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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2008

Inspection

A Fo	r the	2008 ca	alendar yea	r, or tax year begin		and ending 08-31-20	009			
B Ch	eck ıf a	pplicable	Please	C Name of organization SUNDANCE INSTITUT				D Employe	er identificatio	n number
☐ Add	dress ch	nange	use IRS label or				87-036			
┌ Na	me cha	inge	print or type. See	Doing Business As				E Telephor	ie number	
┌ Ind	tıal retu	ırn	Specific	Number and street (or PO box if mail is	s not delivered to street add	Iress) Room/su	ite .	58-3456	
Г Те	mınatı	on	Instruc- tions.	PO BOX 684429				G Gross re	ceipts \$ 31,314	1,253
┌ Am	ended	return		City or town, state o	or country, and ZIP +	- 4		_		
_ Ap	plication	n pending		PARK CITY, UT 840	068					
		,	E Nan	L ne and address of P	rincipal Officer		III/-> -			
				RECHER	Tilicipal Officer			this a group re liates?		es 🔽 No
				X 684429					, .	
т Та	x-exen	npt status		CITY, UT 84068 (3) (insert no)				all affiliates inc		│ Yes │ No
		<u> </u>			, 4547(4)(1) 01)	327		"No," attach a oup Exemption		tructions)
) W	eb sit	e: F ww	w sundance	org			H(c) Gr	oup Exemption	i Number F	
К Тур	e of or	ganızatıon	Corporat	ion trust associat	tion other 🟲		L Year of	Formation 1981	M State of le	gal domicile UT
Pa	rt I									
	1			e organization's mis						
2						OVIDING PROGRAMS ITIES AND INDUSTR	,	,	,	UPPORT
Governance										
홅	2	Check	this box 🖵	ıf the organization o	discontinued its	operations or disposed	of more than	n 25% of its as	ssets	
উ	3	Number	r of voting r	nembers of the gov	erning body (Par	t VI, line 1a)			3	19
Activities &	4	Numbe	r of ındepen	dent voting membe	rs of the governi	ng body (Part VI, line	1b)		4	19
ĕ	5	Total n	umber of en	nployees (Part V , lı			5	323		
Į.	6	Total n	umber of vo	lunteers (estimate	ıf necessary) .				6	1,600
ă	7a	Total g	ross unrela	ted business reven	ue from Part VII	I, line 12, column (C)			7a	148,785
	ь	Net unr	elated busi	ness taxable ıncom	ne from Form 990)-T, line 34			7b	-204,045
							Р	rior Year	Curre	ent Year
a.	8	Contri	butions and	d grants (Part VIII,	line 1h)			14,020,24	1	17,654,257
anue	9	Investment income (Part VIII, column (A), lines 3, 4, and 7d)						6,759,04		6,859,166
Reveni	10							1,218,99	_	273,335
	11							749,56	59	705,601
	12	1 otal i 12)	revenue—a	dd lines 8 through 1	l 1 (must equal P	art VIII, column (A), II	ine	22,747,85	51	25,492,359
	13		and simila	ar amounts paid (Pa	ırt IX, column (A		1,531,50	00	1,977,250	
	14	Benefi	ts paid to o	r for members (Par	t IX, column (A),	line 4)				0
	15	Saları	es, other co	ompensation, emplo	yee benefits (Pa	rt IX, column (A), lines	5 5 -			
Expenses		10)						9,507,68	86	9,292,249
₹	16a			raising fees (Part I					0	
五	Ь			penses, Part IX, column		·				
	17			Part IX, column (A				12,486,29		10,799,282
	18			-	•	X, line 25, column (A)))	23,525,48		22,068,781
₩ 200	19	Keven	ue iess exp	enses Subtract lir	ie 18 from line 1.	2	D =i-	-777,62		3,423,578
8 00000]	T . 4. 1	/P				Begii	nning of Year		of Year
988 1988	20			t X, line 16)				31,241,62		33,510,848
Not Assets or Fund Balances	21			Part X, line 26)				1,726,61		2,271,475
	22	_		d balances Subtra	ct line 21 from lii	ne 20 		29,515,00	08	31,239,373
Pa	rt II	_	ature Blo					1 -1-1	1 t - th - ht - 6	
						eturn, including accompanyir er (other than officer) is bas				
Plea		****	**				20	10-06-14		
Sign		Signa	ature of office	r			Da	ite		
Her	е			CTOR/TREASURER						
		Туре	e or print name	e and title						
		Preparer				Date	Check If self-	Preparer's F	TIN (See Gen	Inst)
Paid		signature self- empo						「		
	arer's	Firm's name (or yours CBIZ MHM LLC if self-employed),								
Use	Only		nployed), and ZIP + 4	175 S WEST TEMP	LE SUITE 650			_ EIN ►		
				SALT LAKE CITY, U	JT 84101			Phone no	(801) 364-93	300
May	the IR	S discus	s this retu			See instructions) .			┌ Yes	Гио

Par	Statement o	f Program Servi	ce Accomp	lishments (See th	ne instructions.)	
	Briefly describe the organizat TO PROMOTE FILM AND THE COMMUNITIES AND INDUSTE	ATRE ARTISTS BY PROVID		RESOURCES, EXHIBITIONS	5, AND SUPPORT FOR INDEPENDENT I	FILM AND THEATRE
2	the prior Form 990 or	990-EZ?		ervices during the yea	r which were not listed on	Yes ▼ No
3	If "Yes," describe thes Did the organization coservices?	ease conducting or m		t changes in how it co		ΓYes ΓΝο
4	If "Yes," describe thes	e changes on Schedu				
4		l (4) organizations and	d 4947(a)(1)	trusts are required to	e largest program services by a report the amount of grants an ted	
4a	(Code FILM FESTIVAL REGARDE WHICH COMPETE FOR NA			including grants of \$ EW INDEPENDENT CINEMA) (Revenue \$ 5, THE FESTIVAL EXHIBITS OUTSTAND)	6,766,481) ING NEW INDEPENDENT FILMS
4b	(Code DOCUMENTARY FILM PRO NONFICTION STORYTELLII				1,645,000) (Revenue \$ LMMAKERS, ENCOURAGES THE EXPLO BROADER AUDIENCE) DRATION OF INNOVATIVE
4c	(Code FEATURE FILM PROVIDES LABORATORIES THIS PRO) (Expenses \$ S SUPPPORT TO EMERGINO OGRAM OFFERS THE OPPO	2,007,647 G SCREENWRITEI RTUNITY FOR TH	including grants of \$ RS AND DIRECTORS, MOS ESE ARTISTS TO DEVELOP	301,000) (Revenue \$ F NOTABLY THROUGH THE SCREENWR NEW WORK IN A CREATIVE ENVIRON	53,490) RITER AND FILMMAKER MENT WHILE RECEIVING THE
	(Code FILM MUSIC) (Expenses \$	256,157	ıncludıng grants of \$) (Revenue \$	7,445)
	(Code ARTS AND AUDIENCE) (Expenses \$	140,234	including grants of \$) (Revenue \$)
	(Code) (Expenses \$	232,696	ıncludıng grants of \$	20,000) (Revenue \$)
	(Code LEGACY) (Expenses \$	142,787	ıncludıng grants of \$) (Revenue \$)
	(Code SPECIAL PROJECTS) (Expenses \$	423,745	ıncludıng grants of \$) (Revenue \$	11,705)
	(Code THEATRE) (Expenses \$	912,038	including grants of \$	11,250) (Revenue \$	20,045)
4d	Other program servic (Expenses \$	•	edule O) udıng grants o	of\$ 31	,250) (Revenue \$	39,195)
4e	Total program service	e expenses \$	17,186,84	6 Must equal Part I)	K, Line 25, column (B).	

art IV	Che	cklist	of Re	eauired	Sche	dules

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νo
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt[N]{2}$	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	Yes	
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			163	110
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	Yes	
		204	res	
Ь	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV .	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
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	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	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		Νο
37	Did the organization conduct more than 5 percent 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,	37		Νο
	Part VI **			

Pa	t V Statements Regarding Other IRS Filings and Tax Compliano	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	322			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable		V	
-	gaming (gambling) winnings to prize winners?	 i		1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	2a	323			
b	If at least one is reported in 2a, did the organization file all required federal employn	nent t	ax returns?	2b	Yes	
3a	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this Did the organization have unrelated business gross income of \$1,000 or more durin					
	return?			3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a s over, a financial account in a foreign country (such as a bank account, securities ac account)?	_	•	4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Re Financial Accounts.	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the	tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp Tax Shelter Transaction?	t Entit	ry Regarding Prohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		N o
b	If "Yes," did the organization include with every solicitation an express statement th			_		
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	A Is		7-	V	
	Did the organization provide goods or services in exchange for any quid pro quo con more?			7a	Yes	<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services p			7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal prope file Form 8282?	rty for	which it was required to	7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers			7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f			_		
	required?			7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the			8		
	year?					<u> </u>
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
_	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person	٠.		9b		
10	Section 501(c)(7) organizations. Enter	ــمــ	I			
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	10a 10b				
D	facilities	100				
11	Section 501(c)(12) organizations Enter	_				
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	ı lıeu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section	Α.	Governing	Body	and	Management	

			Yes	No				
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.							
1a	Enter the number of voting members of the governing body 1a 19							
b	Enter the number of voting members that are independent 1b 19							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No				
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νo				
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo				
6	Does the organization have members or stockholders?	6		Νο				
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	the governing body?	8a	Yes					
b	each committee with authority to act on behalf of the governing body?	8b	Yes					
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νο				
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?	9b						
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes					
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No				

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate 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		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed CA, NY, UT
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. value values values values values.
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

SUNDANCE INSTITUTE PO BOX 684429 PARK CITY, UT 84068 (435) 658-3456

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * 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, or 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

The check this box in the organization and i		Posit	(C) chec	:k al				(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

			tion that a		у)				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			-							
			-							
					\vdash					
			-		\vdash					
			1		H					
1b Total							-	2,152,036	5 C	235,331

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►12

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3		Νο
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
BOSTON LIGHT SOUND 290 NORTH BEACON STREETR BOSTON, MA 02135	LIGHT & SOUND SERVIC	398,179
OVERLAND ENTERTAINMENT CO LTD 257 W 52ND STREET 5L NEW YORK, NY 10019	PRODUCTION SERVICES	315,567
OASIS STAGE WERKS PO BOX 3762 SALT LAKE CITY, UT 84110	STAGING SERVICES	267,797
DIGITAL PROJECTION INC 55 CHASTAIN RAOD 115 KENNESAW, GA 30144	PROJECTION SERVICES	263,528
THE POWELL ROGERS PROJECT LLC 84 WOOSTER STREET 603 NEW YORK, NY 10012	DESIGN SERVICES	171,465
Total number of independent contractors (including those in 1) who from the organization	. , ,	13

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
1.1	1a	Federated campaigns 1a					, , , ,
ants ints	ь	Membership dues					
Contributions, gifts, grants and other similar amounts	c	Fundraising events					
fts, ran		1c					
<u>=</u>	d	Related organizations 1d Government grants (contributions) 1e 1,18	82,227				
ons sin	e f		72,030				
) Fer	"	sımılar amounts not ıncluded above					
를 다 다 다 다	g	1f Noncash contributions included in					
<u>8</u> 0		lines 1a-1f \$ 294,784					
	h	Total (Add lines 1a-1f)	· 🙀	17,654,257			
GL.		Business	Code				
nua	2a	FILM FESTIVAL		6,766,481	6,766,481		
Рæу	Ь	OTHER PROGRAM REVENUE		53,490	53,490		
Ace	c d	OTHER PROGRAM REVENUE		39,195	39,195		
Seri	e						
an	f	All other program service revenue					
Program Serwce Revenue							
Δ	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, inter	rest				
		other similar amounts)		584,420			584,420
	4	Income from investment of tax-exempt bond proceeds	. []	0			
	5	Royalties	. ▶	0			
		(i) Real (ii) Perso	onal				
	6a	Gross Rents 106,262					
	ь	Less rental 106,997 expenses					
	С	Rental income -735 or (loss)					
	d	Net rental income or (loss)	· <u>:</u>	-735			-735
		(i) Securities (ii) Oth	ner				
	7a	Gross amount 4,5 from sales of	578,973				
		assets other than inventory					
	ь	Less cost or other basis and 4,8	890,058				
		sales expenses	311,085				
	c d	Net gain or (loss)	311,003	-311,085			-311,085
			▶	·			
	8a	Gross income from fundraising events (not including					
ø		\$535,934					
묾		of contributions reported on line 1c) See Part IV, line 18					
le ve		Attach Schedule G if total exceeds \$15,000					
<u> </u>	ь	30	62,747 35,934				
Other Revenue	c	Net income or (loss) from fundraising events		0			
<u> </u>	9a	Gross income from gaming					
		activities See part IV, line 19 Complete Schedule G if total					
		exceeds \$15,000					
		a					
	b c	Net income or (loss) from gaming activities		0			
			•				
	10a	Gross sales of inventory, less returns and allowances					
			00,269				
	ь		88,905				
	С	Net income or (loss) from sales of inventory		411,364			411,364
	11a	Miscellaneous Revenue Business (Code 541,800	148,785		148,785	
	ь	ADVERTISING 5	-,	146,187			146,187
	c	OTHER REVENUE		-,			-,
		All other rover					
	d e	All other revenue Total. Add lines 11a-11d	+				
		\$ 294	4,972				
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7 8c,	7 d,	25,492,359	6,859,166	148,785	830,151
		9c, 10c, and 11e	►				
							Form 990 (2008)

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgalised by the section 501(c)(3) and 501(c)(4) orgalised by the section 501(c)(4) organizations must complete column (A) but are not reference to the section of the se).
Do 1	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,180,000	1,180,000		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	344,750	344,750		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	452,500	452,500		
4	Benefits paid to or for members	0	,		
5	Compensation of current officers, directors, trustees, and key employees	1,780,034	1,158,169	213,190	408,675
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	5,999,680	3,898,627		892,208
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	295,050	171,046	83,152	40,852
9	Other employee benefits	638,811	436,160	138,494	64,157
10	Payroll taxes	578,674	388,378	108,893	81,403
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	110,235		110,235	
c	Accounting	46,910		46,910	
d	Lobbying	0			
е	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	35,925		35,925	
g	Other	2,749,170	2,312,888	355,689	80,593
12	Advertising and promotion	94,565	82,071	12,494	
13	Office expenses	1,061,123	885,216	144,401	31,506
14	Information technology	133,352	1,944	131,168	240
15	Royalties	0			
16	Occupancy	2,931,029	2,668,460	216,687	45,882
17	Travel	1,100,767	869,769	152,478	78,520
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			_
19	Conferences, conventions and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	233,668	233,668		
23	Insurance	97,995	78,368	11,023	8,604
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	PROGRAM MEALS	435,857	434,106	1,751	_
ь	RECEPTIONS	352,361	347,707	·	4,654
c	PRODUCTION EXPENSE	191,380	190,630		750
d	EQUIPMENT EXPENSE	932,482	840,419	83,213	8,850
e	STIPENDS	84,874	81,024	3,850	
f	All other expenses	207,589	130,946	48,071	28,572
25	Total functional expenses. Add lines 1 through 24f	22,068,781	17,186,846	3,106,469	1,775,466
26	Joint Costs. Check I if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				000 (2000)

Part X	Balance	Sheet

					(A)			3)
	1	Cash—non-interest-bearing			Beginning of year 1,000		Ena o	f year 1.000
	2	Savings and temporary cash investments			5,513,069			8,200,730
	3	Pledges and grants receivable, net			9,900,263			10,419,170
	4	Accounts receivable, net						54,456
	5	Receivables from current and former officers, directors, trustees			100,012	-		
		other related parties		•		5		
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of			1	6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use				8		
÷	9	Prepaid expenses and deferred charges			453,481	9		416,003
Assets	10a	Land, buildings, and equipment cost basis	10a	5,475,5	85			
**	ь	Less accumulated depreciation Complete Part VI of Schedule D	10Ь	3,886,5		10c		1,589,058
	11	Investments—publicly traded securities			13,028,588	11	1	12,407,935
	12	Investments—other securities See Part IV, line 11 Complete Pa				12		
	13	Schedule D Investments—program-related See Part IV, line 11 Complete Part IV	art VIII					
	14	of Schedule D . Intangible assets				13 14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule			410,048			422,496
		D				15		·
	16	Total assets. Add lines 1 through 15 (must equal line 34)			31,241,623	16	3	33,510,848
	17	Accounts payable and accrued expenses .			1,370,728	17		1,829,611
	18	Grants payable				18		
	19	Deferred revenue	355,887	19		441,864		
10	20	Tax-exempt bond liabilities		20				
<u>, a</u>	21	Escrow account liability Complete Part IV of Schedule D		21				
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
ä		persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third parties				23		
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D				25		
	26	Total liabilities. Add lines 17 through 25			1,726,615	26		2,271,475
٠ ج		Organizations that follow SFAS 117, check here ► $\sqrt{}$ and comp through 29, and lines 33 and 34.	lete lin	es 27				
Balance	27	Unrestricted net assets			6,496,202	27		6,126,221
<u> </u>	28	Temporarily restricted net assets			12,571,693	28	1	
	29	Permanently restricted net assets			10,447,113	29	1	10,497,221
Fund		Organizations that do not follow SFAS 117, check here	d comp	lete				
<u>-</u>		lines 30 through 34.	_					
	30	Capital stock or trust principal, or current funds	•			30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32		
ĕŧ	33	Total net assets or fund balances			29,515,008	33	3	31,239,373
_	34	Total liabilities and net assets/fund balances			31,241,623	34	3	33,510,848
Pa	rt XI	Financial Statements and Reporting						
							Yes	No

Dart YT	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits?	3b		

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As Filed Data -

DLN: 93493176013080

OMB No 1545-0047

Employer identification number

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

SUND	ANCE IN	NSTITUTE										
		_							-0361394			
	rt I			harity Status (to be co					Instruct	ions)		
	rgaill.			ation because it is (Please					(A) (:)			
1	<u> </u>	•		urches, or association of ch			Section .	T/O(D)(T)((A)(I).			
2	<u> </u>			ion 170(b)(1)(A)(ii). (Attac		•						
3	<u> </u>	•	•	e hospital service organizati			-		• •			
4	ı		-	zation operated in conjuncti	on with a	hospital d	escribed i	n Section :	170(Ь)(1)	(A)(iii). E	nter the	9
	_	· ·	name, city, and									
5	ı	An organiza	ation operated f	or the benefit of a college or	universit	y owned o	r operated	by a gove	ernmental	unit desc	rıbed ın	
	_			(Complete Part II)								
6		A federal, s	tate, or local go	overnment or governmental	unıt desci	ıbed ın Se	ct ion 170	(b)(1)(A)	(v).			
7	<u>~</u>	An organiza	ation that norma	ally receives a substantial p	art of its s	support fro	om a gove	rnmental u	ınıt or fron	n the gene	ral pub	lıc
		described i	n Section 170(b)(1)(A)(vi) (Complete Par	tII)							
8		A communi	ty trust describ	ed in Section 170(b)(1)(A)	(vi) (Com	iplete Par	tII)					
9	Г	An organiza	ation that norma	ally receives (1) more than	331/3% 0	fits supp	ort from c	ontributior	ıs, membe	rship fees	, and g	ross
		receipts fro	m activities rel	ated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2) no more	than 331,	'3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	income (less sectio	on 511 tax	x) from bu	sınesse	S
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complet	e Part III)			
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See S e	ct ion 509((a)(4). (Se	ee instruc	tions)	
11	Γ	_	=	and operated exclusively fo					•	•		
				orted organizations describe						Section 5	09(a)(3	3). Check
		the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally Integrated d Type III - Other										
e	\vdash			rtify that the organization is								
•	'	•	- '	agers and other than one or			•				•	
		section 50			•	,					•	, ,
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supporti	ng orgar	ıızatıo <u>n,</u>
-		check this		as the organization accepted	d any gift	or contrib	ution from	any of the				J
g		following pe		as the organization accepted	u ally glit	or continu	ution nom	ally of the	•			
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Ye	s No
		and (III) bel	ow, the governi	ng body of the the supported	d organiza	tion?				11g	(i)	No
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(No
		(iii) a 35%	controlled enti	ty of a person described in ((i) or (ii) a	bove?				11g(No
h				nation about the organizatio			supports				- 1	
			_	-								
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did)	ou notify	(vi) I	s the	(vii) A	mount of
		orted		(described on lines 1-9	_	ation in	_	nızatıon		ation in	sup	port?
	Organ	nization		above or IRC section		listed in		i) of your		rganized		
				(See Instructions))		verning ment?	sup	oort?	In the	US?		
					Yes	No	Yes	No	Yes	No	1	
					1.03	1,10	1.63	1.10	1.03	1,10		
							-			-		
										-		
								L			<u> </u>	

Total

Part II Support Schedule for Organizations Described in IRC 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.)

	(Complete only if you chec	keu tile box of	1 lille 5, 7, 0F	0 01 Part I.)				
	ublic Support	T						
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	12,000,632	13,538,128	10,263,618	14,020,241		17,654,257	67,476,876
2	Tax revenues levied for the organization's							
_	benefit and either paid to or expended on							
	ıts behalf							
3	The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
4	Total. Add line 1-3	12,000,632	13,538,128	10,263,618	14,020,241		17,654,257	67,476,876
5	The portion of total contribution by each							
	person (other than a government unit or							
	publicly supported organization) included							8,265,005
	on line 1 that exceed 2% of the amount shown on line 11, column							
	(f)							
6	Public Support subtract line 5 from line							
_	4							59,211,871
T	otal Support						·	
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	12,000,632	753,260	10,263,618	14,020,241		17,654,257	67,476,876
8	Gross income from interest, dividends,							
	payments received on securities loans,	430,053	753,260	1,089,808	1,315,184		690,682	4,278,987
	rents, royalties and income from similar	,	<i>'</i>	, ,	, ,		,	, ,
_	sources							
9	Net income from unrelated business activities, whether or not the business is							
	regularly carried on							
10	Other income Do not include gain or loss							
	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							71,755,863
12	Gross receipts from related activities, etc	(See instruction:	s)			12		36,315,350
13	First Five Years. If the Form 990 is for the	organızatıon's fır	st, second, third	l, fourth, or fifth	tax year as a 5	01(c)		
	organization, check this box and stop here							► □
	omputation of Public Support Perc						1	
14	Public Support Percentage for 2008 (line 6	column (f) divid	ed by line 11 co	lumn (f))		14		82.518 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, lıne 26f			15		89.812 %
16a	33 1/3% Test - 2008. If the organization did		· ·		1/3% or more,	check	this box	_
_	and stop here. The organization qualifies as		-					▶ ▼
Ь	33 1/3% Test - 2007. If the organization did			,	L5 is 33 1/3% o	r more	e, check th	
17-	box and stop here. The organization qualified	· · · · · · · · · · · · · · · · · · ·			2 16 2 2 16 2	مدالم مد	. 14 10	▶ □
1/a	10% Facts and Circumstances Test - 2008. I more, and if the organization meets the "fac	•			•			
	organization meets the "facts and circumst							
ь	10% Facts and Circumstances Test - 2007.			•		_		•
	more, and if the organization meets the "fac							
	the organization meets the "facts and circu							► □
18	Private Foundation. If the organization did	not check the bo	x on line 13, 16	a, 16b, 17a or	17b, check this	box a	nd see	. -
	instructions							18 -1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied 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 lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)							
	Facts and Circumstances Test							

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

EIN: 87-0361394

Name: SUNDANCE INSTITUTE

Form 990. Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
			(C tion (hat a	chec		I			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
ROBERT REDFORD , PRESIDENT AND FOUNDER	2 0	Х		х						
WALLY WEISMAN , CHAIRMAN OF THE BOARD	2 0	Х		х						
PAT MITCHELL , VICE CHAIRMAN OF THE BOARD	2 0	Х								
KEN BRECHER, EXECUTIVE DIRECTOR	40 0	Х								
JACK FERRARO , TRUSTEE	1 0	Χ								
SALLY FIELD , TRUSTEE	1 0	Х								
JEANNE DONOVAN FISHER , TRUSTEE/SECRETARY	1 0	Х								
BOB FRANKENBERG , TRUSTEE	1 0	Х		Х						
RODRIGO GARCIA , TRUSTEE	1 0	Х								
GEORGE GUND , TRUSTEE	1 0	Х		Х						
MELLODY HOBSON , TRUSTEE	1 0	Х								
CINDY HORN , TRUSTEE	1 0	Х								
CHRISTINE LAHTI , TRUSTEE	1 0	Х								
KAREN LAUDER , TRUSTEE	1 0	Х								
LYN DAVID LEAR , TRUSTEE	1 0	Х								
SHIRIN NESHAT , TRUSTEE	1 0	Х								
GEOFFREY K SANDS , TRUSTEE	1 0	Х								
JOHN WARNOCK , TRUSTEE	1 0	Х								
CHARLAYNE WOODARD , TRUSTEE	10	Х								
JILL A MILLER , MANAGING DIRECTOR/TREASURER	40 0	Х								
MICHELLE SATTER , DIRECTOR, FEATURE FILM PROGRAM	40 0	Х			x			208,094	0	18,473
GEOFFREY GILMORE , DIRECTOR, SUNDANCE FILM FEST	40 0	Х			x			188,714	0	18,800
PHILIP HIMBERG , DIRECTOR, THEATRE PROGRAM	40 0	X			х			174,421	0	22,944
KENNETH COLE , TRUSTEE	1 0			Х				431,647		38,734
EMILY LASKIN , DIRECTOR, DEVELOPMENT	40 0			х				250,645		21,369
JOHN COOPER , DIRECTOR, SUNDANCE FILM FEST	40 0			х	х			173,202	0	19,865
CARA MERTES , DIRECTOR, DOCUMENTARY PROGRAM	40 0				х			174,662	0	12,073
CYNTHIA WORNHAM , DIRECTOR, COMMUNICATIONS	40 0				х			173,097	0	17,872
JULIE FREESTONE , DIRECTOR, HUMAN RESOURCES	40 0				х	х		148,545	0	18,800
SARAH PEARCE , DIRECTOR, SUNDANCE FILM FEST	40 0				х	x		110,603	0	18,801

Form 990, Part VII - Section Aaa

OTHI 330, Part VII Section A	a a									
		1	((ition (that a	che		II			(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Errector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
ELIZABETH DALY , DIRECTOR, DEVELOPMENT					×	х		118,406	0	27,600

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Open to Public Inspection

	me of the organization IDANCE INSTITUTE	Employer identification number			
			87-036139		
Pa	rt I Organizations Maintaining Donor Acorganization answered "Yes" to Form 99		ınds or Acc	ounts. Complete if the	
		(a) Donor advised funds	(b) Fund:	s and other accounts	
	Total number at end of year				
2	Aggregate Contributions to (during year)				
3	Aggregate Grants from (during year)				
ļ	Aggregate value at end of year				
5	Did the organization inform all donors and donor advi funds are the organization's property, subject to the	<u> </u>	or advised	┌ Yes	
•	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben		may be	Г у Г.	
	impermissible private benefit?	5.1		☐ Yes ☐ No	
	rt II Conservation Easements. Complete		5 Form 990, I	Part IV, line 7.	
L	Purpose(s) of conservation easements held by the o		hk		
	Preservation of land for public use (e.g., recreating Protection of natural habitat	on or pleasure) Preservation of an Preservation of cei	•	portantly land area	
	<u>-</u>	Fleseivation of Ce	itilied Historic	structure	
	Preservation of open space		_		
2	Complete lines 2a-2d if the organization held a qual on the last day of the tax year	ified conservation contribution in the form	of a conservat	ion easement	
	on the last day of the tax year		H	Held at the End of the Year	
а	Total number of conservation easements		2a		
ь	Total acreage restricted by conservation easement	5	2b		
c	•		2c		
_	Number of conservation easements on a certified hi	• •			
d	Number of conservation easements included in (c) a		2d		
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	d by the organi	zation during	
	the taxable year 🕨				
Ļ	Number of states where property subject to conserva	ation easement is located ►			
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		itions, and	┌ Yes	
5	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►		
,	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ar ► \$		
3	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)^{7}$	e(d) above satisfy the requirements of sec	tion	┌ Yes	
)	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easer	he footnote to the organization's financial			
ar	Complete if the organization answered '		or Other Sir	milar Assets.	
la	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fire	for public exhibition, education or researc	h ın furtheranc		
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ir		•	
	(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, hist following amounts required to be reported under SFA	· · · · · · · · · · · · · · · · · · ·	r financial gain	, provide the	
а	Revenues included in Form 990, Part VIII, line 1		► \$		
b	Assets included in Form 990, Part X	► \$			

Par	TIT Organizations Maintaining Co	llections of Art,	His	tori	<u>cal Treasu</u>	res, or Othe	<u>er Similar Ass</u>	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	e foll	owing that are	a significant i	use of its collectio	n	
а	Public exhibition		d	Γ	Loan or exch	ange programs	5		
b	Scholarly research		e	Γ	Other				
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	n how	they	further the o	rganızatıon's e	xempt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							Yes	┌ No
Pai	t IV Trust, Escrow and Custodial					nızatıon ansv	vered "Yes" to F	orm 9	90,
	Part IV, line 9, or reported an an								
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?			for c	ontributions o	r other assets		Yes	Г No
b	If "Yes," explain why in Part XIV and comple	ete the following table	!				T		
							A mo	unt	
с	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	· ·	21?				Г	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV								
Pa	t V Endowment Funds. Complete	if the organization (a)Current Year		were)Prior				NEOUr Ve	ears Back
1a	Beginning of year balance	14,616,518	(0)	<i>)</i> 1 1101	rear (c) w	o rears back (a	Jimee rears back (- Ji Oui 10	cars back
b	Contributions	50,108							
c	Investment earnings or losses	-1,644,703							
d	Grants or scholarships								
e	Other expenditures for facilities								
	and programs								
f	Administrative expenses	35,925							
g	End of year balance	12,985,998							
2	Provide the estimated percentage of the year	r end balance held as	5						
а	Board designated or quasi-endowment 🕨								
b	Permanent endowment 🕨 100 %								
c	Term endowment ►								
3а	Are there endowment funds not in the posses organization by	ssion of the organizat	ion t	hat a	re held and a	dministered for	the	Yes	No
	(i) unrelated organizations						3a(i)	103	No
	(ii) related organizations						3a(ii)		Νο
b	If "Yes" to $3a(II)$, are the related organization						3b		
4	Describe in Part XIV the intended uses of th								
Par	t VI Investments—Land, Buildings	s, and Equipmen	t. S	ee F	orm 990, Pa	rt X, line 10.	I		
	Description of investment) Cost or other is (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Boo	ok value
1a	Land				777,000				777,000
b	Buildings				3,076,922		2,480,473		596,449
c	Leasehold improvements				69,154		50,011		19,143
d	Equipment				1,552,508		1,356,042		196,466
е	Other								

1,589,058

Part VII Investments—Other Securities. Se	ee Form 990, Part X, line	12.	
(a) Description of security or cateory (including name of security)	(b)Book value	(c) Metho	d of valuation · year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	<u> </u>		
Part VIII Investments—Program Related. S	See Form 990, Part X, lin		
(a) Description of investment type	(b) Book value		d of valuation -year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, (a) Desc			(b) Book value
LIFE INSURANCE CASH VALUE			234,213
ARTWORK			125,000
DEPOSITS			63,283
<u> </u>			03,203
Total. (Column (b) should equal Form 990, Part X, col.(B) lin			
Part X Other Liabilities. See Form 990, Part		<u> </u>	
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
		\dashv	
	+	\dashv	
		\dashv	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	b	\dashv	
, , , , , , , , , , , , , , , , , , , ,	- 1 · 1	i .	

	IDXII Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ILS	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	25,492,359
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	22,068,781
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,423,578
4	Net unrealized gains (losses) on investments	4	-1,712,049
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	12,836
9	Total adjustments (net) Add lines 4 - 8	9	-1,699,213
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,724,365
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	26,430,955
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b 2,566,737		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	938,596
3	Subtract line 2e from line 1	3	25,492,359
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	25,492,359
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	24,742,515
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
Ь	Prior year adjustments		
C	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)	2-	2 672 72
e 2	Add lines 2a through 2d	2e	2,673,734
3	Subtract line 2e from line 1	3	22,068,781
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
a b	Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIV) 4b		
	<u> </u>	4c	
с 5	Add lines 4a and 4b	4c 5	22,068,781
,	t XIV Supplemental Information	,	22,000,761

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
PART XI, XII, AND XIII		PART XI, LINE 8 APPRECIATION ON LIFE INSURANCE \$12,836 PART XII, LINE 2D APPRECIATION ON LIFE INSURANCE \$12,836 RENTAL EXPENSES \$106,997 INVESTMENT MANAGEMENT FEES (\$35,925) PART XIII, LINE 2D RENTAL EXPENSES \$106,997

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As Filed Data -

DLN: 93493176013080

OMB No 1545-0047

2008

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Statement of Activities Outside the United States

Open to Public **Inspection**

	ne of the organization					Employer ide	entification number
SUN	General Information on Activities Outside the United States. Complete if the organizate "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance. For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed.) (a) Region (b) Number of offices in the region paints in region (by type) (i.e., fundraising, program service, grants to recipients located in the region) to grantmaking (b) Number of offices in the region of grantmaking (c) Number of employees or agents in region (b) the region of grantmaking (d) Activities conducted in region (b) type) (i.e., fundraising, program service, grants to recipients located in the region) of grantmaking (d) Activities conducted in the region of the re		4				
P	art I General Infor	mation on Ac	tivities Outsi	de the United State	s. Complete		
					·		
1	_	_				_	
	· -		-				
	the grants or assistan	ce					✓ Yes
2		be in Part IV the	organization's pr	ocedures for monitoring t	he use of grai	nt funds outsic	le the
3	Activites per Region (U	se Schedule F-1	(Form 990) ıf adı	ditional space is needed)			
		(h) Normalian af	(a) Number of		(e) If activi	ty listed in (d)	
	(a) Region						
	(a) Kegion			grants to recipients located in			region
Eas	t Asia and the Pacific	0	0	 	service(.	s) iii region	e grants or ed to award
				-			·
	ope (Including Iceland and enland)	0	0	Grantmaking			160,000
	dle East and North Africa	0	0	Grantmakıng			30,000
Nor	th A merica	0	0	Grantmakıng			260,000
					1		1

Totals .

452,500

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
	•	Europe/Iceland/Greenland	FILMMAKING	30,000	CHECK			
		Europe/Iceland/Greenland	FILMMAKING	10,000	CHECK			
		Europe/Iceland/Greenland	FILMMAKING	15,000	CHECK			
		Europe/Iceland/Greenland	FILMMAKING	30,000	CHECK			
		Europe/Iceland/Greenland	FILMMAKING	30,000	CHECK			
		Europe/Iceland/Greenland	FILMMAKING	25,000	CHECK			
		Middle East/North Africa	FILMMAKING	30,000	CHECK			
			FILMMAKING	100,000	CHECK			
		North America	FILMMAKING	150,000	CHECK			
		North America	FILMMAKING	10,000	CHECK			

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (h) Method of (f) A mount of non-(g) Description (c) Number of (d) A mount of (e) Manner of cash (a) Type of grant or valuation (b) Region cash of non-cash recipients cash grant disbursement (book, FMV, assistance assistance assistance appraisal, other) FILMMAKING Europe/Iceland/Greenland 20,000 CHECK 2 FILMMAKING East Asia/Pacific 2,500 CHECK

Schedule F (Form 990) 2008

	is part to provide the information	required in Part I, line 2, and any other additional information.
Identifier CHEDULE F	ReturnReference PART I, LINE 2	Explanation THE SUNDANCE INSTITUTE MONITORS ITS GRANT RECIPIENTS THROUGH DETAILED GRANT CONTRACTS AND DELIVERABLES AS OUTLINED BELOW 1 RECIPIENT AGREES TO HAVE THE PROJECT AS THEIR PRIMARY FOCUS OF THEIR WORK EFFORTS DURING THE GRANT PERIOD 2 RECIPIENT AGREES TO SUBMIT WRITTEN REPORTS ON DESIGNATED DATES, AND INCLUDE CURRENT STATUS OF THE FILM, AN EXPLANATION OF HOW THE FUNDS WERE USED, PLANS FOR FUTURE INSTALLMENTS (IF APPLICABLE) AND PLANS FOR DISTRIBUTION, OUTREACH AND IMPACT CAMPAIGNS THE RECIPIENT MUST ADVISE OF FILM SCREENINGS, BROADCASTS, MAJOR AWARDS, AND REVIEWS 3 RECIPIENT AGREES TO SUBMIT FILM FOR FORMAL FEEDBACK AND NOTES AT THE DEVELOPMENT, ROUGH CUT, AND FINAL STAGES 4 SUBSTANTIAL CHANGES TO PROJECT CONTENT OR CREATIVE TEAM (PRODUCER/DIRECTOR) MUST BE APPROVED IN WRITING WITHIN 30 DAYS IF MATERIAL CHANGES WERE MADE WITHOUT APPROVAL, ANY UNUSED FUNDS MUST BE RETURNED AND NO FURTHER GRANT PAYMENTS WILL BE MADE 5 GRANT FUNDS ARE TO BE USED SOLELY FOR PURPOSE STATED AND IN ACCORDANCE WITH THE SUNDANCE APPROVED BUDGET FUNDS MAY NOT BE USED TO PURCHASE EQUIPMENT OVER \$2,500, FOR FILM PRINT TRANFERS, OR FOR LOBBYING ACTIVITIES 6 THE SUNDACNE INSTITUTE RESERVES THE RIGHT TO TERMINATE THE GRANT IF IT DETERMINES THAT THE RECIPIENT IS NOT COMPLYING WITH OR FULFILLING THE TERMS OR PURPOSE OF THE GRANT 7 AN ACKNOWLEDGEMENT OF SUNDANCE INSTITUTE'S SUPPOR' IS SOMETIMES REQUIRED TO APPEAR IN THE END CREDITS OF THE FILM, ALL PRESS MATERIALS, AND ANY FILM SPECIFIC WEBSITE FOR THE PROJECT 8 UPON COMPLETION, THE RECIPIENT AGREES TO PROVIDE SUNDANCE INSTITUTE WITH COPIES OF MATERIALS (OVDS, PROMOTIONAL MATERIALS, ETC) PRODUCED IN CONNECTION WITH THE GRANT
		CONNECTION WITH THE GRANT

Software ID: Software Version:

EIN: 87-0361394

Name: SUNDANCE INSTITUTE

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization (b) IRS code section organization (c) Region (d) Purpose of grant (e) Amount of cash grant (e) Amount of cash disbursement (g) Amount of non-cash assistance (h) Description of non-cash assistance (pook, FMV, appraisal, other) Europe/Iceland/Greenland FILMMAKING 30,000 CHECK Europe/Iceland/Greenland FILMMAKING 15,000 CHECK Europe/Iceland/Greenland FILMMAKING 30,000 CHECK Europe/Iceland/Greenland FILMMAKING 30,000 CHECK Europe/Iceland/Greenland FILMMAKING 30,000 CHECK Europe/Iceland/Greenland FILMMAKING 30,000 CHECK Middle East/North FILMMAKING 30,000 CHECK Morth America FILMMAKING 100,000 CHECK North America FILMMAKING 100,000 CHECK	Form 990 Sched	uie F Part II	- Grants and Other As	ssistance to Orga	inizations or Ent	ities Outside The	United States		
Europe/Iceland/Greenland FILMMAKING 15,000 CHECK Europe/Iceland/Greenland FILMMAKING 15,000 CHECK Europe/Iceland/Greenland FILMMAKING 30,000 CHECK Europe/Iceland/Greenland FILMMAKING 30,000 CHECK Europe/Iceland/Greenland FILMMAKING 25,000 CHECK Middle East/North FILMMAKING 30,000 CHECK Middle East/North FILMMAKING 30,000 CHECK North America FILMMAKING 100,000 CHECK	1 ' '	section and EIN(if	(c) Region	(d) Purpose of grant			cash	non-cash	valuation (book, FMV,
Europe/Iceland/Greenland FILMMAKING 15,000 CHECK Europe/Iceland/Greenland FILMMAKING 30,000 CHECK Europe/Iceland/Greenland FILMMAKING 30,000 CHECK Europe/Iceland/Greenland FILMMAKING 25,000 CHECK Middle East/North FILMMAKING 30,000 CHECK Africa North America FILMMAKING 100,000 CHECK North America FILMMAKING 150,000 CHECK			Europe/Iceland/Greenland	FILMMAKING	30,000	CHECK			
Europe/Iceland/Greenland FILMMAKING 30,000 CHECK Europe/Iceland/Greenland FILMMAKING 30,000 CHECK Europe/Iceland/Greenland FILMMAKING 25,000 CHECK Middle East/North FILMMAKING 30,000 CHECK Africa North America FILMMAKING 100,000 CHECK North America FILMMAKING 150,000 CHECK			Europe/Iceland/Greenland	FILMMAKING	10,000	CHECK			
Europe/Iceland/Greenland FILMMAKING 30,000 CHECK Europe/Iceland/Greenland FILMMAKING 25,000 CHECK Middle East/North FILMMAKING 30,000 CHECK Africa North America FILMMAKING 100,000 CHECK North America FILMMAKING 150,000 CHECK			Europe/Iceland/Greenland	FILMMAKING	15,000	CHECK			
Europe/Iceland/Greenland FILMMAKING 25,000 CHECK Middle East/North FILMMAKING 30,000 CHECK Africa North America FILMMAKING 100,000 CHECK North America FILMMAKING 150,000 CHECK			Europe/Iceland/Greenland	FILMMAKING	30,000	CHECK			
Middle East/North Africa North America FILMMAKING 100,000 CHECK North America FILMMAKING 150,000 CHECK			Europe/Iceland/Greenland	FILMMAKING	30,000	CHECK			
Africa North America FILMMAKING 100,000 CHECK North America FILMMAKING 150,000 CHECK			Europe/Iceland/Greenland	FILMMAKING	25,000	CHECK			
North America FILMMAKING 150,000 CHECK			·	FILMMAKING	30,000	СНЕСК			
			North A merica	FILMMAKING	100,000	CHECK			
North America FILMMAKING 10,000 CHECK			North America	FILMMAKING	150,000	CHECK			
			North America	FILMMAKING	10,000	СНЕСК			

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As Filed Data -

DLN: 93493176013080

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public

Internal Neverlue Service						Inspection
Name of the organization					Employer ider	tification number
SUNDANCE INSTITUTE					87-0361394	
Part I Fundraising Ac	tivities. Complet	e if the oi	-ganızat	ion answered "Yes"	to Form 990, Part IV	, line 17.
1 Indicate whether the organ	•				·	,
a Mail solicitations	nzacion raisca lanas	tiirougii ui	17 01 1110		non-government grants	
b Email solicitations					government grants	
c Phone solicitations				g Special fundrais	-	
d In-person solicitations	3					
2a Did the organization have or key employees listed in			•	,		Г Yes Г No
b If "Yes," list the ten highes to be compensated at leas						
		(iii) fundrais		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	
(i) Name of Individual		custo				(vi) A mount paid to
or entity (fundraiser)	(ii) Activity	contr	ol of			(or retained by) organization
		contribu	1	-		
	1	Yes	No			
	-					
 Total	1		-			
				•	•	•

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

			(a) Event #1	(b) Event #2	(c) O ther Events	(d) Tot		
			NEW YORK GALA	SUNDANCE FILM		(Add col		ough
			(event type)	(event type)	(total number)	со	(c))	
至	1	Gross receipts	983,418	112,313	2,950		1,098	3,681
Revenue	2	Less Charitable contributions	562,136	611			562	2,747
	3	Gross revenue (line 1 minus line 2)	421,282	111,702	2,950		535	5,934
	4	Cash Prizes						
3868	5	Non-cash Prizes	25.000	7.500				
ğ	6	Rent/Facility costs	26,900	7,500			34	1,400
Direct Expenses	7	Other direct expenses	394,382	89,465	17,687			1,534
<u>e</u>	8	Direct expense summary Add line	es 4 through 7 ın column	(d)			535	5,934
	9	Net income summary Combine lii	nes 3 and 8 in column (d)		🕨			
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		'Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e than	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo			gamıng rough co	(Add I (c))
ě	1	Gross revenue						
မှ	2	Cash prizes						
bens	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
<u>5</u>	5	Other direct expenses						
	6	Volunteer labor	┌── Yes <u>%</u>		☐ Yes%_			
	-		□ No	ſ⊏ No I	No No			
	7	Direct expense summary Add line	,	'				
	7	Direct expense summary Add line	s 2 through 5 in column (d)				
	7		s 2 through 5 in column (d)			Yes	No
9	7	Direct expense summary Add line	s 2 through 5 in column (d)	.		Yes	No
9 a	7 8 Ento	Direct expense summary Add line Net gaming income summary Com er the state(s) in which the organiza the organization licensed to operate	s 2 through 5 in column (bine lines 1 and 7 in colu tion operates gaming act	d)	.	. 9a	Yes	No
	7 8 Ento	Direct expense summary Add line Net gaming income summary Com er the state(s) in which the organiza	s 2 through 5 in column (bine lines 1 and 7 in colu tion operates gaming act	d)	.	· 9a	Yes	No
a b	7 8 Ento Is t If "!	Direct expense summary Add lines Net gaming income summary Com er the state(s) in which the organization licensed to operate No," Explain	s 2 through 5 in column (bine lines 1 and 7 in colu tion operates gaming act gaming activities in each	d)	·		Yes	No
а	7 8 Entering Is to If "If "If "If "If "If "If "If "If "If	Direct expense summary Add line Net gaming income summary Com er the state(s) in which the organiza the organization licensed to operate	s 2 through 5 in column (bine lines 1 and 7 in colu tion operates gaming act gaming activities in each	d)	·	· 9a	Yes	No
a b	7 8 Entering Is to If "If "If "If "If "If "If "If "If "If	Direct expense summary Add lines Net gaming income summary Com er the state(s) in which the organization licensed to operate No," Explain	s 2 through 5 in column (bine lines 1 and 7 in colu tion operates gaming act gaming activities in each	d)	·		Yes	No

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •	-	
	Address •	-	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name Name		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent 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?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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

DLN: 93493176013080 OMB No 1545-0047

2008

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Grants and Other Assistance to Organizations,

Governments and Individuals in the U.S.

Open to Public Inspect ion

SUNDANCE INSTITUTE						87-0361394	
 Does the organization mathe selection criteria use Describe in Part IV the organization mathematical programmes Part II Grants and Ottors Form 990, Part 	aintain records to sed to award the grand organization's proceeds. Sher Assistance IV, line 21 for ar	nts or assistance? edures for monitoring the to Governments ny recipient that rece	t of the grants or assista 	he United States in the United Sta	tes. Complete if the oil no one recipient rec	rganization answere	d "Yes" on
	edule I-1 ıf addı					. ▶ ┌	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of seconganizations					·		
							<u> </u>
For Paperwork Reduction Act No	tice, see the Instruct	ions for Form 990.		Cat No 50055		Sc	hedule I (Form 990) 2008

art III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, F	Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
FILMMAKING	33	344,750			

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

See Additional Data Table

Ident if ier	Return Reference	Explanation
SCHEDULE I	PART I, LINE 2	SAME AS SCHEDULE F, PART I, LINE 2

Software ID:

Software Version:

EIN: 87-0361394

Name: SUNDANCE INSTITUTE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMPANERO LLC301 OCEAN DRIVE 405 MIAMI BEACH,FL 33139	20-4893025		7,500				FILMMAKING
DVIANT FILMS INC2801 OCEAN PARK BLVD 8 SM,CA 90405	20-3072300		10,000				FILMMAKING
FURNACE FILMS LLC601 40TH STREET A9 BROOKLYN,NY 11232	26-2755691		10,000				FILMMAKING
GALLE CEDDO PROJECTS LLC2816 VEREDA DE PUEBLO SANTA FE,NM 87507	26-3288152		10,000				FILMMAKING
INDEPENDENT FILMWORKS INC130 WEST 26TH STREET 7TH FL NY,NY 10001	95-4295741		10,000				FILMMAKING
INDION FILM MANAGEMENT LLC1008 E 33RD PLACE TULSA,OK 74105	20-5972479		10,000				FILMMAKING
KILI FILMS NY142 ST JAMES PLACE 2 BROOKLYN,NY 11238	26-3597328		10,000				FILMMAKING
LOTBO FILMS LLC28 BETHUNE STREET NEW YORK, NY 10014	26-3795714		10,000				FILMMAKING
METROPOLE FILM BOARD INC545 WEST 110TH ST 9C NEW YORK,NY 10025	13-1674472		10,000				FILMMAKING
PARIAH FEATURE LLC73 SPRING STREET 406 NEW YORK, NY 10012	26-2403676		10,000				FILMMAKING

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (e) A mount of non-(a) Name and address of **(b)** EIN (c) IRC Code (d) A mount of (f) Method of (g) Description of (h) Purpose of grant organization section cash grant cash valuation (book, non-cash assistance or assistance or government ıf applıcable FMV, appraisal, assistance other) REVEAL PRODUCTIONS 32-0128283 10,000 FILMMAKING INC2260 BRONSON HILL DR LANGELES, CA 90068 SOUTH ASIAN 83-0352458 501(C)(3) 10,000 FILMMAKING AMERICAN FILMS & ARTS ASSOCIATION 709 SAN CORONADO TERRACE 3 SUNNYVALE, CA 94085 THE UNOFFICIAL MAN 20-2865749 10,000 FILMMAKING **INC193 SMITH STREET** BROOKLYN, NY 11201 SECOND GENERATION 13-4001536 12,500 FILMMAKING MEDIA CORP611 **BROADWAY 836** NEW YORK, NY 11205 JED RIFFE FILMS2600 74-2987386 15,000 FILMMAKING 10TH STREET 437 BERKELEY, CA 94710 CONSUELO 26-4190283 20,000 FILMMAKING PRODUCTIONS LLC136 W 21ST ST 7TH FL NY, NY 10011 LIFE SENTENCE FILMS 26-4089183 20,000 FILMMAKING LLC1375 SANTA ROSA DRIVE SANTA FE, NM 87505 MUD HORSE PICTURES 27-0701808 20,000 FILMMAKING LLC85 AINSLIE STREET BROOKLYN, NY 11211 YANCEVILLE FILMS LLC 23-3336577 20,000 FILMMAKING **462 BROADWAY 500** NY, NY 10013 20-8976285 25,000 MARAKESH FILMS433 FILMMAKING THIRD STREET 6 BROOKLYN, NY 11215

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance		(g) Description of non-cash assistance			
MONKEY MIND MEDIA INC 1607 REDESDALE AVE LOS ANGELES,CA 90026	20-5851671		25,000				FILMMAKING		
EVIL TONGUE LLC570 BROADWAY HASTINGSONHUDSON,NY 10706	26-1304099		30,000				FILMMAKING		
STICK NYT LLC432 W 45TH ST 2D NEW YORK, NY 10036	26-0298089		30,000				FILMMAKING		
RED SQUARE PRODUCTIONSPO BOX 380561 BOSTON, MA 02238	20-8643993		33,000				FILMMAKING		
JUST VISION INC1616 P STREET NW 340 WASHINGTON, DC 20036	20-4898729		35,000				FILMMAKING		
MAKEPEACE LLC76 LINCOLN ROAD SALISBURY,CT 02138	26-3041246		35,000				FILMMAKING		
RADA FILM GROUP254 ADELPHI STREET BROOKLYN,NY 11205	86-1163361		35,000				FILMMAKING		
STORYTELLER INC38 PROSPECT PARK SW 19 BROOKLYN,NY 11215	01-0642407		35,000				FILMMAKING		
QWAVES LLC1111 W STREET NW WASHINGTON, DC 20009	20-5843960		37,000				FILMMAKING		
SKYLIGHT PICTURES INC 330 WEST 42ND ST 24TH FL NY,NY 10036	13-3089449		40,000				FILMMAKING		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
TRUE-WALKER PRODUCTIONSPO BOX 250237 NEW YORK, NY 10025	26-2218892		40,000				FILMMAKING		
CENTER FOR INDEPENDENT DOCUMENTARY680 S MAIN STREET SHARON, MA 02067	04-2738458		160,000				FILMMAKING		
HCD MEDIA GROUP2722 FAIRMOUNT STREET DALLAS,TX 75201	06-1834015		100,000				FILMMAKING		
BREAK THRU FILMS INC 30 WEST 26TH STREET 7TH FL NY,NY 10010	13-3594061		125,000				FILMMAKING		
POTOMAC MEDIA WORKS INC1779 MASSACH AVE NW 615 WASHINGTON, DC 20036	33-1142219		125,000				FILMMAKING		

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Part I Questions Regarding Compensation

As Filed Data -

DLN: 93493176013080

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008

Open to Public Inspection

Name of the organization SUNDANCE INSTITUTE

Employer identification number

87-0361394

					Yes	Νo
1a	Check the appropriate box(es) if the organization provide 990, Part VII, Section A, line 1a Complete Part III to					
	First class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	\sqcap	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	\sqcap	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a writte provision of all the expenses described above? If "No,"		, , ,	1b		
2	Did the organization require substantiation prior to reim officers, directors, trustees, and the CEO/Executive Di			2		
3	Indicate which, if any, of the following the organization to organization's CEO/Executive Director Check all that a					
	Compensation committee	_	Written employment contract			1
	Independent compensation consultant	~	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part	t V I	I, Section A, line 1a			
а	Receive a severance payment or change of control payr	men	t?	4a		Νo
b	Participate in, or receive payment from, a supplemental	l nor	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-base	d co	ompensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide	de th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must compl	lete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line compensation contingent on the revenues of	e 1 a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
ь	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, line compensation contingent on the net earnings of	e 1 a	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, line payments not described in lines 5 and 6? If "Yes," desc		,	7		No
8	Were any amounts reported in Form 990, Part VII, paid subject to the initial contract exception described in Re in Part III			8		No

Cat No 50053T

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base compensation	(ii) Bonus & (iii) Other compensation		compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
KENNETH COLE	(1) (11)		50,000	3,185	28,594	10,140	470,381	292,098
EMILY LASKIN	(1) (11)		30,000	214	15,735	5,634	272,014	170,009
MICHELLE SATTER	(1) (11)		10,000	822	12,924	5,549	226,567	
GEOFFREY GILMORE	(ı) (ıı)	170,567 0	17,500	647	12,528	6,272	2 207,514	126,956
CARA MERTES	(ı) (ıı)		8,700	655	6,918	5,155	186,735 0	121,915
PHILIP HIMBERG	(ı) (ıı)		17,000	220	12,459	10,485	197,365	124,673
JOHN COOPER	(ı) (ıı)		17,500	580	11,684	8,181	. 193,067	118,207
CYNTHIA WORNHAM	(ı) (ıı)		20,000	298	11,548	6,324	190,969	
JULIE FREESTONE	(ı) (ıı)	130,398 0	17,500	647	12,528	6,272	167,345	126,956
	(ii)							
	(i)							1
	(ii)	<u> </u>	 '		<u> </u>			1
	(i)		 '		<u> </u> '	<u> </u>		1
	(ii)		 '		<u> </u>	<u> </u>	<u> </u>	4
	(i)		 '		<u> </u>	<u> </u>	<u> </u> '	4
	(ii)	1	1	,	,		1	1

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation

Software ID: Software Version:

EIN: 87-0361394

Name: SUNDANCE INSTITUTE

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Torm 550, Schedule 3, Fart II Sincers, Directors, Trastees, Rey Employees, and mighest compensated Employees									
(A) Name		(B) Breakdown of	of W-2 and/or 1099-MIS	SC compensation	(C) Deferred	1	(E) Total of columns	(F) Compensation reported in prior Form	
		(i) Base Compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ	
KENNETH COLE	(I) (II)	378,462	50,000	3,185	28,594	10,140	470,381	292,098	
EMILY LASKIN	(I) (II)	220,431	30,000	214	15,735	5,634	272,014	170,009	
MICHELLE SATTER	(1) (11)	197,272 0	10,000	822	12,924	5,549	226,567		
GEOFFREY GILMORE	(1) (11)	170,567 0	17,500	647	12,528	6,272	2 207,514	126,956	
CARA MERTES	(1) (11)	165,307 0	8,700	655	6,918	5,155	186,735	121,915	
PHILIP HIMBERG	(ı) (ıı)	157,201 0	17,000	220	12,459	10,485	197,365 0	124,673	
JOHN COOPER	(1) (11)	155,122 0	17,500	580	11,684	8,181	193,067	118,207	
CYNTHIA WORNHAM	(1) (11)	152,799 0	20,000	298	11,548	6,324	190,969		
JULIE FREESTONE	(1) (11)	130,398 0	17,500	647	12,528	6,272	167,345	126,956	

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DLN: 93493176013080

OMB No 1545-0047

2008

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Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.
 ► To be completed by organizations that answered
 "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Transactions with Interested Persons

Name of the organization SUNDANCE INSTITUTE

Employer identification number

					87	7-036	1394	1			
art I Excess Benefit Transac											
To be completed by organization	ons that answered "\	<u>Yes"on</u> T	Form 990, Part IV	, line	25a or 25t	o, or F	orm 9	90-EZ		V , line c) Corr	
1 (a) Name of disqualifie	d person	erson (b) Description of transaction				_ ⊢	No.				
									-+	Yes	140
2 Enter the amount of tax imposed on section 4958	the organization ma	nagers	or disqualified pers	ons	during the y	ear ui	nder •	\$	•	•	
3 Enter the amount of tax, If any, on III	ne 2 ahove reimbili	read by t	the organization	•		•		ф —— ¢			
art II Loans to and/or From			ine organization :	•				Ψ			
To be completed by organization			on Form 990 Part	TV I	ine 26 or Fo	orm 9	90-F	7 Part	V line	38a	
To be completed by organize		1 103 0	511 1 01111 3 3 0 , 1 die	<u> </u>	1110 20, 01 1	71111 2	JO E.	(f		1	
(a) Name of interested person and	(b) Loan to or from the	(6)	Original principal			(e)		Appr	oved	1	rıtten
purpose	organization?	amount		(d)E	Salance due	I .		by bo	ard or	agreemer	
	To From					Yes	No	Yes	No	Yes	No
	10 110111					163	140	163	NO	163	NO
otal			> \$								
art IIII Grants or Assistance B											
To be completed by orga	nızatıons that ans	wered	"Yes" on Form 9	90,	Part IV, lın	e 27					
(a) Name of interested person			veen interested pe	rson	(c)A m	ount d	of grai	nt or ty	pe of a	assista	nce
	a	nd the o	rganization		+ ` `				•		
Part IV Business Transactions	Involvina Inte	rested	Persons								
To be completed by organ	nızatıons that ans	wered	"Yes" on Form 9	90,	Part IV, lin	e 28	a, 28	b, or	28c.		
	(b) Relations	hip							(e) Sha	rıng o
(a) Name of interested person	between intere		(c) A mount of	•	(d) Descr	ıptıon	oftra	ansactı	on c	rganıza	
(2,	person and t organizatio		transaction		(4, 2 33 3.				-	reven	
INDANCE BARTNERS			400	000	DUDGUAGE		TEDI	N.C. O		Yes	No
INDANCE PARTNERS	PRESIDENT OW 35%	N >	499,0		PURCHASE LODGING	:D CA	IEKI	NG&			Νo
JNDANCE PARTNERS	PRESIDENT OW	NS >	101.			RENTAL INCOME			E		N o
	35%										

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DLN: 93493176013080

OMB No 1545-0047

Open to Public Inspection

Non-Cash Contributions

Department of the Treasury

SCHEDULE M

(Form 990)

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Internal Revenue Service Name of the organization Employer identification number SUNDANCE INSTITUTE

					87-0361394		
Pa	rt I Types of Property			1	T		
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of d reven	etermining	
1	Art-Works of art			_			
2	Art—Historical treasures .						
3	Art—Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities—Publicly traded .	Х	2	147,723	SALES VALUE		
10	Securities—Closely held stock $$.						
11	Securities—Partnership, LLC, or trust interests						
12	Securities—Miscellaneous						
13	Qualified conservation contribution (historic structures)						
14	Q ualified conservation						
	contribution (other)						
15	Real estate—Residential .						
16	Real estate—Commercial Real estate—Other						
17	Collectibles						
18 19	Food inventory						
20	Drugs and medical supplies .						
21	Taxidermy						
22	Historical artifacts						
	Scientific specimens						
	Archeological artifacts						
	Other (describe GOODS)	Х	4	147.061	SALES VALUE		
	Other (describe)						
	Other (describe)						
28	Other (describe)						
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828		ar for contributions for	29		
						Yes	No
30a	During the year, did the organiza hold for at least three years from the date of					 	
	for the entire holding period? .		·	not required to be used IUI	exempt purposes	30a	No
h	If "Yes", describe the arrangeme					30a	+**
31	Does the organization have a gif			review of any non-standard	contributions?	31	No
32-	Does the organization hire or use						
	contributions?	· · ·	· · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		32a	N o
	If "Yes", describe in Part II If the organization did not report checked, describe in Part II	revenues i	n Column (c) for a type of p	property for which Column (a) ıs		

Part II Supplemental Infor 32b, and 33. Also com	Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.										
Identifier	ReturnReference	Explanation									
	Notarii Notari										

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As Filed Data -

DLN: 93493176013080

SCHEDULE 0

Department of the Treasury
Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Open to Public Inspection

Name of the organization SUNDANCE INSTITUTE

Employer identification number 87-0361394

Identifier	Return Reference	Explanation
PART IV		SECTION A LINE 10 THE CONTROLLER AND FINANCE DIRECTOR FIRST REVIEW THE FORM 990 IN DETAIL A COPY OF THE FORM 990 IS THEN GIVEN TO THE AUDIT COMMITTEE OF THE BOARD FOR THEIR REVIEW AND APPROVAL PRIOR TO FILING AFTER APPROVAL BY THE AUDIT COMMITTEE, THE BOARD OF TRUSTEES RECEIVES A FILED COPY OF THE FORM 990 SECTION B LINE 12C CONFLICT OF INTEREST POLICY AND STATEMENTS ARE TAKEN ANNUALLY AND REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES IF ANY MEMBER'S STATUS CHANGES THROUGHOUT THE YEAR, THAT MEMBER IS REQUIRED TO COMPLETE AN UPDATED CONFLICT STATEMENT AND SUBMIT IT TO THE AUDIT COMMITTEE If a Board member has a conflict regarding business matters THAT ARE BEING DISCUSSED BY THE BOARD, the member WITH THE CONFLICT OF INTEREST IS recused from the meeting discussion and vote SECTION B LINE 15 THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES CONDUCTS A REVIEW OF KEY EMPLOYEE COMPENSATION EVERY TWO YEARS THE REVIEW INCLUDES LOOKING AT COMPARABLE ORGANIZATIONS' DATA, CHANGES IN THE CONSUMER PRICE INDEX, AND COMPENSATION STUDIES COMPENSATION DECISIONS ARE MADE BY THE EXECUTIVE COMMITTEE SECTION C LINE 19 ONLY STATEMENTS AND FILINGS REQUIRED TO BE AVAILABLE TO THE PUBLIC ARE MADE AVAILABLE

DLN: 93493176013080

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 See separate instructions.

Name of the organization SUNDANCE INSTITUTE	Employer ident	Employer identification number						
				87-0361394				
Part I Identification of Disregarded Entities								
(A) Name, address, and EIN of disregarded entity	(B) Primary activity Legal domicile (state or foreign country) (D) Total income		(D) Total income	(E) End-of-year assets	(F) Direct controlling entity			
Part II Identification of Related Tax-Exempt Organizat	ions							
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code sectio	(E) n Public chanty sta (if section 501(c)	(F) atus Direct controlling (3)) entity			
SUNDANCE INSTITUTE CALIFORNIA INC 8530 WILSHIRE BLVD BEVERLY HILLS, CA90211 75-3036011	INACTIVE	CA	501(C)(3)	11(A)	NA			
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	-	Cat No 5013	5 Y	•	Schedule R (Form 990) 2008			

(A) Name, address, and EIN of related organization	Prin	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(relate investment, unrelated)	d, Shai	(F) ire of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana parti	aging
									Yes	No		Yes	No
Part IV Identification of	Related	l Organizations	Taxable as	a Corporation	or Trust	•			•				
(A) Name, address, and EIN of related org		(B) Primary activity		(C) Legal domicile (state or foreign country)	Direct o	D) ontrolling ntity	(E) Type of entity (C corp, S corp or trust)	Share of total income	end	(G) Share of d-of-yea assets	(H) Percentage r ownership		

Part V	Transactions with Related Organizations
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	Transactions with Related Organizations						
	Note. Complete line 1 if any entity is listed in Parts II, III or IV			•	Yes	No	
1 D	uring the tax year, did the orgranization engage in any of the following transaction	ns with one or more related organizations listed in Parts II-	IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled ent	aty		1a		No	
b	Gift, grant, or capital contribution to other organization(s)			1b		No	
c	c Gift, grant, or capital contribution from other organization(s)						
d	Loans or loan guarantees to or for other organization(s)			1 d		No	
e	Loans or loan guarantees by other organization(s)			1e		No	
f	Sale of assets to other organization(s)			1f		No	
g	Purchase of assets from other organization(s)			1g		No	
h	Exchange of assets			1h		No	
i	Lease of facilities, equipment, or other assets to other organization(s)			1i		No	
j	Lease of facilities, equipment, or other assets from other organization(s)			1j		No	
k	Performance of services or membership or fundraising solicitations for other org	ganızatıon(s)		1k		No	
I	Performance of services or membership or fundraising solicitations by other organic	anızatıon(s)		11		No	
m	m Sharing of facilities, equipment, mailing lists, or other assets						
n	Sharing of paid employees			1n		No	
o	• Reimbursement paid to other organization for expenses						
р	Reimbursement paid by other organization for expenses			1р		No	
q	O ther transfer of cash or property to other organization(s)			1q		No	
r	O ther transfer of cash or property from other organization(s)			1r		No	
			_				
2	If the answer to any of the above is "Yes," see the instructions for information of	n who must complete this line, including covered relationsh	nips and transaction thresholds				
	(A)	(B)	(C)				
	Name of other organization(s)	Transaction type(a-r)	Amount Involved				
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							

Part VI Unrelated Organizations Taxable as a Partnership

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

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(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) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No
			•	•		•		Sabadula	D / Form	