Return of Organization Exempt From Income Tax

Open to Public Inspection

Form 990 (2010)

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Department of the Treasure Internal Revenue Service

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

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

, 2010, and ending A For the 2010 calendar year, or tax year beginning D Employer identification number C Name of organization B Check if applicable 80-0006057 TRIBECA FILM INSTITUTE, INC. Address Doing Business As E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite Name change C/O BERDON LLP, 360 MADISON AVENUE (212) 832-0400 City or town, state or country, and ZIP + 4 Terminated NEW YORK, NY 10017 3,250,316. G Gross receipts \$ Application F Name and address of principal officer H(a) Is this a group return for Yes X No pending H(b) Are all affiliates included? X | 501(c)(3) If "No," attach a list (see instructions) 4947(a)(1) or 527 Tax-exempt status 501(c) ((insert no) Website: WWW.TRIBECAFILMINSTITUTE.ORG H(c) Group exemption number L Year of formation 2001 M State of legal domicile NŸ Form of organization | X | Corporation Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: ESTABLISHED FOR EXCLUSIVELY CHARITABLE AND EDUCATIONAL PURPOSES, WHICH BUT ARE NOT LIMITED TO, CREATING CULTURAL INITIATIVES DEDICATED TO THE ECONOMIC REDEVELOPMENT OF LOWER MANHATTAN. if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, hne-1b) 17. 4 Total number of individuals employed in calendar year 2010 (Part V, line, 2a) 41. 75. Total number of volunteers (estimate if necessary) 6 Total gross unrelated business revenue from Part VIII, columities 1/2 2011 Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year Contributions and grants (Part VIII, line 1h) 3,104,260. 3,034,296. 0 Ō. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 0. 10 216,020. 240,400. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,344,660 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,250,316. Grants and similar amounts paid (Part IX, column (A), lines 1-3) n 380,450. 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,197,582 1,287,381. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 98,903 137,919. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 2,165,369 1,558,930. 17 3,461,854. 3,364,680. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -117,194-114,364. 19 Revenue less expenses Subtract line 18 from line 12. Beginning of Current Year End of Year 1,546,732. 1,491,909. 20 Total assets (Part X, line 16) Total liabilities (Part X, line 26) 934,871 994,412. 21 611,861. 497,497 22 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perius, 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 correct, and complete Sign Here Signature of officer Type or print name and title Print/Type preparer's name Check if Preparer's signature Paid WE LOARD P00169376 employed Preparer ▶ BERDON LLP 13-0485070 Firm's EIN 360 MADISON AVE NEW YORK, NY 10017 212-832-0400 Phone no Firm's address May the IRS discuss this return with the preparer shown above? (see instructions) X | Yes

For Paperwork Reduction Act Notice, see the separate instructions

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Part	Checklist of Required Schedules		т	
	г		Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	_X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_	l	v
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			Х
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"	_	İ	х
	complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
8	complete Schedule D, Part III	8	İ	х
_	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
9	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
10	quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		134	
''	VII, VIII, IX, or X as applicable			
9	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
u	Schedule D, Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	<u></u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	Complete Concedio D, rano 70, 700, and 700 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	12a	Х	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	 	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	4 4 1		X
	business, and program sorries detines states and states are states and states and states and states and states and states are states and states and states and states and states are states and states and states and states are states and states and states and states are states and states and states are states and states and states are states and states and states are states and states and states are states and states and states are states and states are states and states are states and states are states	14b	-	<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	1 =	1	X
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	-	A
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	16	Х	ļ
4-	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	-16	<u> </u>	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	17	l x	
4.0	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
4.0	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	"		+
19	If "Yes," complete Schedule G, Part III	19		х
20.0	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		<u> </u>	Х
	o If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note . Some Form		†	†
	990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		1_

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Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	21		
22	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		Х
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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?			v
	If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	26	Х	
0.7	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II. Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
27	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		; 7	
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions).			- 1 - 1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
-	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part N	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			Х
	Part I	31		<u> </u>
32	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	-		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
	Part V, line 2		[İ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	-	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			v
	Part VI	37	-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	20	Х	
	19? Note. All Form 990 filers are required to complete Schedule O	38	000	

Form	990 (2010) 80-0006057		F	Page 5
Par	Statements Regarding Other IRS Filings and Tax Compliance	_		
	Check if Schedule O contains a response to any question in this Part V	<u> </u>		\Box
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		1.13	-
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	. 9		
	Did the organization comply with backup withholding rules for reportable payments to vendors and	2.4	***	
·	reportable gaming (gambling) winnings to prize winners?	1 c	X	2,7745.4
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	145-425	4.76	3,44
Za	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 41		* 2	
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	105025
D		1455	1	
٥.	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	3a	CECTOR.	X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	30		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			х
	account)?	4a	49260	7 169G
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		264	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5 c		
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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		会会	1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	Kara III	N	300
	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	3	Y-1 1	34
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	13	317	33
Ŭ	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		7	
	organization, have excess business holdings at any time during the year?	8	- No.	
9	Sponsoring organizations maintaining donor advised funds.	12.00		in the
_	Did the organization make any taxable distributions under section 4966?	9a	ALIMAN.	(Nerton
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.	地步弹	Start.	i de no
	Initiation fees and capital contributions included on Part VIII, line 12	4		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	·		***	
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	discombined in the months of strains and the s	13.3		333
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		1	1
		100		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ينائو تدوي	13.23
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-	17.4	1-14
а	ls the organization licensed to issue qualified health plans in more than one state?	13a	185 25	C Pass
	Note. See the instructions for additional information the organization must report on Schedule O.	1	1	138
b	Enter the amount of reserves the organization is required to maintain by the states in which		表	
	the organization is licensed to issue qualified health plans		小型	1
	Enter the amount of reserves on hand	17	1 75 Y	150
	Did the organization receive any payments for indoor tanning services during the tax year? $\dots \dots \dots$		+	X
t	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<u> </u>	

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Form 9	90 (2010) 80-0006057		1	Page 6
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7th for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, o	belo r cha	ow, a inge	and s in
	Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI			X
Sact	ion A. Governing Body and Management		·	171
Sect	IOII A. Governing Body and Management		Yes	No
4	Enter the number of voting members of the governing body at the end of the tax year 1a 20	7	ž	1 71
1a b	Enter the number of voting members of the governing body at the character of the tax year. 1b 17	` -	, , ,	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		* î	
_	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 or 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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6	<u> </u>	<u> </u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			ľ
	of the governing body?	7a	<u> </u>	<u> </u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	5		1 15 5
	the year by the following:	150	المحالية ا	- 52m '0
а	The governing body?	8a	<u>X</u> _	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	<u>X</u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			X
Coati	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9 Codo	<u> </u>	<u> </u>
Secu	on B. Policies (This Section B requests information about policies not required by the internal revenue	Code	·/ Yes	No
4.0-	Describe account to have least shorters beautiful to 2	10a		X
	Does the organization have local chapters, branches, or affiliates?	100		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10ь		
110	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	100		
ı ı a	form?	11a	Х	j
h	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	- 1	·,_ ^ .	1,4
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	<u></u>
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	Į.,		1
	describe in Schedule O how this is done	12c	X	ļ
13	Does the organization have a written whistleblower policy?	13	X	<u> </u>
14	Does 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	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	~ '	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	Z.	· -	1 - 1 x
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)	1 1		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		1	i de Sala X
	with a taxable entity during the year?	16a		
ם	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	1,27	٠,	
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		1
Sect	tion C. Disclosure	1100		
17	NY.			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)			
10	available for public inspection. Indicate how you make these available. Check all that apply	_ o. ny	,	
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	rest		
. •	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	he		
	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. SANDY O'HEAREN, TRIBECA FILM 375 GREENWICH STREET NEW YORK, NY 10 organization.	0013		

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

Check if Schedule O contains a response to any question 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.

List persons in the following order: individual trustees or directors, institutional trustees; officers, key employees; highest compensated employees; and former such persons.

compe	ensated employees; and former such persons.
	Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average	Posit	uon (i	(C checl		that app	nlv)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (describe hours for related organizations in Schedule O)	Individual tru	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) ROBERT DE NIRO	7									
CO-CHAIRMAN, DIRECTOR	1.00	X		Х	ļ	,				_
(2) JANE ROSENTHAL										
CO-CHAIRMAN, DIRECTOR	1.00	X		Х		1				
(3)ALBERTA ARTHURS										
VICE CHAIRMAN, DIRECTOR	1.00	Х	}	Х	İ	}		j		
(4) SCOTT RECHLER										
DIRECTOR	1.00	X				1	}	ļ	}	
(5) JEFFREY WRIGHT							Г			
DIRECTOR	1.00	Х	}			ł	-			
(6)MARTIN EDELMAN										
DIRECTOR	1.00	X	İ		1	i	Ì	1	1	
(7) JENNIFER MAGUIRE ISHAM										
DIRECTOR	1.00	X				1	ļ			
(8)MARTIN SCORSESE				Г			ļ			
DIRECTOR	1.00	X								
(9) SERENA ALTSCHUL			T		\Box	T				
DIRECTOR	1.00	X					ĺ			
(10)NORMAN PEARLSTINE										
DIRECTOR	1.00	X		ļ		ļ				
(11)TODD WAGNER										
DIRECTOR	1.00	X	•]				1		
(12)ELI EVANS		1	T			<u> </u>				
DIRECTOR	1.00	X	1	}	1	j		1		
(13)CRAIG HATKOFF				\vdash				<u> </u>		
SECRETARY, DIRECTOR	1.00	x	1	х	{	1	1			
(14)LISA HSIA		1	1	T		†		† -		
DIRECTOR	1.00	x			1	ĺ	1			
(15)SAM POLLARD		1	\top			1	1	 	 	
DIRECTOR	1.00) X	1		1		-			
(16)LAURIE RACINE	1		\dagger		1	1		 	1	
DIRECTOR	1.00	\mathbf{x}	1							

. :

Part VII Section A. Officers, Directors, Tru		y En	npio			and h	ligi			<u>/ees (c</u>		
(A)	(B)				C)	45-4		(D) (E) (F)				
Name and title	Average hours per week	or dire	Institutional trustee	Office	K all Key er	that app	Former	Reportable compensation from	Reporta compens from rela	ation	Estimated amount of other	
	(describe hours for related organizations in Schedule O)	stee	tional	-	nployee	Highest compensated employee		the organization (W-2/1099-MISC)	organiza (W-2/1099		compensation from the organization and related organizations	
(17) JOHN G. ROCHE												
DIRECTOR	1.00	X	Ш									
(18) JUDY TABB DIRECTOR	1.00	х										
(19) JONATHAN TISCH												
DIRECTOR	1.00	X	\square		<u> </u>							
(20)BETH JANSON ARTISTIC DIRECTOR	40.00	x				х		117,500.				
(21) SHEILA NEVINS	40.00	<u> </u>	\vdash		\vdash			117,500.				
DIRECTOR	1.00	X				,		ļ				
(22) SANDY O'HEAREN TREASURER	1.00			х								
(23)												
(24)				-								
(25)												
(26)												
(27)												
(28)												
1b Sub-total							>	117,500	-			
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)								117,500] -			
Total number of individuals (including but not reportable compensation from the organization)	limited to t	hose								n	<u> </u>	
3 Did the organization list any former office	and direct	or 0		ıcto		kov.	.mr	player or higher	t company	noted.	Yes No	
employee on line 1a? If "Yes," complete Sched	lule J for su	ich ind	dıvıdı	ual							3 X	
4 For any individual listed on line 1a, is the the organization and related organizations individual.	greater th	han S	\$15C	0,00	com	pensa If "Y	atio 'es,	n and other com " complete Sched	pensation Jule J for	from such	4 X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If ")	accrue co	mpei	nsatı	on							5 X	
Section B. Independent Contractors												
1 Complete this table for your five highest compensation from the organization	compensa	ited i	ndep	en	den	t con	trac	ctors that receive	d more th	an \$10	00,000 of	
(A) Name and business add	iress							(B) Description of se	rvices	((C) Compensation	
							-					
							1					
				_			1				The second second	
2 Total number of independent contractors (impore than \$100,000 in compensation from till.)				nite	a t	o tho: O	se !	listed above) who	received			

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The Federated campaigns 1.1.0 1.0	Pari	t VIII	Statement of Revenue					
1						Related or exempt function	Unrelated business	
Page Government grants (contributions) 1e 50,511 3	grants nounts	b	Federated campaigns 1a Membership dues	900 828				
Business Code Business Code Business Code Business Code	ıs, gifts imilar ar	ď	Related organizations 1 d					
Business Code Business Code Business Code Business Code	stribution other s	_	All other contributions, gifts, grants,	2,172,957.				
Business Code Business Code	a Sc	g	Noncash contributions included in lines 1a-1f \$	5	3.034.296			
3 Investment income (including dividends, interest, and other similar amounts) 0 0 0 0 0 0 0 0 0	9	n					1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
3 Investment income (including dividends, interest, and other similar amounts) 0 0 0 0 0 0 0 0 0	Ven	2 a	<u></u>		San - San Military and Military and San and San and San and San and San and San and San and San and San and San		<u> </u>	
3 Investment income (including dividends, interest, and other similar amounts) 0 0 0 0 0 0 0 0 0	e l							
3 Investment income (including dividends, interest, and other similar amounts) 0 0 0 0 0 0 0 0 0	Ş	c						
3 Investment income (including dividends, interest, and other similar amounts). 4 Income from investment of tax-exempt bond proceeds 0, 0 5 Royalties 0, 0 6 Royalties 0, 0 6 Royalties 0, 0 7 Royalties 0, 0 8 Royalties 0, 0 9 Retrait income or (loss) 0, 0 9 Retrait income or (loss) 0, 0 10 Royalties 0, 0	Ser	ď						
3 Investment income (including dividends, interest, and other similar amounts). 4 Income from investment of tax-exempt bond proceeds 0, 0 5 Royalties 0, 0 6 Royalties 0, 0 6 Royalties 0, 0 7 Royalties 0, 0 8 Royalties 0, 0 9 Retrait income or (loss) 0, 0 9 Retrait income or (loss) 0, 0 10 Royalties 0, 0	ra L	е						
3 Investment income (including dividends, interest, and other similar amounts) 0 0 0 0 0 0 0 0 0	. g	f	All other program service revenue L			11. Countystings I'm a substitution	salati i keedada kuma ii	5 Mar C & 1 - 1 M A 2018
other similar amounts). 4 Income from investment of fax-exempt bond proceeds 5 Royaltes 0 0 10 Real (i) Real (ii) Personal 6a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) of contributions reported on line 1c) See Part IV, line 18 a Less direct expenses See Part IV, line 19 b Less cost of goods sold c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b Less cost of goods sold b Net income or (loss) from sales of inventory Miscellaneous Revenue 11a SUBMISSION FEES 0 UNREALIZED GAIN ON MARKETABLE SECURITIES 135 J. 111 140 J. 18	<u>-a</u>			i i	0.	(中、1997年)、北、中国大阪	Carling a server and a party	(野山北) (1993年)
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Floyalties (i) Real (ii) Personal 6a Gross Rents (iii) Check (iii) Check (iii) Check (iii) Check (iii) Check (iii) Check (iii) Check (iii) Check (iiii) Check (iiii) Check (iiii) Check (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii								
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b Less rental expenses		3	(i) Real	(II) Personal	是 一	13. 3. TH. 6 15. Ex.	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	33 P. 1
b Less rental expenses	į	6 0						
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d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses			·			在 有其一个	The state of the s	
Ta Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses . c Gan or (loss)		_			0.			
assets other than inventory b Less cost or other basis and sales expenses		7a	Gross amount from sales of (i) Securities	(ii) Other	"是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个		The state of the s	
and sales expenses		٠. ـ					经产程 基础	
C Gain or (loss) d Net gain or (loss) Ba Gross income from fundraising events (not including \$		ь	Less cost or other basis					
d Net gain or (loss) 8a Gross income from fundraising events (not including \$	i)	and sales expenses					1.500
Ba Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	:		• •		The state of the s	at the latest of the second	Activities & Charles	
9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory. ▶ 0. Miscellaneous Revenue Business Code 11a SUBMISSION FEES 35,211 35,211 b OTHER REVENUE 180,450 180,450 c UNREALIZED GAIN ON MARKETABLE SECURITIES 359. 359.		ł		<u> </u>	Sala Cara Sala Sala Sala Sala Sala Sala Sala S	\$4.5% T 35 - 125 M	The fact of the state of the st	41 1 14 15
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See Part IV, line 19 b Less direct expenses b c Net income or (loss) from gaming activities 0. 10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory. Miscellaneous Revenue Business Code 11a Submission FEES 35,211. 35,211. b OTHER REVENUE 180,450. 180,450. c UNREALIZED GAIN ON MARKETABLE SECURITIES 359. 359.	O	9a	1		器下海 经营工业员	BENEFIT CHE	4. 严情强气运感。	多可以是
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b Less cost of goods sold b		10a				THE THE PARTY OF T	The state of the s	
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Miscellaneous Revenue Business Code		1	=			<u> </u>		التقائد منتدا
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b OTHER REVENUE 180,450. 180,450. c UNREALIZED GAIN ON MARKETABLE SECURITIES 359. 359.		 		Duaniesa Code				1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
C UNREALIZED GAIN ON MARKETABLE SECURITIES 359. 359.		1				 		
		1				 		
a August revenue					339.	339	1	
216 020		d			216,020	121	1.43	1.5
12 Total revenue See instructions								

:

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) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0.			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	330,950.	330,950.	The state of the s	
3	Grants and other assistance to governments,			* to a state of the state of	29 85 By 35 C
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	49,500.	49,500.		19 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4	Benefits paid to or for members	0.		2 Water Charles	2. 2. 2.
5	Compensation of current officers, directors, trustees, and key employees	0.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	1,096,278.	788,312.	307,966.	
8	Pension plan contributions (include section 401(k)		Í		ĺ
	and section 403(b) employer contributions)	0.			
9	Other employee benefits	104,923.	75,448.	29,475.	
10	Payroll taxes	86,180.	61,970.	24,210.	
11	Fees for services (non-employees)				
а	Management	0.		· · · · · · · · · · · · · · · · · · ·	
b	Legal	35,284.	7,057.	28,227.	
С	Accounting	30,000.	2,400.	27,600.	
d	Lobbying	0.			107.01
е	Professional fundraising services See Part IV, line 17	137,919.	<u>; </u>		137,919.
f	Investment management fees	0.			· · · · · · · · · · · · · · · · · · ·
g	Other	0.	25 202	10 640	1 762
12	Advertising and promotion	39,698.	25,293.	12,642.	
13	Office expenses	11,895.	965.	10,930.	
14	Information technology	31,337.	5,244.	26,093.	
15	Royalties	201,938.	141,463.	60,475.	
16	Occupancy	118,660.	63,418.	55,242.	
17	Travel	110,000.	03,410.	33,242.	
18	Payments of travel or entertainment expenses	o.	·		
	for any federal, state, or local public officials	0.			
	Conferences, conventions, and meetings	0.			
20	Interest	0.			
21	Payments to affiliates	23,685.		23,685.	
22	• • • •	21,170.	1,975.	19,195.	
24	Insurance	7, -			,
24	above (List miscellaneous expenses in line 24f lf		in the same of the same of	Bartan Car	
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O)			, , , , , , , , , , , , , , , , , , , ,	
а	POSTAGE AND SHIPPING	24,687.	7,884.	16,803.	
	VENUE RENTAL	36,173.	36,173.		
_	PROGRAM EVENTS	51,368.	9,498.		41,870.
	UTILITIES	479.	72.	407.	
_	FILM FESTIVAL PROGRAMS	364,640.	364,640.		
1	All other expenses	567,916.	302,470.	74,339.	
25	Total functional expenses Add lines 1 through 24f	3,364,680.	2,274,732.	717,289.	372,659
26	Joint Costs. Check here ▶ if following				
	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational				
	campaign and fundraising solicitation				<u> </u>
JSA	200			·	Form 990 (2010)

Pa	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1,352,387.	1	1,320,465.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		62,771.	4	60,244.
	5	Receivables from current and former officers,	directors, trustees, key			157 1 2 2 3
	İ	employees, and highest compensated employe	ees. Complete Part II of	u		
	ł	Schedule L		5		
	6	Receivables from other disqualified persons (as defined und	der section 4958(f)(1)), persons			
		described in section 4958(c)(3)(B), and contributing employers	and sponsoring organizations of		1.34	
/ 0	-	section 501(c)(9) voluntary employees' beneficiary organizations	(see instructions)		6_	
Assets	7	Notes and loans receivable, net			7	
4SS	8	Inventories for sale or use			8	
_	9	Inventories for sale or use	ATCH 2	15,232.	9	58,091.
	10a	Land, buildings, and equipment. cost or		A		TO THE REST OF THE PARTY.
		other basis. Complete Part VI of Schedule D			1 1	
	b	Less: accumulated depreciation	10b 196,480.	33,334.	10c	15,414.
	11	Investments - publicly traded securities	АТС Н.З	2,572.	11	3,974.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		80,436.	15	33,721.
	16	Total assets. Add lines 1 through 15 (must equal	line 34)	1,546,732.	16	1,491,909.
	17	Accounts payable and accrued expenses		311,893.	17	236,245.
	18	Grants payable			18	
	19	Deferred revenue		410,910.	19	400,115.
	20	Tax-exempt bond liabilities			20	
es	21	Escrow or custodial account liability. Complete			21	
Liabilities	22	Payables to current and former officers,				
jab		employees, highest compensated employees,			_	12 - 16 - 16 3 - 1
		Complete Part II of Schedule L		3,917.	22	3,917.
	23	Secured mortgages and notes payable to unrelat	· ·		23	ļ
	24	Unsecured notes and loans payable to unrelated		208,151.	24	354 135
	25	Other liabilities Complete Part X of Schedule D.		934,871.		354,135. 994,412.
	26	Total liabilities. Add lines 17 through 25		934,071.	26	
Fund Balances		Organizations that follow SFAS 117, check here lines 27 through 29, and lines 33 and 34.	and complete		, ';	
auc	27	Unrestricted net assets		110,214.	27	-15,283.
Bal	28	Temporarily restricted net assets		501,647.	28	512,780.
밀	29	Permanently restricted net assets			29	
or Fu		Organizations that do not follow SFAS 117, che complete lines 30 through 34.	eck here ▶ and			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
		Capital stock or trust principal, or current funds.			30	, , , , ,
Assets	31	Paid-in or capital surplus, or land, building, or equ			31	
		Retained earnings, endowment, accumulated inc			32	
Net	33	Total net assets or fund balances		611,861.	33	497,497.
	34	Total liabilities and net assets/fund balances	<u> </u>	1,546,732.	34	1,491,909.

Form **990** (2010)

Page	1	2	

Pa	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			. 🗆	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			316.
2	Total expenses (must equal Part iX, column (A), line 25)	2		364,	
3	Revenue less expenses. Subtract line 2 from line 1	3			364.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		611,	861.
5	Other changes in net assets or fund balances (explain in Schedule O)	5_			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
•	column (B))	6] 	497,	497.
Pa	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990.].	, 3 ¹ / ₂	3
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		,		
	Schedule O.		<i>†-</i>	, . ,~-	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>	<u> </u>
ь	Were the organization's financial statements audited by an independent accountant?		2b	X	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain	ın			1: 1
	Schedule O		77		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year well	e			. "
	issued on a separate basis, consolidated basis, or both:		′ - ,	1.	1, '\$
	X Separate basis Consolidated basis Both consolidated and separate basis		- 2		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	ı			
	the Single Audit Act and OMB Circular A-133?		3a		X
b		е			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit	S	3 b		<u> </u>

Form **990** (2010)

SCHEDULE A (Form 990 or 990-EZ)

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
2010
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number 80-0006057

TRI	BEC.	A FILM INSTIT	UTE, INC.							80-	-0006057
Par	t i	Reason for Publ	ic Charity Status	s (All organizations mu	st con	plete	this pa	rt.) Se	e instri	uctions	
The	orgai	nization is not a privi	ate foundation bed	cause it is. (For lines 1 thi	ough	11, che	ck only	one box	c)		
1 [A church, convention	on of churches, or	association of churches of	describ	ed in s	ection	170(b)(1)(A)(i)		
2		A school described	in section 170(b)((1)(A)(ii). (Attach Schedul	e E.)						
3		A hospital or a coop	perative hospital s	ervice organization descri	bed ın	sectio	n 170(b)(1)(A)	(iii).		
4		A medical research	n organization ope	erated in conjunction wi	th a h	ospita	l descri	bed in	sectio	n 170(b)(1)(A)(iii). Enter the
		hospital's name, city									
5		An organization op	erated for the ber	nefit of a college or universely	ersity	owned	or ope	rated b	y a go	vernme	ntal unit described in
		section 170(b)(1)(A									
6			-	or governmental unit des							
7	X	-		es a substantial part of its	s supp	ort fro	m a go	vernme	ental un	ut or fro	m the general public
_		described in sectio			_1						
8		•		on 170(b)(1)(A)(vi). (Com							
9		•	•	es. (1) more than 331/3%							•
				exempt functions - subj			-		- •		
				ome and unrelated busi ne 30, 1975 See section						11 311	iax) iroiti businesses
10				ted exclusively to test for			•		•	١	
11	\vdash		•	rated exclusively for the		-				-	or to carry out the
• •	Ш	•	•	ipported organizations de							•
		· · · ·		es the type of supporting					•		
		a Type I	b Type		_					d	Type III - Other
е			oox, I certify that	the organization is not			-	-	rectly	by one	or more disqualified
		persons other than	foundation mana	gers and other than one	or mo	re pub	olicly su	pported	d organ	izations	described in section
		509(a)(1) or section	n 509(a)(2).								
f		If the organization	received a writte	n determination from th	e IRS	that it	ıs a Ty	ype I, T	ype II,	or Type	e III supporting
		organization, check									
g		Since August 17, 2	006, has the orga	nization accepted any gift	or co	ntributi	on from	any of	the		
		following persons?									
				ectly controls, either alor		_					
			-	dy of the supported organ	ızatıon	?					
			•	scribed in (i) above?							11g(II)
				son described in (i) or (ii) a							11g(III)
<u>n</u>			T	out the supported organization			4.5.5.				6-20 A 4 - 4
		ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	organi	Is the zation in		ou notify anization		Is the zation in	(vii) Amount of support
		·		above or IRC section (see instructions))	your g	listed in overning	in co	l (i) of upport?	col (i) o	rganized US?	
				(See man denoma))	Yes	Ment?	Yes	No	Yes	No	
										1	
(A)											
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		·				ļ	ļ				<u> </u>
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Schedule A (Form 990 or 990-EZ) 2010

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Page 2

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.)

Sect	ion A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,841,818.	2,461,441.	3,255,944.	3,104,260.	3,034,296.	14,697,759.
	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						
4	Total. Add lines 1 through 3	2,841,818.	2,461,441.	3,255,944.	3,104,260.	3,034,296.	14,697,759.
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) ATCH 1.					"是"	5,081,585.
6	Public support. Subtract line 5 from line 4	Company and the	TENEXUE PA	· · · · · · · · · · · · · · · · · · ·	金属的	50大學大學	9,616,174.
	tion B. Total Support	March Service - Control of the	Charles at Anna Charles	Contract to any Vitragory	TAN ORNER TO SERVE TO THE	The sould remain that I have	3,020,
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	2,841,818.	2,461,441.	3,255,944.	3,104,260.	3,034,296.	14,697,759.
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). ATCH 2		15,536.	663,632.	240,221.	215,661.	1,143,439.
11	Total support. Add lines 7 through 10	South to fall	邓 湖北县		で発展されるできる	では無いる	15,841,198.
12	Gross receipts from related activities, etc. (12	137,558.
13	First five years. If the Form 990 is organization, check this box and stop here	for the organiza	tion's first, seco	nd, third, fourth,	or fifth tax ye	ar as a section	
Sec	tion C. Computation of Public Sup	port Percenta	ige			, ,	
14	Public support percentage for 2010 (line 6, column (f) divided by line	e 11, column (f))		14	60.70%
15	Public support percentage from 2009					15	94.13%
16a	331/3% support test - 2010. If the	•					
	this box and stop here. The organizat						
b	331/3% support test - 2009. If the						
	check this box and stop here. The org	-					
17a	10%-facts-and-circumstances test -: or more, and if the organization mets Part IV how the organization meets	neets the "facts	s-and-circumstar	nces" test, che	ck this box an	d stop here. E	xplaın ın
b	organization	2009. If the organization meets the	ganızatıon did i s the "facts-ar 'facts-and-circui	not check a box d-circumstances mstances" test.	x on line 13, 16 s" test, check t The organization	Sa, 16b, or 17a, this box and stoon qualifies as a	and line op here. i publicly
18	Private foundation. If the organization instructions	on did not che	ck a box on lir	ne 13, 16a, 16t	o, 17a, or 17b,	check this box	and see
		<u></u>	· · · · · · · · · · · · · · · · · · ·	<u>· · · · · · · · · · · · · · · · · · · </u>		Schedule A (Form 9	

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.)

calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total (fitting to the processor) (the optimization) are consistent of the processor of the process	<u>Sec</u>	tion A. Public Support						
received (Do not include any "subusual graces 7 Gloss receipts from administor, methodates and or services performed, or facilities furnished in any scrinty that is related to the organizations listed-servicing from administor, methods are serviced in the programment of the organization in the services performed or facilities furnished by a governmental unit to the organization benefit and either paid to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 6 Total Add times 1 through 5 . 7 A Annouris included on lines 1, 2, and 3 received from depulatilistic persons . 8 Annouris included on lines 2 and 3 received from depulatilistic persons . 9 Annouris included on lines 2 and 3 received from depulatilistic persons . 9 Annouris included on lines 2 and 3 received from other than disqualified gloss of the depulation of the first persons of the services of the first persons	Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
2 Gross recepts from admissions, merbander sold or sexicles from admissions, merbander sold or sexicles performed, or featilists furnished in any scrinty that is related to the organization's tax-esseng purpose or admission of the performance of the performan	1	Gifts, grants, contributions, and membership fees						
sold or sevece performed, or feetiless furnished in any scrintly that is related to the organization's baselines from solvines that are not all an unrelated to the benefit and extended and the solvines that are not all an unrelated to the benefit and extended and the solvines that are not all an unrelated to the bread to or expended on its behalf. 1 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total, Add lens 1 through 5, and 3 received from disqualities persons. 5 Amounts included on lines 1, 2, and 3 received from disqualities persons. 6 Amounts included on lines 2 and 3 persons that exceed the greater of \$5,000 or 1% of the amount on line 13 or Add lines 7 and 7b. 7 A Value support (Subtract line 7c from line 6). 8 Public support (Subtract line 7c from line 6). 8 Cection B. Total Support Calendar year (or fiscal year beginning in) \rightarrow (a) 2005 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 9 amounts from line 6. 9 Amounts from line 6. 9 Amounts from line 6. 9 Amounts from line 6. 9 Amounts received on securities loans, expressions from line 6. 9 Unrelated business staxible income fless section 511 tasks) from businesses activities not include gain or loss from the sale of capital assets (Explain in Part IV). 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV). 11 Total support. (Add lines 9, 10c, 11, and 12). 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV). 13 Total support percentage from 2009 Schedule A, Part III, line 15. 15 Public support percentage from 2009 Schedule A, Part III, line 15. 16 Section D. Computation of Investment Income Percentage 17 Is not more than 331/3%, check this box and stop here. The organization qualities as a publicly supported organization line 18 is not more than 331/3%, shock this box and stop here.		received (Do not include any "unusual grants ")						
Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 9 3 Cars income from inferest, dividends, payments ourselves and support (subtract line 7 or from line 6). 5 The value of services or facilities turnshed by a governmental until to the organization without charge, and a second from sequal filed greater of the organization of the sequence of the organization of the sequence of the organization of the sequence of the organization of the sequence of the organization of the sequence of the organization of the sequence of the organization of the sequence of the organization of the sequence	2	Gross receipts from admissions, merchandise				•		
surpanasion's te-exempt purpose 3 Gross recepts from activities that are not an unvisited trade or business under action 513 unvisited trade or business under action 513 to the post of the organization's benefit and either paid to or expended on its behalf is the state of the organization's benefit and either paid to or expended on its behalf is the state of the organization's benefit and either paid to or expended on its behalf is the organization's benefit and either paid to or expended on its behalf is the organization of whose the paid to the organization plant of the organization plant is the organization plant is the organization plant is the organization plant is the organization plant is the organization plant is the organization plant is the organization plant is only in the plant is the organization plant is only in the plant		sold or services performed, or facilities						
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Schedule A (Form 990 or 990-EZ) 2010

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

:		
mom2.*	7.700 01 07	EXCESS
CONTRIBUTION	LINE 11(F)	CONTRIBUTION AMOUNT
2,299,625.	316,824.	1,982,801.
1,330,000.	316,824.	1,013,176.
925,000.	316,824.	608,176.
650,000.	316,824.	333,176.
625,000.	316,824.	308,176.
604,200.	316,824.	287,376.
525,000.	316,824.	208,176.
450,000.	316,824.	133,176.
446,000.	316,824.	129,176.
395,000.	316,824.	78,176.
8,249,825.		5,081,585.
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SCHEDULE A, PART II	- OTHER INCO	ME			ATTACHMENT	2
DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
SUBMISSION FEES	8,389.	11,930.	41,079.	40,949.	35,211.	137,558.
OTHER REVENUE		3,606.	622,553.	199,272.	180,450.	1,005,881.
TOTALS	8,389.	15,536.	663,632.	240,221.	215,661.	1,143,439.

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 **Open to Public**

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Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

TRI	IBECA FILM INSTITUTE, INC.	80-0006057
Par	Organizations Maintaining Donor Advised Funds or Other Similar Fun organization answered "Yes" to Form 990, Part IV, line 6.	ds or Accounts. Complete if the
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate contributions to (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets hel	d in donor advised
•	funds are the organization's property, subject to the organization's exclusive legal contri	
6	Did the organization inform all grantees, donors, and donor advisors in writing that gra	nt funds can be
•	used only for charitable purposes and not for the benefit of the donor or donor advisor	
	purpose conferring impermissible private benefit?	Yes No
Par	Conservation Easements. Complete if the organization answered "Yes	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or education)	ation of an historically important land area
		ation of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribu	ition in the form of a conservation
	easement on the last day of the tax year.	District L
		Held at the End of the Tax Year
а	Total number of conservation easements	
þ	Total acreage restricted by conservation easements	
C	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on	I I
	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or	terminated by the organization during the
	tax year ▶	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspect	
_	violations, and enforcement of the conservation easements it holds?	
6	- : • • -	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation ea	acoments during the year
′	* \$	isements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirement	ts of section 170(h)(4)(B)
Ū	(i) and 170(h)(4)(B)(ii)?	* * * * * * * * * * * * * * * * * * * *
9	In Part XIV, describe how the organization reports conservation easements in its rever	nue and expense statement, and
•	balance sheet, and include, if applicable, the text of the footnote to the organization's	
	organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or	
	Complete if the organization answered "Yes" to Form 990, Part IV, line	8.
1 a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report works of art, historical treasures, or other similar assets held for public exhibition	in its revenue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition public service, provide, in Part XIV, the text of the footnote to its financial statements the	n, education, or research in furtherance of nat describes these items
ь	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in	
-	works of art, historical treasures, or other similar assets held for public exhibition	
	public service, provide the following amounts relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other si	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these	
a	Revenues included in Form 990, Part VIII, line 1	
_b	Assets included in Form 990, Part X	
ror	rapel work neuticition activolice, see the instructions for rothin 990.	3 GHEOUIE D (FOIH 390) 2010

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

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Par	Organizations Maintainii	ng Collections	of Art, Histo	rical Tr	easures,	or Othe	r Similar As	sets (c	ontınue	d)
	Using the organization's acquisitio collection items (check all that appl		nd other recor	rds, ched	k any of t	he follo	wing that are	a sign	ificant us	se of its
а	Public exhibition		d [Lo	an or exch	ange pro	ograms			
b	Scholarly research		e	│ Oti	ner					
С	Preservation for future ge	nerations		_						
4	Provide a description of the organ	nization's collec	tions and expla	ain how	they furth	er the c	organization's	exempt	purpose	e in Part
	XIV.									
5	During the year, did the organizatio	n solicit or rece	ive donations of	of art, his	torical trea	sures, o	r other sımılaı	r		
	assets to be sold to raise funds rath								Yes	No
Par		rrangements.	Complete if t	he orga					0, Part I	V,
	Is the organization an agent, truster included on Form 990, Part X?							[Yes	No
b	If "Yes," explain the arrangement in	Part XIV and c	omplete the fol	llowing ta	ıble					
							Am	ount		
	Beginning balance									
d	Additions during the year									
е	Distributions during the year									
f	Ending balance									
	Did the organization include an am		90, Part X, line	21?				· · · L	Yes	No
	If "Yes," explain the arrangement in									
Par	t V Endowment Funds. Com									
		(a) Current year	(b) Prior y	ear	(c) Two years	back	(d) Three year	s back	(e) Four	years back
1a	Beginning of year balance	<u> </u>					<u> </u>	1300		12 - (-) - 2
b	Contributions							1,2	<u> </u>	
С	Net investment earnings, gains,						graf 11 gar 12 gar		, 1 °	
	and losses		_							<u> </u>
	Grants or scholarships						, , , , , , , , , , , , , , , , , , ,		· · · · ·	<u> </u>
е	Other expenditures for facilities .					İ		ا م ا		t Barran Barran a
_	and programs						287 / pl 1.	50,	, , , , , , , , , , , , , , , , , , ,	<u> </u>
f	Administrative expenses						- (" , ", "	15.7		- 1
9	End of year balance	L					- 1 1 2 2 - 1 - 1	21.3		٢٠ ر د باؤ
2	Provide the estimated percentage	of the year end	balance held as	3						
а	Board designated or quasi-endown	nent ▶	%							
þ	Permanent endowment									
	Term endowment ▶	_%								
3a	Are there endowment funds not in	the possession	of the organiz	ation tha	t are held	and adn	ninistered for t	he		
	organization by									res No_
	(i) unrelated organizations								3a(ı)	
	(ii) related organizations								3a(ii)	
Þ	If "Yes" to 3a(II), are the related org								3ъ	
4	Describe in Part XIV the intended i									
Pai	rt VI Land, Buildings, and Equ			art X, lin	e 10.					
	Description of investment		Cost or other basis (investment)		t or other base (other)	, , ,	Accumulated epreciation		d) Book vali	ue
1a	Land			ļ	···-					
р	•				100 5:					
	•				100,71		99,314.			1,401.
				-	83,75		74,281.			9,475.
	Other				27,42		22,885.			4,538.
Tota	al. Add lines 1a through 1e. (Column	n (d) must equa	Form 990, Par	t X, colur	nn (B), lıne	10(c).).	<u></u>		1	5,414.
								Sched	ule D (For	m 990) 2010

440001 1000

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of value Cost or end-of-year m	
) Financial derivatives			
Closely-held equity interests			
) Other			
(A)	 		
(B)		+	
(C)			·
(D) (E)			
(F)			
(G)			
(H)			
(1)			
tal. (Column (b) must equal Form 990, Part X, col (B) line 12)			of all in the state of
art VIII Investments - Program Related. See F		T	
(a) Description of investment type	(b) Book value	(c) Method of value Cost or end-of-year m	uation arket value
1)		Cool of Bild of your first	
2)	<u> </u>		
(3)	 		
(4)			
5)			
(6)			
(7)			
(8)			
(9)		+	
10) stal. (Column (b) must equal Form 990, Part X, col (B) line 13)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	en en mile cel vi
nat. (Column (b) must equal Form 990, Part X, col (B) line 13) art IX Other Assets. See Form 990, Part X, II	ne 15		
Ct. Ct. 7.000to. 000 1 0111 000; 1 alt 7t, 11			
(a)	Description		(b) Book value
(a)			(b) Book value
(1) (2)			(b) Book value
(1) (2) (3)			(b) Book value
(1) (2) (3) (4)			(b) Book value
(1) (2) (3) (4) (5)			(b) Book value
(1) (2) (3) (4) (5) (6)			(b) Book value
(1) (2) (3) (4) (5) (6) (7)			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)			(b) Book value
(1) (2) (3) (4) (5) (6) (7)			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) 10) ptal (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X	Description K, line 25.		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) 10) tal (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X (a) Description of liability	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) 10) total (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes	C, line 25.	it The state of th	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Part X Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) DUE TO AFFILIATES	Description K, line 25.	it The state of th	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Data (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) DUE TO AFFILIATES (3)	C, line 25.	it The state of th	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) 10) tal (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) DUE TO AFFILIATES (3) (4)	C, line 25.	it The state of th	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) 10) pal (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) DUE TO AFFILIATES (3) (4) (5)	C, line 25.	it The state of th	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) 10) tal (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) DUE TO AFFILIATES (3) (4)	C, line 25.	it The state of th	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) 10) total (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X (a) Description of hability (1) Federal income taxes (2) DUE TO AFFILIATES (3) (4) (5) (6)	C, line 25.	it The state of th	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) 10) total (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) DUE TO AFFILIATES (3) (4) (5) (6) (7)	C, line 25.	it The state of th	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) 10) tal (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) DUE TO AFFILIATES (3) (4) (5) (6) (7) (8) (9) 10)	C, line 25.	it The state of th	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Data (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) DUE TO AFFILIATES (3) (4) (5) (6) (7) (8) (9) (10) 11)	C, line 25. (b) Amour	135.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) 10) tal (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) DUE TO AFFILIATES (3) (4) (5) (6) (7) (8) (9) 10)	Description (5, line 25. (b) Amour 354,	135. ,135.	

Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Stater	nent	s
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,250,316.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,364,680.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-114,364.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7		7	
8	Prior period adjustments	8	
9	Total adjustments (net) Add lines 4 through 8	9	
_	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		-114,364.
10 Part			
1	Total revenue, gains, and other support per audited financial statements		1 3,250,316.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains on investments	,	
a	Donated services and use of facilities	- 	3 7
Ь			· [4]
C		 ₹	5).
d			
e	Add lines 2a through 2d		2e 3,250,316.
3	Subtract line 2e from line 1	· · ·	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		et .
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	{`·	\$\$ h
þ	Other (Describe in Part XIV)		<i>5</i> - ↓
С	Add lines 4a and 4b	$\cdot \cdot \mid$	4c 3,250,316.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per F		2 254 522
1	Total expenses and losses per audited financial statements	· ·	<u>1</u> 3,364,680.
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 XIV)		
е		-	2e 3 364 600
3	Subtract line 2e from line 1	$\cdot \cdot \mid$	3 3,364,680
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	},	٠, ١,
а	Investment expenses not included on Form 990, Part VIII, line 7b		().
þ	· · · · · · · · · · · · · · · · · · ·		
С		}-	4c 2 264 600
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	• •	5 3,364,680
	XIV Supplemental Information		
Comp	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	art IV	, lines 1b and 2b;
	I, line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comp	olete	this part to provide
any a	dditional information.		
יכועכו	T X - OTHER LIABILITIES		
	- A - OTHER BIADIBITIES		
חוד	TO AFFILIATES REPRESENTS ADVANCES FROM RELATED PARTIES - SEE SCHE	ו.דנום	ត <u></u>
	TO AFFIDIATES REFRESENTS ADVANCES FROM REBATED TARTIES SEE BOME		
ਹ ਜ	OR TRANSACTIONS WITH RELATED ORGANIZATIONS.		
	TRANSACTIONS WITH REBRIED CHORNESS TOWNS		

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Part XIV Supplemental Information (continued)

Schedule D (Form 990) 2010

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TRIBECA FILM INSTITUTE, INC.

Employer identification number 80-0006057

Part	General Information of Form 990, Part IV, line 14		Outside the U	Inited States. Complete	if the organization answe	red "Yes" to
	For grantmakers. Does the organistance, the grantees' eligibility				a used to award the	
	grants or assistance?				L	X Yes No
	For grantmakers. Describe in Pa United States	art V the orgar	nization's proce	dures for monitoring the	use of grant funds outside	de the
3_	Activities per Region. (The follow	ving Part I, line (b) Number of	3 table can be	duplicated if additional sp	ace is needed) (e) If activity listed in (d) is	(f) Total
	(a) Region	offices in the region	employees, agents, and independent contractors in region	region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	a program service, describe specific type of service(s) in region	expenditures for and investments in region
(1)						
(2)						1
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)		{				
<u>(10)</u>						<u> </u>
<u>(11)</u>			-			
<u>(12)</u>		ļ 	-			
<u>(13)</u>						
(14)		,				
<u>(15)</u>						
(16)						
(17) 3a		 	 	·		
b						

80-0006057

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Schedule F (Form 990) 2010

Part II

	(i) Method of valuation (book, FMV, appraisal, other)													ì
	(h) Description of non-cash assistance													
	(g) Amount of non-cash assistance													
	(f) Manner of cash disbursement													
	(e) Amount of cash grant													
	(d) Purpose of grant													
needed.	(c) Region													
additional space is r	(b) IRS code section and EIN (if applicable)	を表する。			では、大学のでは、それらいは、大学のでは、大学のでは、大学のは、大学のでは、大学のでは、大学のでは、大学のでは、大学のでは、大学のでは、大学のでは、たいでは、大学のでは、いきいは、大学のでは、大学のは、大学のは、大学のは、大学のは、大学のは、大学のは、大学のは、大学の	では、一般の	下海 一种的	さん ない はん ない ない ない ない ない ない ない ない ない ない ない ない ない	では、 一般の できる できる できる できる できる できる できる できる できる できる		はないないないできる。		White Control of the	
Part II can be duplicated if	(a) Name of organization	問題が、 できないできる。 「ないできる」というできる。 「ないできないできる。」では、 これできる。 「ないできる」できる。 「ないできる」というできる。 「ないできる」というできる。 「ないできる こうしょう しょうしょうしょう しょうしょうしょう しょうしょうしょう しょうしょうしょう しょう		のない はんな といれる となる		のでは、これのでは、これのでは、これのでは、一般のでは、これのでは、これのでは、これのでは、これのでは、これのでは、これのでは、これのでは、これのでは、これのでは、これのでは、これのでは、これのでは、				は、一般のでは、一般		The state of the s	A the state of the	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entitles 6

Schedule F (Form 990) 2010

0E1275 1 000 44926X 1608

Page 3

:

80-0006057

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2010

Part III Grants ar

(a) Type of grant or assistance (b) Region		(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) GRANTS FOR PROMOTION OF FILMMAKING	EUROPE/ICELAND/GREENLAND	4.	49,500.	СНЕСК			
(2)							
(3)							
(4)							
(6)							
(2)							
(6)							
(6)							
(11)							
(21)							
(21)							
(14)							
(15)							
(17)							
(18)							
761						Sche	Schedule F (Form 990) 2010

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Page	

Schedule F (Fo	rm 990) 2010
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Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations (see Instructions for Form 5471)		X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)		X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)		X No

Schedule F (Form 990) 2010

Page 5

Part V Suppleme

Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method), Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions)

SCHEDULE F,

GRANTEES ARE PROVIDED INITIAL FUNDING UPON COMPLETION OF REQUIREMENTS

UNDER THE GRANT AGREEMENT, WHICH INCLUDES WORKING WITH THE ORGANIZATION'S

STAFF TO DEVELOP A PROJECT ACCORDING TO MUTUALLY-AGREED UPON DEADLINES

AND TO PROVIDE ORGANIZATION'S STAFF WITH COPIES OF SCREENPLAY DRAFTS,

PROJECT UPDATES, ROUGH CUTS, AND OTHER ASSOCIATED MATERIALS AS APPLICABLE

AND WHEN REQUESTED. THE REMAINDER OF THE FUNDING FOR A SPECIFIC GRANT IS

PROVIDED AFTER THE GRANTEE PROVIDES, OR CAUSES THE PRODUCER OR

DISTRIBUTOR OF THE COMPLETED PROJECT, AS APPLICABLE, TO PROVIDE, AN

EXHIBITION PRINT OR OTHER FORMAT OF THE FILM THAT RESULTS FROM THE

PROJECT, ALONG WITH ANY OTHER MATERIAL REASONABLY REQUIRED BY THE

ORGANIZATION FOR A SCREENING THAT OCCURS AT THE COMPLETION OF SUCH FILM.

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 2010 Open To Public

Inspection

Department of the Treasury Internal Revenue Service

lame of the organization					Employer identificatio	n number
TRIBECA FILM INSTITUTE, INC.					80-000605	7
Part I Fundraising Activities. Com				"Yes" to Form 9	90, Part IV, line	17.
Form 990-EZ mers are not r					II Ab at a sab.	
1 Indicate whether the organization rais	-		_			
a Mail solicitations	e	<u> </u>		non-government g government grants		
b Internet and email solicitations	f	H	-	government grants Ising events	•	
c Phone solicitations d X In-person solicitations	g	T- Spec	iai iuliulai	ising events		
a poroon concitations		. 41		-11		
2a Did the organization have a written or or key employees listed in Form 990,	r oral agreement w , Part VII) or entity	in connec	tion with p	rofessional fundrai	sing services?	X Yes No
b If "Yes," list the ten highest paid indiv compensated at least \$5,000 by the		fundraiser	s) pursuar	nt to agreements u	inder which the fun	draiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization
		Yes	No		col (i)	
1						
INNOVATIVE PHILANTHROPY	FUNDRAISER		X	854,929.	73,670.	
CEAUDIA WAGNER/MANATT PHELPS				_		
PHILLIPS	FUNDRAISER		X	54,000.	48,000.	
3		ļ				
4						
5		-			1	
6						
7						
8		-				
·		ļ				
9					; ;	
10						
	J		l			
Total	<u>.,.,.,.,.</u>	<u></u>	<u></u> ▶	908,929	121,670	
3 List all states in which the organiza	tion is registered (or licensed	d to solicit	t contributions or	has been notified	it is exempt from
registration or licensing						
						-
		- 				
		-				

			(a) Event #1 FILM SCREENING	(b) Event #2	(c) Other Events 0.	(d) Total events (add col (a) through
- {			(event type)	(event type)	(total number)	col`(c))
2			222 222			222
201000		Gross receipts	800,828.			800,828
= }	2	Less. Charitable contributions				
	3	Gross income (line 1 minus				
1	_	line 2)	800,828.		· · · · · · · · · · · · · · · · · · ·	800,82
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
		Food and beverages				
		Entertainment				
	9	Other direct expenses	41,870.			41,870
	10	Direct expense summary. Add lines	4 through 9 in column (d)		_	(41,870
- 1	11	Net income summary Combine line				758,95
	rt I		ganization answered "	Yes" to Form 990, Pa	rt IV. line 19, or repo	orted more
a		than \$15,000 on Form 990-	EZ. line 6a.		,	
		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
1			(a) Bingo	(b) Pull tabs/Instant	·	(d) Total gaming (add
		_	(a) Bingo	(b) Pull tabs/Instant	·	(d) Total gaming (add
	1		(a) Bingo	(b) Pull tabs/Instant	·	(d) Total gaming (add
	1 2	Gross revenue	(a) Bingo	(b) Pull tabs/Instant	·	(d) Total gaming (add
	1 2 3	Gross revenue	(a) Bingo	(b) Pull tabs/Instant	·	(d) Total gaming (add
	1 2 3 4	Gross revenue	(a) Bingo	(b) Pull tabs/Instant	·	(d) Total gaming (add
	1 2 3 4 5	Gross revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c)
	1 2 3 4 5	Gross revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c)
	1 2 3 4 5	Gross revenue	(a) Bingo Yes%	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming Yes%	(d) Total gaming (add col (a) through col (c)
a	1 2 3 4 5 6	Gross revenue	(a) Bingo Yes% No 2 through 5 in column (d)	(b) Puil tabs/Instant bingo/progressive bingo	(c) Other gaming Yes% No	(d) Total gaming (add col (a) through col (c)
	1 2 3 4 5 6 7 8	Gross revenue	Yes% No 2 through 5 in column (d)	(b) Pull tabs/Instant bingo/progressive bingo Yes% No Ultra 7	(c) Other gaming Yes% No	(d) Total gaming (add col (a) through col (c)
	1 2 3 4 5 6 7 8 E	Gross revenue	Yes% No 2 through 5 in column (d) pine line 1, column d, and	(b) Pull tabs/Instant bingo/progressive bingo Yes% No d line 7	(c) Other gaming Yes% No	(d) Total gaming (add col (a) through col (c)
a	1 2 3 4 5 6 7 8 Es	Gross revenue	Yes% No 2 through 5 in column (d) Dine line 1, column d, and ation operates gaming ac gaming activities in each	(b) Pull tabs/Instant bingo/progressive bingo Yes% No lune 7	Yes%	(d) Total gaming (add col (a) through col (c)
a	1 2 3 4 5 6 7 8 Es	Gross revenue	Yes% No 2 through 5 in column (d) Dine line 1, column d, and ation operates gaming ac gaming activities in each	(b) Pull tabs/Instant bingo/progressive bingo Yes% No d line 7	Yes % No	(d) Total gaming (add col (a) through col (c)

Sched	ule G (Form 990 or 990-EZ) 2010 Page 3
11	Does the organization operate gaming activities with nonmembers?
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?
13	Indicate the percentage of gaming activity operated in.
a	The organization's facility
p	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.
	records.
	Name ▶
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	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
	Director/officer Employee midependent contractor
17	Mandatory distributions.
а	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 > \$
Par	Supplemental Information. Complete this part to provide the explanation 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 complete this part to provide any additional information (see instructions).
	part to provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2010

SCHEDULE I

1545-0047	
OMB No	Į
\Box	1
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J	

SCHEDOLE I	5	rants an	d Otner #	Grants and Other Assistance to Organizations,	o Organiza	:IOII3,		
(rorm 990)	Gov	Government	ts, and Ir	ts, and Individuals in the United States	ι the Unitec	l States		ZW 10
Department of the Treasury	Сошрі	ete if the org	janization ans ► Att	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ➤ Attach to Form 990.	orm 990, Part IV,	line 21 or 22.		Open to Public Inspection
Name of the organization	ONT SELE						Employer identification number 80-0006057	n number
SETT General Informat		Assistance	}					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	aintain records to subs	stantiate the	amount of the	grants or assistan	ce, the grantees' e	eligibility for the grants		
the selection criteria used to award the grants or assistance?	d to award the grants craants craanization's procedur	or assistance?	ring the use o	f grant funds in the			_	A Yes
ā	Grants and Other Assistance to Governments (Form 990, Part IV, line 21, for any recipient that	vernments a scipient that	and Organize	ations in the Unit ore than \$5,000.	ed States. Com Check this box i	and Organizations in the United States. Complete if the organization answered "Yes" to treceived more than \$5,000. Check this box if no one recipient received more than \$5,000.	tion answered "Ye	s" to \$5,000. Part
1 (a) Name and address of organization or government	of organization	(b) EIN	(c) IRC section	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)								
_(2)								
(3)								
(5)								
(9)								
(7)								
(8)								
(6)								
(1 <u>0</u>)								
(11)								
(12)								
2 Enter total number of section 501(c)(3) and government org	ction 501(c)(3) and gc	vernment or	ganizations .					
3 Enter total number of other organizations	ner organizations						Podos	Schodule ((Form 990) (2010)
For Paperwork Reduction A	ct Notice, see the Ins	tructions tor	Form 990.				סכוופה	THE ! (FOILE 330) (4010)

JSA 0E12882000926X 1608

80-0006057

Page 2

Schedule I (Form 990) (2010)

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

rait III cail de duplicated II accinol apace le recese	100000				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 GRANTS FOR PROMOTION OF FILMMAKING U.S.	50.	330,950.			
2					
3					
4					
u		i			
7 (4)					
7					
The state of the s	oic part to pro	vide the informa	tion required in	Part I. line 2, and any	other additional information.

Supplemental Information. Complete this part to provide the information required in Part I, line Part IV

SCHEDULE

MATERIALS AS APPLICABLE AND WHEN REQUESTED. THE REMAINDER OF THE FUNDING REQUIREMENTS UNDER THE GRANT AGREEMENT, WHICH INCLUDES WORKING WITH THE ORGANIZATION'S STAFF TO DEVELOP A PROJECT ACCORDING TO MUTUALLY-AGREED PROJECT UPDATES, ROUGH CUTS, AND OTHER ASSOCIATED GENERALLY PROVIDED INITIAL FUNDING UPON COMPLETION OF UPON DEADLINES AND TO PROVIDE ORGANIZATION'S STAFF WITH COPIES OF SCREENPLAY DRAFTS, GRANTEES ARE

FOR A SPECIFIC GRANT IS PROVIDED AFTER THE GRANTEE PROVIDES, OR CAUSES

PROVIDE, AN EXHIBITION PRINT OR OTHER FORMAT OF THE FILM THAT RESULTS

THE PRODUCER OR DISTRIBUTOR OF THE COMPLETED PROJECT, AS APPLICABLE,

Schedule I (Form 990) (2010)

80-0006057

Page 2

Schedule I (Form 990) (2010)

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

rail ill call be duplicated il addition opene					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
7					
c					
+					
2					
				-	
9					
L					
			Ci Common Common	yac bac C carl 1 trop	in Death Information

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

THE ORGANIZATION FOR A SCREENING THAT OCCURS AT THE COMPLETION OF SUCH

FROM THE PROJECT, ALONG WITH ANY OTHER MATERIAL REASONABLY REQUIRED BY

FILM.

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047

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. ► See separate instructions.

TRIBECA FILM INSTITUTE, INC. Bartil Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) 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) Description of transaction (c) (1) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10		of the organization ·					Employ	er identifi	cation	numbe	r	
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) Description of transaction (Post No. 10) (2) (3) (4) (5) (6) (6) (7) (7) (8) (8) (9) (1) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	TRIE	BECA FILM INSTITUTE, INC.					8	0-000	6057	7		
(a) Name of interested person and purpose (b) In ROBERT DE NINO, INTEREST DUE ON INTEREST. (a) Name of interested person (b) Relationship between interested person and the organization of the organization of the organization of the organization of the organization of the organizatio	Part							-EZ, Pa	ırt V, lı	ne 40	b	
(a) Name of interested person and purpose (b) From (c) Represses Patio ON SERRITY (d) Salance Payable For Extranse Payable For (e) Repressible ON Services Patio ON Service	1	(a) Name of disqualified person			(t) Description of	ransact	ion			-	$\neg \tau -$
(4) (5) (6) 2 Enter the amount of tax imposed on 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 **S** **Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (a) Name of interested person and purpose (b) Organia mount To From To From To From To From Yes No Yes N	(1)											
(6) 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958												
(6) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (8) (9) (10) (9) (10) (9) (10) (9) (10) (9) (10) (9) (10) (9) (10) (9) (10) (9) (10) (9) (10) (9) (10) (9) (10) (10) (10) (10) (10) (10) (10) (10					<u> </u>							
Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958												\bot
2 Enter the amount of tax imposed on 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											\dashv	-
under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (a) Name of interested person and purpose (b) Congnal principal amount (c) Original principal amount (d) Balance due (e) in delaut? (f) Approved by Aport or committee? (e) In delaut? (f) Approved by Aport or committee? (f) ROBERT DE NIRO; INTEREST DUE ON (g) SALANCE PAYABLE FOR EXPENSES PAID ON (h) JANE ROSENTIAL AND CRAIG RATKOFF; (g) INTEREST DUE ON BALANCE PAYABLE FOR (h) EXPENSES PAID ON BEHALF OF ENTITY (h) JANE ROSENTIAL AND CRAIG RATKOFF; (g) INTEREST DUE ON BALANCE PAYABLE FOR (g) (h) Payable Constitution of the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization and type of assistance (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g							41.				L	Щ.
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a	2	· · · · · · · · · · · · · · · · · · ·				_	-		Φ.			
Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (a) Name of interested person and purpose (b) Name of interested person and purpose (c) Original principal amount principal am	2											
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (a) Name of interested person and purpose (b) Lamberton Programment Programm	3	Enter the amount of tax, if any, on line 2, above	e, reim	iburse	d by the organization	1		•	, φ_			
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (a) Name of interested person and purpose (b) Lamberton Programment Programm	Pari	Loans to and/or From Interested Per	rsons									
Principal amount Principal a					990, Part IV, line 2	6, or Form 990-	EZ, Pa	rt V, line	38a			
To From Yes No		(a) Name of interested person and purpose	1			(d) Balance du	e (e)	In default?				
(1) ROBERT DE NIRO; INTEREST DUE ON (2) BALANCE PAYABLE FOR EXPENSES PAID ON (3) BEHALF OF ENTITY (4) JANE ROSENTHAL AND CRAIG HATKOFF; (5) INTEREST DUE ON BALANCE PAYABLE FOR (6) EXPENSES PAID ON BEHALF OF ENTITY (7) (8) (9) (10) 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 and type of assistance (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)			""]	po.pa. aoa						gree	iii.Ciii.
(1) ROBERT DE NIRO; INTEREST DUE ON (2) BALANCE PAYABLE FOR EXPENSES PAID ON (3) BEHALF OF ENTITY (4) JANE ROSENTHAL AND CRAIG HATKOFF; (5) INTEREST DUE ON BALANCE PAYABLE FOR (6) EXPENSES PAID ON BEHALF OF ENTITY (7) (8) (9) (10) 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 of the organization and type of assistance organization (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)			To	From			Υe	s No	Yes	No	Yes	No
(3) BEHALF OF ENTITY X 1,811. 1,811. X X X X (4) JANE ROSENTHAL AND CRAIG HATKOFF; (5) INTEREST DUE ON BALANCE PAYABLE FOR (6) EXPENSES FAID ON BEHALF OF ENTITY X 2,106. 2,106. X X X X (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	$-{(1)}$	ROBERT DE NIRO; INTEREST DUE ON							1			
(4) JANE ROSENTHAL AND CRAIG HATKOFF; (5) INTEREST DUE ON BALANCE PAYABLE FOR (6) EXPENSES PAID ON BEHALF OF ENTITY (7) (8) (9) (10) Total Carnts 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 (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	(2)	BALANCE PAYABLE FOR EXPENSES PAID ON										
(5) INTEREST DUE ON BALANCE PAYABLE FOR (6) EXPENSES PAID ON BEHALF OF ENTITY X 2,106. 2,106. X X X X (7) (8) (9) (10) Total	(3)	BEHALF OF ENTITY	X		1,811.	1,81	1.	X		Х		X
(6) EXPENSES FAID ON BEHALF OF ENTITY X 2,106. 2,106. X X X X (7) (8) (9) (10) 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 (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	(4)	JANE ROSENTHAL AND CRAIG HATKOFF;										
(7) (8) (9) (10) Total	(5)	INTEREST DUE ON BALANCE PAYABLE FOR										
(8) (9) (10) Total	_(6)	EXPENSES PAID ON BEHALF OF ENTITY	X		2,106.	2,10)6.	X		X	<u> </u>	X
(9) (10) Total			-	ļi							ļ	<u> </u>
Total											<u> </u>	<u> </u>
Total									<u> </u>		<u> </u>	
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 and type of assistance organization (3) (4) (5) (6) (7) (8) (9)			<u> </u>	<u> </u>		3 0	7				 -	<u> </u>
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 (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)						3,9	1/-	. , ,	7	<u>´ ` </u>	<u> </u>	75
(a) Name of interested person (b) Relationship between interested person and the organization (c) Amount and type of assistance (1) (2) (3) (4) (5) (6) (7) (8) (9)	Fall					7						
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(2) (3) (4) (5) (6) (7) (8) (9)	_				organization							
(3) (4) (5) (6) (7) (8) (9) (10)												
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(8) (9) (10)	(6)											
(9) (10)	(/)											
(10)	(8)											
		Paperwork Reduction Act Notice, see the Instr	uction	s for 1	Form 990 or 990-F7	<u> </u>	S	chedule !	(Form	990 0	990-F	Z) 2010

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	organi	anng of zation's nues?
				Yes	No
(1) SEE PART V, ITEM (1)	SEE PART V, ITEM (2)	126,815.	PROVIDE SERVICES/PAID EXPENSES		х
(2)					
(3)					
(4)					
(4) (5)					
(6)					
(7)					
(8)					
(9)				-	
(10)					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

(1)

SCHEDULE L, PART IV, LINE 1(A)

ROBERT DE NIRO, JANE ROSENTHAL, CRAIG HATKOFF AND JON TISCH ARE OFFICERS
OR OWNERS OF TRIBECA FILM FESTIVAL NYC, LLC, WHICH PROVIDES SERVICES TO
THE ORGANIZATION AND PAID EXPENSES ON BEHALF OF THE ORGANIZATION.

(2)

SCHEDULE L, PART IV, LINE 1(B)

ROBERT DENIRO, JANE ROSENTHAL, CRAIG HATKOFF AND JON TISCH ARE DIRECTORS OF THE ORGANIZATION.

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

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TRIBECA FILM INSTITUTE, INC.

Employer identification number 80-0006057

PART III - LINE 4D - OTHER PROGRAM SERVICES

OTHER PROGRAM SERVICES RELATE TO EDUCATIONAL AND CULTURAL INITIATIVES IN

LINE WITH THE ORGANIZATION'S MISSION.

PART VI - GOVERNANCE, MANAGEMENT AND DISCLOSURE, SECTION A, QUESTION 2
ROBERT DENIRO, JANE ROSENTHAL AND CRAIG HATKOFF HAVE A BUSINESS
RELATIONSHIP.

JANE ROSENTHAL AND CRAIG HATKOFF HAVE FAMILY RELATIONSHIP THROUGH MARRIAGE.

PART VI - GOVERNANCE, MANAGEMENT AND DISCLOSURE, SECTION B, QUESTION 11A

A DRAFT COPY OF THE ORGANIZATION'S FORM 990 IS CIRCULATED TO THE

ORGANIZATION'S BOARD OF DIRECTORS AND PROFESSIONAL SERVICE PROVIDERS FOR

THEIR REVIEW PRIOR TO FILING. CONFERENCE CALLS AND/OR MEETINGS ARE HELD

TO ENSURE REVIEW PROCESS IS COMPLETE.

PART VI - GOVERNANCE, MANAGEMENT AND DISCLOSURE, SECTION C, QUESTION 19
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION HAS A WRITTEN
CONLICT OF INTEREST POLICY AND WILL MAKE IT AVAILABLE TO THE PUBLIC UPON
REQUEST AS WELL.

PART VI, SECTION A, QUESTION 6

THE ORGANIZATION IS A NON-STOCK CORPORATION WITH MEMBERS, WHO ALSO SERVE

האכר שמאת

Name of the organization
TRIBECA FILM INSTITUTE, INC.

Employer identification number 80-0006057

ON THE BOARD OF DIRECTORS.

PART VI, SECTION A, QUESTION 7A & 7B

UNDER THE ORGANIZATION'S MEMBERSHIP STRUCTURE, INDIVIDUALS WHO SERVE FROM

TIME TO TIME ON THE BOARD OF DIRECTORS ALSO SERVE AS MEMBERS OF THE

ORGANIZATION. THE ORGANIZATION'S MEMBERS HAVE THE RIGHT TO VOTE IN THE

ELECTION OF DIRECTORS AND TO APPROVE FUNDAMENTAL CORPORATE CHANGES, SUCH

AS BY-LAW AMENDMENTS.

PART VI, SECTION A, QUESTION 8A & 8B

THE ORGANIZATION MAINTAINS WRITTEN MINUTES OF THE MEETINGS OF ITS BOARD

OF DIRECTORS AND EXECUTIVE COMMITTEE.

PART VI - GOVERNANCE, MANAGEMENT AND DISCLOSURE, SECTION B, QUESTION 13
THE ORGANIZATION HAS A WRITTEN WHISTLEBLOWER POLICY THAT IT PROVIDES TO
EMPLOYEES IN THEIR EMPLOYEE HANDBOOK.

FORM 990, PART III	, LINE 4D - OTHER PROGRA	AM SERVICES	ATTACHMENT	1
DESCRIPTION	, HIND 15 CIMEN PROCESS	GRANTS	EXPENSES	REVENUE
ATTACHMENT 2		124,000.	876,143.	14,286.
	TOTALS	124,000.	876,143.	14,286.

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lame of the organization TRIBECA FILM INSTITUTE, INC.		Employer identification number 80-0006057
	, , , , , , , , , , , , , , , , , , ,	ATTACHMENT 2
FORM 990, PART X - PREPAID EXPENSES AN	D DEFERRED CHARGES	
	BEGINNING	ENDING
DESCRIPTION	BOOK VALUE	BOOK VALUE
PREPAID EXPENSES	15,232.	58,091.
TOTALS	15,232.	58,091.
		ATTACHMENT 3
FORM 990, PART X - INVESTMENTS - PUBLI	CLY TRADED SECURITIES	<u>-</u>
DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
MARKETABLE EQUITY SECURITIES	2,572.	3,974.
TOTALS	2,572.	3,974.
FORM 990, PART X - DEFERRED REVENUE		ATTACHMENT 4
DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
DEFERRED REVENUE	410,910.	400,115.
DEFERRED REVENUE	410,910.	400,115.

α	
SCHEDULE	(Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▼ See separate instructions. ▶ Attach to Form 990.

20	Onente

OMB No 1545-0047

(g) Section 512(b)(13) controlled entity? (f) Direct controlling entity No Employer identification number Yes 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.) 80-0006057 (f) Direct controlling (e) End-of-year assets entity Public charity status (if section 501(c)(3)) (d) Total income Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) e (c)
Legal domicile (state
or foreign country) (d) Exempt Code section Legal domicile (state or foreign country) (b) Primary activity છ Primary activity (a)Name, address, and EIN of disregarded entity Name, address, and EIN of related organization INC. TRIBECA FILM INSTITUTE, Name of the organization Part II Part I <u>(6)</u> (e) Ę (2) <u>(4)</u> **(5)** <u>(4)</u> <u>(5)</u> Ξ (2) <u>ල</u>

(2)

<u>(</u>9)_

V 10-8.2

Schedule R (Form 990) 2010

Page 2

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.) Schedule R (Form 990) 2010

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

Orrect controlling 1 entity (b) Primary activity N/A (c)
Legal
domicile
(state or
foreign (b) Primary activity (a)
Name, address, and EIN of related organization (a) Name, address, and EIN related organization (1) SEE ATTACHMENT # 7 (1) SEE ATTACHMENT # Part IV Part III 0 $\mathbf{E}_{\mathbf{q}}^{\prime}$ (2) 9 (2) <u>ල</u> 4 (5) 9 <u>@</u> ତ୍ର

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Schedule R (Form 990) 2010

Method of determining Yes × × × × 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 激 Ε la 9 2 19 1 e 1 g 무 7 X ļ 10 Loans or loan guarantees by other organization(s) Purchase of assets from other organization(s)...................... Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) Amount involved 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? Transaction type (a-r) Lease of facilities, equipment, or other assets from other organization(s) Performance of services or membership or fundraising solicitations for other organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Sharing of facilities, equipment, mailing lists, or other assets..... Loans or loan guarantees to or for other organization(s) . . . Other transfer of cash or property from other organization(s). Name of other organization Gift, grant, or capital contribution to other organization(s) Sale of assets to other organization(s) 8 ATTACHMENT SEE ъ _ E = 모 ¥ 0 0 σ $\widehat{\Xi}$ 3 ම 3 \ | ~

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

Schedule R (Form 990) 2010

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) Are all partners section 501(c)(3)	(e) Share of end-of-year assets	(f) Disproportionate allocations?	(g) Code V-UBI amount in box 20 of Schedule K-1	(h) General or managing partner?
		!	Yes No		Yes No	(2011 1002)	Yes No
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(7)							
(8)							
(6)					-		
(10)							
(11)							
(12)							
(13)					-		
(14)				,			
(15)		ţ					
(16)							
						Schedule R (Form 990) 2010	1 990) 2010

Schedule R (Form 990) 2010

Page 5

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

' Tribeca Film Institute, Inc EIN: 80-0006057 For Year Ended 12/31/2010

<u>Schedule R - Page 2 - Related Organizations - Part III</u> Identification of Related Organizations Taxable as a Partnership:

(A)	(B)	('C)	(D)	(E)	(F)	(G)	(H)	(1)	(J)
Name, address, and EIN	Primary activity	Legal domicile (state or foreign county)	Direct Controlling entity	Predominant income (related investment, unrelated)	Share of total uncome	Share of end- of-year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managing partner?
Turtle Pond Publications, LLC C/O Craig Hatkoff, One West 72nd St New York, NY 10013 EIN# 13-4099610	Publishing	NY	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Tribeca Enterprises LLC C/O Berdon LLP 360 Madison Ave 8th fl New York, NY 10017 EIN# 20-2267968	Branded Media and Entertainment	ΝΥ	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Tribeca Film Festival NYC, LLC C/O Tribeca Enterprises, LLC 375 Greenwich Street New York, NY 10013 EIN# 20-0694990	Film Festival	NY	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Tribeca Cinemas, LLC C/O Berdon LLP 360 Madison Ave 8th fl New York, NY 10017 EIN#75-3139278	Theater and Event Space	NY	N/A	N/A	N/A	N/A	N/A	N/A	N/A

<u>Schedule R - Page 2 - Related Organizations - Part IV</u> Identification of Related Organizations Taxable as a Corporation:

(A)	(B)	(,c)	(D)	(E)	(F)	(G)	(H)	(I)	(J)
Name, address, and EIN	Primary activity	Legal domucile (state or foreign county)	Direct Controlling entity	Predominant income (related investment, unrelated)	Share of total income	Share of end- of-year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managing partner?
Tribeca Film Center, Inc							. <u>-</u>		
C/O Berdon LLP 360 Madison Ave 8th fl	Office Space	NY	N/A	N/A	N/A	N/A	N/A	N/A	N/A
New York, NY 10017	Rental				ł	ĺ			
EIN# 13-3496498									
Tribeca Productions, Inc									
C/O Tribeca Enterprises, LLC	Film Production	NY	N/A	N/A	N/A	N/A	N/A	N/A	N/A
375 Greenwich Street				ĺ					
New York, NY 10013									
EIN# 13-3481393									
Tribeca Screening Room, Inc									
d/b/a Canal Productions Inc									
C/O Tribeca Enterprises, LLC	Private Screening	ļ		1					
375 Greenwich Street	Room	NY	N/A	N/A	N/A	N/A	N/A	N/A	N/A
New York, NY 10013				1				!	
EIN# 13-3430601		l		L.					
Canal Productions, Inc				I					
C/O Berdon LLP 360 Madison Ave 8th fl	Film Production	NY	N/A	N/A	N/A	N/A	N/A	N/A	N/A
New York, NY 10017								!	
EIN# 13-3430601				<u></u>					

Tribeca Film Institute, Inc

EIN: 80-0006057

For the fiscal Year End 12/31/2010

Schedule R- Part V- Transactions with Related Organizations

(A)	(B)	('C)
Name, address, and EIN	Transaction type	Amount
Tribeca Film Center, Inc	Rent office space	14,502
C/O Berdon LLP 360 Madison Ave 8th fl.	·	1
New York, NY 10017	Amount due to related organization for unpaid	
EIN# 13-3496498	expenses at 12/31/10	2,480
Turtle Pond Production, LLC		-
C/O Craig Hatkoff, One West 72nd St.		
New York, NY 10013	Amount due to related organization for unpaid	
EIN# 13-4099610	expenses at 12/31/10	(2,106)
Tribeca Productions, Inc	Paid expense including travel, entertainment	1
C/O Tribeca Enterprises, LLC	and other general expenses during year	59
375 Greenwich Street		
New York, NY 10013	Amount due to related organization for unpaid	
EIN# 13-3481393	expenses at 12/31/10	(692)
Tribeca Cinemas		
C/O Tribeca Enterprises, LLC	Venue and equipment rentals	(1,422)
375 Greenwich Street		
New York, NY 10013	Amount due from related organization for	
EIN# 75-3139278	expenses paid on it behalf as of 12/31/10	2,085
Tribeca Screening Room, Inc.	Rental of screening room	550
C/O Tribeca Enterprises, LLC		
375 Greenwich Street		
New York, NY 10013	Amount due to related organization for unpaid	
EIN# 13-3430601	expenses at 12/31/10	<u> </u>
Robert De Niro		
C/O Canal Productions, Inc	-	
C/O Berdon LLP 360 Madison Ave 8th fl	' 4,	
New York, NY 10017	Interest payable on prior year loan	(1,811)
EIN# 13-3430601	3 3	1
Tribeca Enterprises	Paid expense including legal fees	862
C/O Berdon LLP 360 Madison Ave 8th fl.		
New York, NY 10017	Amount due from related organization for	
EIN# 20-2267968	expenses paid on it behalf as of 12/31/10	29,156
Tribeca Film Festival NYC, LLC	Paid expenses including catered	
C/O Tribeca Enterprises, LLC	events, advertising and staffing	(126,815)
375 Greenwich Street		
New York, NY 10013	Amount due to related organization for unpaid	
EIN# 20-0694990	expenses for fundraising events at 12/31/10	(349,526)

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TRIBECA FILM INSTITUTE, INC.

ATTACHMENT 5

ALL OTHER CONTRIBUTIONS	808,957.			1,364,000.	2,172,957.
GOVERNMENT			60,511.		60, 511,
RELATED ORGANIZATIONS					
FUNDRAISING EVENTS		800, 828.			800, 828.
MEMBERSHIP DUES					, "
FEDERATED					
I - CONTRIBUTIONS	2.88				
FORM 990, PART VIII - CONTRIBUTIONS NAME AND ADDRESS DATE	41SC CONTRIBUTIONS LESS THAN 28 VA	EUNDRAISING VA VA,	GOVERNMENT CONTRIBUTIONS NA NA,	SEE ATTACHMENT # 6 NA	na, TOTALS

ATTACHMENT 5 PAGE 40

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23, 685 23,685 Current-year depreciation Current-year amortization Current-year 179 expense · (4) · ٦,٠ MA ORS class ACRS class 0 3.000 3.000 3.000 3.000 3.000 3.000 3.000 3.000 5.000 3.000 3.000 3.000 3.000 3.000 3.000 3.000 5.000 3.000 3.000 Ę 77,1 Ę Š 140 140 thod Code SI 222. SL SL SL SL SI 10,852. SL 580. SI 325. SI 334. SI 4,025. SL SL 1,025. SL ST ST 364. SL 2,500. SL 1,388. SL 1,286. SL Ending Accumulated amortization Beginning Ending
Accumulated
depreciation depreciation 129. 825. 581. 404. 314. 1,267. 1,415. 50. 196,480. 196,480. ř. ķ Accumulated amortization 580. 325. 334. 1,415. 314. 129. 1,388. 172,795. 1,286. 1,267. 825. 1,025. 581. 404. 50. 364. 222. 2,500, 172,795. 4,025. 10,852 2,500. 325. 1,025. 581, 404. 1,415. 314. 129. 1,388. 211,894. 211,894. 1,283. 334. 4,025. 50. 364. 222. 1,267. 825. 10,852. 580. depreciation Basis for Basis Reduction 179 exp reduction in basis ر فرواد در اور سرای 581. 100.000 100.000 129. 100.000 364. 100.000 1,388. 100.000 100.000 100.000 334, 100.000 4,025. 100.000 1,267. 100.000 825. 100.000 1,025. 100.000 1,415. 100.000 100.000 314. 100.000 10,852. 100.000 2,500. 100.000 100.000 100.000 8ns ٠<u>;</u> ' Unadjusted Cost or basis 325. 222. 404. 580, 1,283. 50. 211,894. Cost or basis Date placed in service 36/20/2002 12/31/2002 09/10/2002 09/10/2002 10/17/2002 11/21/2002 12/06/2002 12/31/2002 01/24/2003 01/24/2003 02/05/2003 02/28/2003 03/14/2003 03/25/2003 07/14/2003 09/11/2003 09/11/2003 02/05/2003 02/02/2003 Date placed in service Asset description Asset description TELEPHONE EQUIPMEN **AMORTIZATION** DEPRECIATION Less Retired Assets Less Retired Assets OFFICE EQUIPMENT OFFICE EQUIPMENT OFFICE EQUIPMENT OFFICE EQUIPMENT OFFICE EQUIPMENT OFFICE EQUIPMENT OFFICE EQUIPMENT OFFICE EQUIPMENT OFFICE EQUIPMENT OFFICE EQUIPMENT OFFICE EQUIPMENT OFFICE EQUIPMENT Listed Property Subtotals . . *Assets Retired EQUIPMENT EQUIPMENT EQUIPMENT FURNITURE FURNITURE EQUIPMENT Subtotals TOTALS. TOTALS.

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Description of Property

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Current-year depreciation Current-year amortization Current-year 179 expense ; MA ORS class . . S m m m 'n ACRS class (5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 3.000 5.000 3.000 Ę 5.000 5,000 5.000 3.000 3.000 HY 5.000 HY 5.000 HY 5.000 Ę нх HY 8 ΗX Me-thod Ending Accumulated amortization Code 7. 88. SI 281. SL 222. SI 194. SL 2,613. SL SL SI SL SISL SI 365. SL SI 924. SL 1,930. SL 2,716. SL 520. SL 651. SL Accumulated depreciation 757. 323. 93. 500. 1,250. 150. 283. ٠, ٠. ١ ياسرو ر اد Accumulated Acc amortization ami Beginning Accumulated A 379. 88. 281. 194. 150. 323. 283. 1,250. 924. 222. 757. 93. 365. 500. 520. 2,613. 1,930. 2,716. 651, 222. 379. 281. 194. 323, 93. 2,716. 520. Basis for depreciation 88. 757. 283. 364. 500. 1,930. 2,613. 1,250. 150, 925. 652. Basis Reduction 179 exp reduction in basis , ,,,,,, 100.000 100.000 222. 100.000 194. 100.000 2,613. 100.000 100.000 100.000 100.000 283. 100.000 100.000 100.000 100.000 100.000 100.000 1,930. 100.000 520. 100.000 100.000 100.000 2,716. 100.000 Bus % (), y () ; j À Unadjusted Cost or basis 281. 150. 323. 88 757. 93. 500. 652. 379. 1,250. 364. 925. Cost or basis Date placed in service 02/05/2003 03/28/2003 04/03/2003 04/15/2003 05/05/2003 12/05/2003 12/21/2003 02/20/2003 02/20/2003 03/07/2003 13/13/2003 03/18/2003 12/06/2004 36/24/2004 02/03/2004 02/26/2004 34/05/2004 04/30/2004 12/21/2004 Subtotals Date placed in service AMORTIZATION Asset description Description of Property Subtotals Asset description DEPRECIATION Less Retired Assets Less Retired Assets OFFICE EQUIPMENT OFFICE EQUIPMENT TELEPHONE EQUIP TELEPHONE EQUIP Listed Property FURNITURE FURNITURE FURNITURE FURNITURE FURNITURE FURNITURE FURNITURE FURNITURE FURNITURE FURNITURE FURNITURE FURNITURE FURNITURE FURNITURE FURNITURE TOTALS. TOTALS

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Description of Property

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220. 934. 183. 167. 129. 55, 46. 884. 252. 389. 353, 227 Ourrent-year depreciation Current-year amortization Current-year 179 <u>.</u> . . . expense MA CRS class - -5 ACRS 3.000 3.000 3.000 3.000 3.000 3.000 3.000 3.000 3.000 5.000 5.000 5.000 5.000 5.000 5.000 3.000 3.000 3.000 3.000 Life Life Solv Solv Beginning Ending Accumulated Accumulated Accumulated Accumulated Medepreciation thod Code 327. SL 640. SL SI 452. SL SI SL 1,170. SL S SL \mathbf{SI} Sī $_{\rm SI}$ 584. SL 794. SI 3,649. SL 6, 990. St SL1,621. SL Ending Accumulated amortization 252. 161. 500. 2,210. 2,335. 883. 550. 630. 973. 1,175. ر. ج Accumulated / 980. 1,350. 272. 457. 417. 323. 115. 3,649. 500. 702. 1,326. 1,401. 330. 378. 584. 180. 567. 6,990. 530, Basis for depreciation 913. 833. 647. 3,649. 6,990. 500. 1,405. 2,803. 361, 1,133. 232. 2,653. 659. 755. 1,168. 1,060. 1,621. 1,175. 327. Basis Reduction 179 exp reduction in basis 100,000 100.000 100.000 100.000 100,000 100.000 . . . 100.000 100.000 100.000 100.000 100.000 100,000 100.001 100.000 100.000 100.000 100.000 100.000 100.000 1.1. Unadjusted Cost or basis 833. 1,133. 232. 500. 2,803. 659. 1,175. 361. 647. 3,649. 6,990. 1,405. 1,168. 327. 913. 755. 2,653. 1,060. 1,621. Cost or basis Date placed in 07/01/2008 7002/81/60 10/11/2007 11/05/2007 02/12/2007 72/12/2007 02/12/2007 18/09/2007 7002/60/80 7002/61/60 01/31/2007 03/12/2007 04/04/2007 07/01/2008 07/01/2008 07/01/2008 37/01/2008 07/01/2008 07/01/2008 Date placed in service Asset description **Description of Property** Asset description AMORTIZATION DEPRECIATION Less Retired Assets OFFICE EQUIPMENT OFFICE EQUIPMENT LEASEHOLD IMPROV LEASEHOLD IMPROV OFFICE EQUIPMENT OFFICE EQUIPMENT OFFICE EQUIPMENT OFFICE EQUIPMENT OFFICE EQUIPMENT LEASEHOLD IMPROV Listed Property FURNITURE FURNITURE FURNITURE EQUIPMENT Subtotals FURNITURE FURNITURE FURNITURE EQUIPMENT EQUIPMENT TOTALS. TOTALS

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TRIBECA FILM INSTITUTE, INC.

EIN: 80-0006057 12/31/2010

FORM 990, PART IX- STATEMENT OF FUNCTIONAL EXPENSE- OTHER EXPENSE

| DESCRIPTION | <u>TOTAL</u> | | PROGRAM
SERVICES | MANAGEMENT
AND GENERAL | <u>FUNDRAISING</u> |
|------------------------------|--------------|-----|---------------------|---------------------------|--------------------|
| POSTAGE AND SHIIPING | 24,687 | * 3 | 7,884 | 16,803 | |
| VENUE RENTAL | 36,173 | | 36,173 | | |
| PROGRAM EVENTS | 51,368 | | 9,498 | | 41,870 |
| UTILITIES | 479 | | 72 | 407 | |
| FILM FESTIVAL PROGRAMS | 364,640 | | 364,640 | | |
| CONTRACTED SERVICES | 259,565 | • | 65,992 | 23,411 | 170,162 |
| HOSPITALITY | 63,115 | : | 63,115 | | |
| DUES & SUBSCRIPTIONS | 7,130 | | | 7,130 | |
| MEALS | 29,965 | | 8,244 | 776 | 20,945 |
| MISCELLANEOUS | 101,938 | | 92,339 | 9,599 | |
| TELEPHONE EXPENSE | 16,406 | | 2,461 | 13,945 | |
| EQUIPMENT AND VEHICLE RENTAL | 68,684 | | 61,201 | 7,483 | |
| PROFESSIONAL FEES | 1,302 | | 391 | 911 | |
| SUPPLIES | 19,811 | | 8,727 | 11,084 | |
| TOTALS | 1,045,263 | _ | 720,737 | 91,549 | 232,977 |

Form **8868**

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(Rev. January 2011)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

File a separate application for each return.

| | filing for an Automatic 3-Month Extension, c filing for an Additional (Not Automatic) 3-Mo | | | | |
|--|---|--|--|--|--|
| | plete Part II unlessou have already been gran | | | | |
| a corporation
8868 to req
Return for | ling (e-file) You can electronically file Form
required to file Form 990-T), or an addition
uest an extension of time to file any of the
Transfers Associated With Certain Persona
For more details on the electronic filing of the | nal (not au
forms liste
al Benefit | tomatic) 3-month extension of time. od in Part I or Part II with the except Contracts, which must be sent to | You can elect
otion of Form
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8870, Information
paper format (see |
| | tomatic 3-Month Extension of Time. Or | | | ne for Chanties | di Noripionis. |
| | required to file Form 990-T and requesting ar | | | and exemplete | |
| • | , , | | | | |
| All other con | oorations (including 1120-C filers), partnership | . DEMICS | and trusts must use Form 7004 to re | augst en exten | sion of time |
| to file income | | s, remics, | and trusts must use rount 1004 to 16 | quest air exteri | sion or anno |
| | Name of exempt organization | | | Employer iden | tification number |
| Type or | TRIBECA FILM INSTITUTE, INC. | | | 80-00 | |
| print | Number, street, and room or suite no. If a P O. box | c see instruc | tions | 1 00-00 | 30037 |
| File by the
due date for | | | M3110. | | |
| filing your | C/O BERDON LLP, 360 MADISON A City, town or post office, state, and ZIP code. For a | | ress see Instructions | | |
| return, See
instructions. | NEW YORK, NY 10017 | . 1010.gr. 000 | .coo, occ monaconoris. | | |
| | NEW TORK, NI TOOT! | | | | |
| Enter the Re | turn code for the return that this application is | for (file a se | eparate application for each return) | | 01 |
| Application | | Return | Application | | Return |
| ls For | | Code | ls For | | Code |
| Form 990 | | 01 | Form 990-T (corporation) | | 07 |
| Form 990-BI | | 02 | Form 1041-A | | 08 |
| Form 990-E | | 03 | Form 4720 | | 09 |
| Form 990-PI | | | Form 5227 | | 10 |
| | Form 990-PF 04 Form 5227 Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069 | | | | |
| | (trust other than above) | 06 | Form 8870 | | 11 |
| The book | s are in the care of ► SANDY O'HEAREN e No. ► 212 941-2427 | | A FILM | | |
| | anization does not have an office or place of b | | | | ▶□ |
| - | or a Group Return, enter the organization's fou | | | | . If this is |
| | group, check this box | | | • | and attach |
| | e names and EINs of all members the extension | | it of the group, check the bex | | |
| | est an automatic 3-month (6 months for a corpo | | ired to file Form 990-T) extension of t | ime | |
| | 08/15 , 20 11 , to file the | | | | he extension is |
| | organization's return for | | | | |
| | _ | | | | |
| ▶ □ | tax year beginning | . 20 | , and ending | . 20 | |
| 2 If the t | ax year entered in line 1 is for less than 12 more | | | Final return | <u> </u> |
| | Change in accounting period | | | ··· | |
| _ | application is for Form 990-BL, 990-PF, 9 | 90-1, 4720 | o, or 6069, enter the tentative tax | | |
| | undable credits. See instructions. | 4700 | 0000 | | \$ |
| | application is for Form 990-PF, 990-T, | | | l l | |
| | ted tax payments made, include any prior years. Due Subtract line 3h from line 3h Include | | | | \$ |
| | ce Due. Subtract line 3b from line 3a Include | | ent with this form, it required, by us | 1 | . le |
| | onic Federal Tax Payment System). See instruyou are going to make an electronic fund | | with this Form 9969 and Form | | \$
 Form 8879-FO for |
| | | withorawai | with this roun 8808, see roun 8 | 0400-EU and | 1 OIII 00/9-EO 10/ |
| payment ins | rk Reduction Act Notice, see Instructions. | | | For | m 8868 (Rev 1-2011) |
| COLLECTION | in investigation production and institutions. | | | ru | (./01 1-2011) |

| Form 8868 (R | ev 1-2011) | | | | Page 2 | |
|--------------------------------|---|---|--------------------------------|--|---------------------|--|
| If you are | e filing for an Additional (Not Automatic) 3-M | onth Exten | sion, complete only Part | II and check this box | | |
| | complete Part II if you have already been gra | | | | | |
| | e filing for an Automatic 3-Month Extension, | | | , , | | |
| Part II | Additional (Not Automatic) 3-Month Ex | | | ginal (no copies needed) | | |
| Type or | Name of exempt organization | | | Employer Identific | | |
| print | TRIBECA FILM INSTITUTE, INC. | | | 80-0006 | 057 | |
| File by the | Number, street, and room or suite no If a PO bo | | | | | |
| extended | C/O BERDON LLP, 360 MADISON | | | | | |
| due date for
filing your | | | | | | |
| return, See | NEW YORK, NY 10017 | u 10/0g/. 20 | | | | |
| nstructions | NEW TORK, NT 10017 | | | | | |
| Enter the R | teturn code for the return that this application | is for (file a | a separate application for e | each return) | 01 | |
| Application | 1 | Return | Application | | Return | |
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| Form 990-E | | | Form 4720 | | 09 | |
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| Form 990-F | | 04 | Form 5227 | | 10 | |
| | T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | 11 | |
| | T (trust other than above) | 06 | Form 8870 | · · · · · · · · · · · · · · · · · · · | 12 | |
| | not complete Part II if you were not already | | | nsion on a previously filed | FORTH 8868. | |
| | ks are in the care of ► SANDY O'HEAREN | | | | | |
| | ne No ▶ 212 941-2427 | | FAX No. ▶ | · | [- | |
| | ganization does not have an office or place of | | | | ▶ 🔲 | |
| | for a Group Return, enter the organization's fo | _ | | | If this is | |
| for the who | ble group, check this box ▶ 🔛 🚶 | f it is for pa | art of the group, check this | s box ▶ [] an | id attach a | |
| list with the | names and EINs of all members the extension | n is for. | | | | |
| 4 I requ | est an additional 3-month extension of time u | ntıl | | 11/15 , 20 11 . | | |
| 5 For ca | alendar year 2010, or other tax year beginn | ing | , 20 , a | nd ending | , 20 | |
| 6 If the | tax year entered in line 5 is for less than 12 m | nonths, che | ck reason. Initial retu | ırn Final return | | |
| | Change in accounting period | | | | | |
| 7 State | in detail why you need the extension ADDIT | CIONAL 1 | IME IS REQUIRED | TO GATHER AND | | |
| COMP | ILE INFORMATION, INCLUDING IN | FORMATIO | ON FROM THIRD PAR | TIES, | | |
| NECE | SSARY TO PREPARE AND FILE A CO | OMPLETE | AND ACCURATE TAX | RETURN. | | |
| | | | | | | |
| 8a If this | application is for Form 990-BL, 990-PF, 99 | 90-T, 4720 | or 6069, enter the ter | ntative tax, less any | | |
| | efundable credits. See instructions | | | 8a \$ | | |
| b If the | s application is for Form 990-PF, 990-T, | 4720, or | r 6069, enter any refu | ndable credits and | | |
| | ated tax payments made. Include any pr | | | | | |
| | int paid previously with Form 8868. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 8b \$ | | |
| | nce Due. Subtract line 8b from line 8a Include | VOUL DAVID | ent with this form if requ | | | |
| | tronic Federal Tax Payment System) See instru | | ioni with this form, if rode | Ro e | NONE- | |
| 12100 | | | d Verification | 100 4 | 10 000 | |
| Linder nenaltu | <u> </u> | | | ments and to the hest of my kr | nowledge and helief | |
| - | es of perjury, I declare that I have examined this form,
ect, and complete, and that I am authorized to prepare this for | | companying soncoures and state | antena, and to the best of thy Ki | oage and patiet | |
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| a | Romes My Mc Lucle | | -a b | 5 L | 0/9/11 | |
| Signature > | I would be the second | <u> </u> | Title > | Date ▶ | 1/// | |
| | | | | Form (| \$868 (Rev 1- | |