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Department of the Treasury

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 requirement

OMB No 1545-0047 2009 Open to Public

mile	THE TYCYCHUC	3 061 1106		- 1110 019	January Inc	170 to 000 a	copy or uns return	to satisfy stat	te reporting requ	II CIII CIII	3.	inspection
<u>A_</u>	For the 200	09 cal <u>enda</u>	r year, o	r tax year be	ginning		, and ending					
В	Check if applica	able Pleas	Se C Na	ame of organization	on					D En	nployer	identification number
\bigcap	Address chang	e use [Louisvi	lle Fil	m Arts Inst	itute, I	Inc			
ᆵ	•	labei		oing Business As				•		1 2	6-13	351217
ᆜ	Name change	print type	* —		(or PO box if mail is no	t delivered to str	ant addrages)	.	Room/suite	1	lephone	
	Initial return	Sec	. 1		wns Lane		•		Rounvalue			393-0300
	Termination	Spec	fic	_			FIGOL		l			
\equiv		Instru	· • i	=	te or country, and Z					G Gross	receipts \$	101,030
Ш	Amended retur	n tion	3. I	Louisvil	.Te	K	¥ 40207			1		
	Application per	nding F Na	ame and	address of pri	ncipal officer					H(a) is	this a gro	up return for
											ffiliates?	Yes X No
										I (G) A	re all affilia icluded?	res Yes No
										l if	"No," attar	ch a list. (see instructions)
$\overline{}$	Tax-exempt	status	X 501	(c) (3	(insert no)	4947(a)(1) or 52	7		1		,
	Website:						<u> </u>	·		1 H(c) G	mun even	nption number
	Type of organi				Association	Other >		Τ.	Vaca of formation	11107 0		
	art I	Summ		ni Trust	ASSOCIATION	Oulei			Year of formation			State of legal domicile
<u>_£</u>	T						41 141					
					mission or most			<u>.</u>	.,			
8							ional Festi					
ğ							t filmmaker	s by emb	racing di	versi	L ty ,	
. E	t	alent	and	the cul	ture of th	e regio	n.					
Š	2 Che	ck this bo	×▶☐	if the organi	ization discontinu	ed its opera	tions or disposed o	of more than 2	25% of its net as	sets.		•
Activities & Governance			_	_	governing body (=			3	3	
8	1		-				(Part VI, line 1b)	••		4		
, Ę				loyees (Part		ciring body	(1 dit vi, iiio 10)	•		- 5	-	
. ₹	1		-		•						_	
₹				-	ate if necessary)	• • •	(0) 1: 40	••		· -		
		Total gross unrelated business revenue from Part VIII, column (C), line 12								. —	7a	
	b Net	b Net unrelated business taxable-incornerfrom 990-T, line 34									7b	<u> </u>
	. Con	tributions	~~{	Ints (Part VII)	Line 16					2,00		Current Year 62,085
9			- 1	,				• • • • • •		2,00	'U	62,065
Revenue					line 20010	<u></u>					+-	
۾ (ımın (A), lines 3,						—	
_	11 Othe	er revenue	(Part 🍾	(til, colu <u>m</u> n (A); lines 5,6d,78	c, 9c) 10c, a	ind 11e) 🚬					-21,853
							olumn (A), line 12)		3	2,00	<u>, O</u>	40,232
	13 Gra	nts and sii	nilar am	nounts paid	Part IX, column (A), lines 1-	3)					
	14 Ben	efits paid	to or for	members (F	Part IX, column (A	A), line 4)						
ø	15 Sala	aries, othe	r compe	ensation, em	ployee benefits (Part IX, colu	mn (A), lines 5–10)				
Expenses	16a Prof				t IX, column (A),		, ,,	•		2,20	0	
ē	b Tota				X, column (D), lir	•	12,	949				
Ä	17 Oth		-		(A), lines 11a-11				2	4,39	12	42,859
	1	•	•	•	• •-		(A), line 25)			6,59		42,859
	1						(A), IIIIe 23)			5,40		-2,627
<u> </u>	19 Kev	enue less	expens	es. Subtract	line 18 from line	12			Beginning of Cu			End of Year
Net Assets or	20 Tota	al assets (Dart Y I	line 16\					Dogmining or Ot	5,40		2,910
Ass	20 Tota	al liabilities			• • • • • • • • • • • • • • • • • • • •	• • • • • • • • •				J, 30	-	129
¥ 2	21 106		•							E 40	 	
					tract line 21 from	iine 20 . ,	 		<u> </u>	5,40	,0	2,781
	art II	Signa					 					
		Under pe	nalties of	f perjury, I dec	lare that I have exar	mined this retu	im, including accompa r (other than officer) is	anying schedule	s and statements,	and to the	e best of	my knowledge
		and bene	., 10 13 11 11	A Tamber, and		or or prepare	(Outer diam officer) is	s based on all life	nomiation of which	preparer	nas any	knowledge
Sig	gn				The state of the s	<u> </u>				<u> </u>		
He	re	Sign	ature of	officer	1 1	,, ,	1	· /	1	0	Date	,
		 	25z	rian 1	-, Cul	linan	Co-+	residei	17		/11//	0
		Туре	or print	name and title							-7	
		Dennand	. \	101	1 11	,	^	Date	Check	ı ıf		Preparer's identifying number
Pa	id	Preparer signature		X_	1011/02	-11	2AL		self-			(see instructions)
Pre	eparer's			$\forall \lambda \supset$		1122	66)5/10 emplo		<u>ᆛ</u>	P00356001
	e Only	Firm's na		ours K		llent	& Company		···	EIN		20-3160966
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		address,			ouisville		40299			no.	<u>▶ 5</u>	<u>02-451-8678</u>
$\overline{}$					parer shown abo						<u> </u>	Yes No
For DA/	Privacy A	ct and Pa	perwor	k Reduction	Act Notice, see	the separa	te instructions.			1	_	Form 990 (2009)
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Checklist of Required Schedules Yes Νo Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? X 2 2 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 X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes." complete X Schedule C. Part II 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 similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," X complete Schedule D, Part I 6 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 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D, Part III 8 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," X complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or X quasi-endowments? If "Yes," complete Schedule D, Part V 10 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, X VII, VIII, IX, or X as applicable 11 • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete X Schedule D, Parts XI, XII, and XIII. 12 12A Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 X 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I X 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 X 15 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 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I X 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Checklist of Required Schedules (continued) No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations X in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the X United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated X employees? If "Yes," complete Schedule J 23 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 lines X 24b through 24d and complete Schedule K. If "No," go to line 25 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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 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 X 25a Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I X 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? X If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, X 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 X Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 X organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.

Form **990** (2009)

Statements Regarding Other IRS Filings and Tax Compliance 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 b . Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable X gaming (gambling) winnings to prize winners? 1c 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by X If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X account)? 4a If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization file Form 8886-T. Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7**f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year.

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

Sec	tion A. Governing Body and Management			
	•		Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	Ĺ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	fom?	11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	1		
	rise to conflicts?	12b		<u> </u>
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		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	ļ	X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		•	
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b	ļ	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		•	1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		-	ļ
	with a taxable entity during the year?	16a	<u> </u>	X
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			1
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			1
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 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 Another's website X Upon request			
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.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
_	organization: ▶ Brian Cullinan 1406 Browns Lane			
L	ouisville KY 40207			

DAA

Form 990 (2009)

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. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

(A) Name and Title	(B) Average hours per	Posi	tion ((chec	C) k all	that a	pply)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Robert Anderson	2.00	x						0	0	
Brett Bachmann CEO	10.00	x						0	0	
Conrad Bachmann Co-President	10.00	x						0	0	
Michelle Care	2.00	x			-			0	0	
Brian Cullinan Co-President	10.00	x						0		
Houston Barber	2.00							0	0	
Jeff McKenzie	2.00	x						0	0	
• • • • • • • • • • • • • • • • • • • •	2.00								<u> </u>	
									_	
								_		
••••										

Form 990 (2009) Louisvill Part VII Section A. Officers								e, INC 26-133 nd Highest Compensated				P:	age 8
(A) Name and Title	(B) Average			((C)	that a		(D) Reportable	(E) Reportable		(F) Estima	ited	
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	,	amour othe ompens from to organiz and rel organiza	r sation he ation ated	
										:			
1b Total		_ 		·		·	▶						
Total number of individuals (in reportable compensation from	-			thos	e lis	ted a	bov	ve) who received more than	\$100,000 in				
												Yes	No
3 Did the organization list any fo								oyee, or highest compensa	ited				x
employee on line 1a? If "Yes,"For any individual listed on line								on and other compensation			3		^
the organization and related o													
Individual	a receive or a					· · · ·	 n ar	 		• • •	4		X
services rendered to the organ									л 		5	,	X
Section B. Independent Contract													
Complete this table for your five compensation from the organical compensation from the organical compensation.	zation.	pensa	ited	nde	pend	dent o	cont						
Name and	(A) business address						L	Descri	(B) ption of services		_ a	(C) impensa	tton
	_												
***											<u> </u>		
2 Total number of independent		_				ed to	tho	se listed above) who recer	ved				
more than \$100,000 in compe	ensation from th	ne orga	anıza	ation							0		

Pa	rt V	III Stater	nent of Reve	enue						
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
20 20	1a	Federated car	mnaigns	1a						112,010,01014
au		Membership d		1b	-					
호팀		Fundraising e	• • • •	1c						
i g		_		1d		<u>-</u>				
Sign Sign		Related organ		$\overline{}$			1			
Sign		Government grants		1e						
other	ī	All other contribution and similar amounts	ns, gins, grants, s not included above	1f		62,085				
Program Service Revenue Contributions, gifts, grants	9 h	Noncash contribution Total. Add line	ns included in lines 1a		 .		62,085			
릭	, ,			<u> </u>		Busn. Code				
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8	Ь	•••	••	• • • • •		1				
8	c			••••		 			· · · · · · · · · · · · · · · · · · ·	
ě	d	•		• • •		 	······································			
E	•	•••••		• • • • • •	• • • •					
g	•	All other progr	ram service reve							· · · · · · · · · · · · · · · · · · ·
5		Total. Add line								
\exists			come (including	divides						
	3			uiviuei	ius, intere	ssi, and		1		
		other similar a			 ma boomal m					
	4		nvestment of tax	x-exem	pt bona p	oroceeds -				
	5	Royalties	(ı) Real	·· ·	/ ₁) [Personal				
	c -	Casas Banta	(i) Real		(11) F	rersonal			•	
	6a	Gross Rents							•	
	b	Less rental exps								
	C .	Rental inc or (loss)						1		
	d 7a	Net rental inco				Other				
		sales of assets	(ı) Secuntie	S	(11)) Other				
		other than inventory	1							
	b	Less cost or other								
		basis & sales exps			-				;	
	_	Gain or (loss)	`		L					
	d		oss)	1	<u> </u>					
ne	8a		om fundraising eve	ents					:	
ē		(not including \$								
Other Reven			reported on line 1d	;).						
e		See Part IV, line	• •	. a	_	38,945				
듇		Less: direct e		b		60,798			•	
-			r (loss) from fund		events	<u>.</u> . ▶	-21,853	-21,853	:	
	9a		om gaming activition						-	
			: 19							
		Less: direct e		. b			-			
			r (loss) from gan	-	tivities	<u> </u>				
	10a		f inventory, less	i						
		returns and al		a					•	
		Less: cost of		ь						
	С		(loss) from sale		ventory	<u> </u>				,
			ellaneous Revenu	6		Busn. Code	-			
	11a					 				
	Ь					——				
	С							· -		
		All other rever				L				
		Total. Add line				🟲			_	-
	12	Total Revenu	e. See instruction	ons.	<u>.</u>	. •	40,232	-21,853		0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				, , , , , , , , , , , , , , , , , , , ,
_	and section 403(b) employer contributions)				
9	Other employee benefits				
10					
11	Fees for services (non-employees):				
a	Management				
a b	Legal				
C	Accounting	150		150	
d	Lobbying	130		130	
ū	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
		35,279	21,967	363	12,949
g 42	Other	250	250	303	12,343
12	Advertising and promotion	2,500	2,466	34	
13	Office expenses	2,300	2,400	34	
14	Information technology				
15	Royalties				
16	Occupancy	4 600	A 600		
17	Travel	4,680	4,680		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				<u> </u>
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				<u></u>
22	Depreciation, depletion, and amortization	-			
23	Insurance				
				· -	
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.)				
a	•				
Ь					
C					
đ	•				
8					
f	All other expenses				46.5.5
_25	Total functional expenses. Add lines 1 through 24f	42,859	29,363	547	12,949
26	Joint costs. Check here ▶ if following SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
D44	fundraising solicitation				
DAA					Form 990 (2009)

Part X	Balance Sheet	/A\		/D)
		(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing	5,408	1	2,910
	Savings and temporary cash investments		2	
	Pledges and grants receivable, net		3	
	Accounts receivable, net		4	
	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of		1	
	Schedule L		5	
	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete		1	
.	Part II of Schedule L		6	
3 7	Notes and loans receivable, net		7	
	Inventories for sale or use		8	
(9	Prepaid expenses and deferred charges		9	
	Land, buildings, and equipment. cost or			
	other basis Complete Part VI of Schedule D 10a			
	Less: accumulated depreciation 10b	İ	10c	
	Investments publicly traded occurries		11	
	Investments—publicly traded sectifies		12	
	Investments—program-related. See Part IV, line 11		13	
	Intensible assets		14	
	Other accets Soo Bart IV line 11		15	
	Total assets. Add lines 1 through 15 (must equal line 34)	5,408	16	2,910
	Accounts payable and accrued expenses		17	129
	Grants payable		18	
	Deferred revenue		19	
- 1	Tax-exempt hand liabilities		20	
	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key			
= 1	employees, highest compensated employees, and disqualified			
<u> </u>	persons. Complete Part II of Schedule L		22	
_	Secured mortgages and notes payable to unrelated third parties		23	
	Unsecured notes and loans payable to unrelated third parties		24	
	Other liabilities. Complete Part X of Schedule D		25	
	Total liabilities. Add lines 17 through 25		26	129
	Organizations that follow SFAS 117, check here ▶ X and			
<u> </u>	complete lines 27 through 29, and lines 33 and 34.			
27 28 29 29	Unrestricted net assets	5,408	27	2,781
28	Temporarily restricted net assets		28	
⊒ 29	Permanently restricted net assets		29	
5	Organizations that do not follow SFAS 117, check here ▶			
<u> </u>	and complete lines 30 through 34.			
n 30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
-	Total net assets or fund balances	5,408		2,78
2 34	Total liabilities and net assets/fund balances	5,408		2,91

Form **990** (2009)

Form	Were the organization's financial statements audited by an independent accountant? If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2			ge 12
Pa	rt XI Financial Statements and Reporting	-		
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		i.	ĺ
	Schedule O.			İ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:		:	
	Separate basis Consolidated basis Both consolidated and separate basis		-	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			i
	the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2009)

3b

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Public Charity Status and Public Support

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

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

Open to Public Inspection

OMB No 1545-0047

Louisville Film Arts Institute

Employer identification number 26-1351217

			HOUTS ATTIE D	TIM ALCS INSCIC	uce,	<u> </u>			20	133	<u> 121/</u>			
P	art I	Reas	on for Public Charity	Status (All organizations	must c	omplet	e this j	part.) S	See in	struct	tions.			
Γhe	orga	nization is not	a private foundation because	e it is: (For lines 1 through 11, o	heck only	one box.	.)							
1		A church, cor	nvention of churches, or ass	ociation of churches described i	in section	170(b)(1)(A)(i).							
2		A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
3	\Box	A hospital or	a cooperative hospital servi-	ce organization described in sec	tion 170	b)(1)(A)(i	ii).							
4	П	A medical res	search organization operate	d in conjunction with a hospital of	described	ın sectio	n 170(b)	(1)(A)(ii	i). Ente	r the ho	ospital's	name.		
		city, and state		, , , , , , , , , , , , , , , , , , , ,					,					
5		•		of a college or university owned	or operate	ed by a go		otal unit	descri	hed in	• • • •			• • •
•	ш		b)(1)(A)(iv). (Complete Part		or operati	ou by u g	540111110	aricar ariii	. 400011	JOG 111				
					4: 47	0/61/41/41								
6	\mathbb{H}			overnmental unit described in s										
7	Ш			substantial part of its support fro	om a gove	emmental	unit or t	rom the	genera	I public	;			
			section 170(b)(1)(A)(vi). (C											
8		A community	trust described in section 1	70(b)(1)(A)(vi). (Complete Part	11.)									
9	X	An organizati	on that normally receives. (1) more than 33 1/3 % of its sup	port from	contributi	ions, me	mbersh	ip fees,	and gro	oss			
		receipts from	activities related to its exen	npt functions—subject to certain	exception	ns, and (2	2) no mo	re than	33 1/3 ⁹	% of its				
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses													
	acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)													
10	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).													
11	П	An organizati	on organized and operated	exclusively for the benefit of, to	perform th	ne functio	ns of, or	to carry	out the	9				
	_	purposes of o	one or more publicly support	ed organizations described in se	ection 509	9(a)(1) or	section	509(a)(2). See :	section	1			
		purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box 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												
A	\Box	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified												
•	ш	persons other than foundation managers and other than one or more publicly supported organizations described in section												
		509(a)(1) or section 509(a)(2).												
f			` ' ' '	ermination from the IRS that it is	a Type I	Type II	or Type I	III eunna	orting					
•		-	check this box	similation from the into that it is	a Type I,	Type II, C	or rabe	iii suppu	nung					
		-	• • • • • • • • • • • • • • • • • • • •	tion appeared any sift or contrib									• • •	
g		=		tion accepted any gift or contrib	uuon non	i ariy or u	ie							
		following per			•••									Γ
			•	ontrols, either alone or together	with perso	ons descr	ibea in (II)					Yes	No
				f the supported organization?								11g(i)	<u> </u>	
			member of a person descri									11g(ii)		<u> </u>
		(iii) A 35% c	controlled entity of a person	described in (i) or (ii) above?								11g(iii)	l	
<u>h</u>		Provide the	following information about t	he supported organization(s).					F					
(1)		e of supported	(ii) EIN	(III) Type of organization		organization		ou notify		s the	(·	vii) Am		
	org	anızation		(described on lines 1–9 above or IRC section		sted in your document?	col (i)	ization in of your	organızat	zed in the		supp	ort	
				(see instructions))	governing			ort?		S ?	j			
					Yes	No	Yes	No	Yes	No				
					l									
												· <u> </u>	· <u> </u>	_
					ļ									
							'							
					<u> </u>	<u> </u>								
Tota	al				1				l					

_	Support Schedule for Or	ganizations D	Described in S	ections 170(b			Page 2				
	(Complete only if you che	ecked the box	on line 5, 7, or	· 8 of Part I.)							
	tion A. Public Support				T	· · · · · · · · · · · · · · · · · · ·					
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total				
1 `	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			<u>-</u>							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf										
3	The value of services or facilities fumished by a governmental unit to the organization without charge										
4	Total. Add lines 1 through 3										
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)					-					
6	Public support. Subtract line 5 from line 4										
Sec	tion B. Total Support										
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total				
7	Amounts from line 4										
8	Gross income from interest, dividends, payments received on secunties loans, rents, royalties and income from similar sources										
9	Net income from unrelated business activities, whether or not the business is regularly carned 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	_			<u> </u>	<u> </u>					
12	Gross receipts from related activities, etc.					. 12					
13	First five years. If the Form 990 is for the	•	t, second, third, fo	urth, or fifth tax ye	ar as a section 501	I(c)(3)	_				
	organization, check this box and stop her						<u> , 🔪 </u>				
Sec	tion C. Computation of Public Su										
14	Public support percentage for 2009 (line 6	, column (f) divide	d by line 11, colum	nn (f))		. 14	<u>"</u>				
15	Public support percentage from 2008 Sch						<u>%</u>				
16a	33 1/3 % support test—2009. If the organ				33 1/3 % or more,	check this box					
_	and stop here. The organization qualifies						▶ ⊔				
b	33 1/3 % support test—2008. If the organ				15 is 33 1/3 % or r	nore, check this	. □				
	box and stop here. The organization quali	, ,	• • •		<u>. </u>		▶ ⊔				
17a	10%-facts-and-circumstances test—200										
	more, and if the organization meets the "fa			-	-		. □				
	organization meets the "facts-and-circums						▶ ⊔				
b	10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the										
							▶ □				
18	organization meets the "facts-and-circums Private foundation. If the organization did						· ····· 【				
-0	Fire organization. If the organization did	HULGHECK & DOX (on title to, toa, to	u, ira, ut iru, ch	ECV RIIS DOX SUR 26	26 11 13 11 UCUOI 13	💆				

17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3 % support tests—2008. 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

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.
•	

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding

Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open To Public

Name of the organization **Employer identification number** Louisville Film Arts Institute, Inc 26-1351217 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fund-(i) Name of individual (ii) Activity (Iv) Gross receipts (v) Amount paid to (vi) Amount paid to raiser have or entity (fundraiser) (or retained by) (or retained by) from activity custody or fundraiser listed in organization control of contributions col (i) Yes No Total 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.

_	edule art i	G (Form 990 or 990-EZ) Fundraising E	2009 Louisville Events. Complete if the organization	Film Arts Institu				age 2 ed
			(a) Event #1 Film Festival				events	
Φ	•		(event type)	(event type)	(total number)		(c))	gii
Revenue	1 2	Gross receipts Less: Charitable contributions	25,960	12,985			38,	945
	3	Gross revenue (line 1 minus line 2)	25,960	12,985			38,	945
	4	Cash prizes						
	5	Noncash prizes .				<u> </u>		
Direct Expenses	6	Rent/facility costs						
ct Ext	7	Food and beverages			:			
<u>Dire</u>	8	Entertainment						
	9	Other direct expenses	55,908	4,890			60,	798
	10	•	y. Add lines 4 through 9 in column			(60,	798)
p	art I	Net income summary. C	ombine line 3, column (d), and line plete if the organization ans	swered "Ves" to Form 990	Part IV line 19 or rer		21,	853
R.	cart i		on Form 990-EZ, line 6a.	swered res to roilli 550,	rattiv, line 19, or lep	orted mor	C	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total ga col. (a) thro		
<u>~</u>	1	Gross revenue						
ses	2	Cash prizes						
Direct Expens	3	Noncash prizes						
Direct	4	Rent/facility costs				:		
	5	Other direct expenses						
	6	Volunteer labor	Yes %	Yes %	Yes %			
	7	Direct expense summary	y. Add lines 2 through 5 in column	(d)	>			
	8	Net gaming income sum	mary. Combine line 1, column d, a	nd line 7	<u></u>			
9 a b	ls t	ter the state(s) in which the the organization licensed to No," Explain:	ne organization operates gaming actorities in each	ctivities:n of these states?		9a	Yes	No
l0a				ended or terminated during the tax				
b		Yes," Explain:						1
11	Do	es the organization opera		ers?		11		<u> </u>

formed to administer charitable gaming?

SUITE	dule G (Form 990 or 990-EZ) 2009 Louisville Film Arts Institute, Inc 26-135121	<u> </u>	Page 3
		Y	s No
13	Indicate the percentage of gaming activity operated in.	1	1
	The organization's facility	I	1
b	An outside facility	[
14 .	Provide the name and address of the person who prepares the organization's gaming/special events books and records:	***************************************	1
	Name ▶		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	15a	
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:	- 1	
	Name ▶		1
	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 chantable distributions from the gaming proceeds to	I	-
	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 ▶ \$	1	

SCHEDULE O

Supplemental Information to Form 990 (Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 2009 Open to Public Inspection

Name of the organization

Louisville Film Arts Institute, Inc

Employer identification number 26-1351217

Form 990, Part VI, Line 2 - Related Party Information Amon	ng Officers
Conrad Bachmann Brett Bachmann	
Co-President CEO	
Father / Son	
Form 990, Part VI, Line 11A - Organization's Process to Re	eview Form 990
No review was or will be conducted.	
Form 990, Part VI, Line 19 - Governing Documents Disclosu	re Explanation
No documents available to the public	