	mplete line	es 11e thro	ough 11h.				
		a  Type I	Ь ∐ Ту		III-Functio	nally integra	ated	d	_ Type II	I-Non-funtio	nally inte	egrated	ŀ
е		other than formal-ti-	K, I certify that the or	ganization is not controlle	d directly or	r indirectly b	y one or m	nore disqua	alified perso	ons			
		or section 500(a)(2)	n managers and oth	ner than one or more publi	icly support	ed organiza	ations desc	ribed in se	ction 509(a	1)(1)			
f		or section 509(a)(2).		Company of the company									
		organization about	this have	ermination from the IRS the	nat it is a Ty	pe I, Type	II, or Type	III supporti	ng				
a		organization, check	ACTURES SECTIONAL TO THE TOTAL								*		
g		following persons?	oo, nas the organiza	ation accepted any gift or	contribution	from any c	of the						
		• .	directly or indirectly	controlo cithor clare t-									
		(iii) below the	overning body of th	controls, either alone or to se supported organization?	gerner with	persons de		3. 6				Yes	No
		(ii) A family memb			•			* * * * *			11g(i)		
				described in (i) or (ii) abo	· · · · · ·						11g(ii)		
h				he supported organization							11g(iii)		
		ne of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did yo	u notify	(vel) I	o the	Ī		
	(	organization		(described on lines 1-9	in col. (i) lis		4 141	nization in		s the tion in col.	(vii) Amo	int of mo support	netary
				above or IRC section (see instructions))	governing	document?	col. (i) o	of your port?	(i) organiz	ed in the S.?			
				, , , , , , , , , , , , , , , , , , , ,	Yes	No	Yes	No	Yes	No			
A)							100	140	163	NO			
B)													
C)													
D)													
E)													
ota									S. T. The second				

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.)

Se	ection A. Public Support	rane to quality	under the test	s listed below,	please complet	e Part III.)	
Cal	endar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(4) 2014	4.1.0040	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1)	(8) 2000	(6) 2010	(d) 2011	(e) 2012	(f) Total
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by			The state of the state of		NAMES OF TAXABLE PARTY.	
	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		MANAGEMENT SY				
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4					(-)	(i) rotal
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 IV.)						
11	Total support. Add lines 7 through 10 .	ENTRY OF DEALER.		A BUTCH THE PLANE	NAME OF THE PARTY		
12	Gross receipts from related activities, etc. (see i	instructions)				12	
13	First five years. If the Form 990 is for the or						
	organization, check this box and stop here			· · · · · · · · · · · ·	as a section 50 1(C	)(3)	▶□
Sec	tion C. Computation of Public Sup	port Percent	age				
14	Public support percentage for 2012 (line 6, colu	mn (f) divided by I	ine 11, column (f))			14	%
15	Public support percentage from 2011 Schedule	A, Part II, line 14				15	%
16a	33 1/3% support test - 2012. If the organization	tion did not check	the box on line 13	, and line 14 is 33	1/3% or more, che	ck this	
	box and stop here. The organization qualifies	s as a publicly su	pported organizati	on			▶ □
b	33 1/3% support test - 2011. If the organization	tion did not check	a box on line 13 c	r 16a, and line 15	is 33 1/3% or more	,	_
	check this box and stop here. The organizati	on qualifies as a	publicly supported	organization .			▶ □
17a	10%-facts-and-circumstances test - 2012.	If the organization	n did not check a b	ox on line 13, 16a,	or 16b, and line 14	4 is	_
	10% or more, and if the organization meets the	ne "facts-and-circ	umstances" test, c	heck this box and	stop here. Explain	in	
	Part IV how the organization meets the "facts-ar						
	organization						▶ 🔲
b	10%-facts-and-circumstances test - 2011.					ne	
	15 is 10% or more, and if the organization me						
	Explain in Part IV how the organization meets th						
	supported organization						▶ 🔲
18	Private foundation. If the organization did no	ot check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		
	instructions		2				

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 87,987 60,522 181,306 123,153 124,428 577,396 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . 40,757 32,318 33,769 86,793 68,055 261,692 Gross receipts from activities that are not an unrelated trade or bus. under sec 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge . . . . . Total. Add lines 1 through 5 128,744 92,840 215,075 209,946 192,483 839,088 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b . . . . . . . . Public support (Subtract line 7c from line 6.) . . . . . . . . . . . 839,088 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Amounts from line 6 . . . . . . 128,744 92,840 215,075 209,946 192,483 839,088 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 61 17 182 44 307 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . c Add lines 10a and 10b . . . . 61 17 182 44 3 307 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . . . Total support. (Add lines 9, 10c, 11, and 12.) . . . . . . . . . . . . 128,805 92,857 215,257 209,990 192.486 839,395 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) 15 % Public support percentage from 2011 Schedule A, Part III, line 15 16 99.96 % Section D. Computation of Investment Income Percentage Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 0.04 % Investment income percentage from 2011 Schedule A, Part III, line 17 18 . . . . . . . . . . . . % 19a 33 1/3% support tests - 2012. 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 - 2011. 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

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

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection
Employer identification number

Durango Film Institute		20-3395	808
01. General explanation	attachment		
DIFF's mission is to educate and ent	ertain with diverse films and	workshops.	
02. Description of other	expenses (Part I, 1	ine 16)	
Description	Amount		
PR & Marketing	65,020		
Festival Program Guild	6,620		
Film Lodging	15,051		
Festival Events	19,388		
Technical Staff & Equipment	11,432		
Other Festival Costs	15,854		
School Program Expenses	11,090		
Insurance	2,098		
Office Supplies	963		
Dues & Subscriptions	1,164		
03. Description of other	assets (Part II, lin	e 24)	
Category	Beginning of Year	End of Year	
Accounts Receivable	1,500	4,650	
Accounts Payable	922	0	
<del>-</del>			