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## Form 990-EZ

Department of the Treasury

# Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

|                | or the                 |  | ar voor              | or tax year beginning                                      | 3/9            |   | 009, and  | l ending     | 12/31        |              | , 20            | 09      |
|----------------|------------------------|--|----------------------|--|----------------|---|-----------|--------------|--------------|--------------|-----------------|---------|
| _              |                        |  |                      |  | 3/9            |   | 009, and  |              |              |              | cation numbe    |         |
|                |                        | ine ine  |                      |  |                |   |           |              |              |              |                 | er      |
| =              | Address ch<br>Name cha | label or lab |                      |  |                |   |           |              |              |              | 84794           |         |
| =              |                        | tital return   |                      |  |                |   |           |              | Telephone n  |              |                 |         |
|                | Terminated             | ninated See 2030 Addison St  |                      |  |                |   |           |              | 51           | 0-54         | 9-7040          |         |
|                | Amended                | return   | Specific<br>Instruc- | City or town, state or country, and                        | 1 ZIP + 4      |   |           | F            | Group Exe    | mptic        | on              |         |
|                | Application            | n pending  | tions                | Berkeley CA 94704  |                |   |           |              | Number I     | >            |                 |         |
|                | • Sect                 | ion 501(c)(3)  | organiz              | tations and 4947(a)(1) nonexe                              | mpt charital   | ble trusts must at  | tach      | G Accounti   | ng Method.   | $\checkmark$ | Cash A          | ccrual  |
|                |                        | , ., ,   | -                    | mpleted Schedule A (Form 99                                |                |   |           | Other (sp    | ecify) >     |              |                 |         |
| -              |                        |  |                      |  |                |   |           | H Check ▶    | If the c     | organ        | ization is no   | ot      |
|                | Vebsite                | ۰. <b>۱</b> www  | .filmber             | keley.com  |                |   |           | 1            |              | _            | ule B (Form     |         |
|                |                        |  |                      | nly one) — ✓ 501(c) ( <b>3</b> ) ◀                         | (insert no.)   | 1 4947(a)(1) or   | 527       | 1 -          | or 990-PF)   | 300          | 210 12 (1 01111 | 000,    |
|                | Check ▶                |  |                      | zation is not a section 509(a)(3)                          |                |   |           |              |              | ore th       | 22 \$25 000     |         |
|                |                        |  | -                    | turn is not required, but if the c                         |                |   | -         |              |              |              | ιαιι φ25,000.   | . ^     |
|                |                        |  |                      | e 9 to determine gross receipts, if                        |                |   |           |              |              |              |                 | 08,715  |
|                | art I                  | Dovon  | Evn                  | penses, and Changes in                                     | Not Asso       | te or Fund Rai  | ances     | (See the in  | struction    | s for        |                 | 00,110  |
|                |                        |  |                      |  |                |   |           |              |              | 3 101        |                 | 00,000  |
|                | 1                      |  |                      | ts, grants, and similar amou                               |                |   |           |              | . 1          |              |                 | 00,000  |
|                | 2                      |  |                      | revenue including governme                                 |                |   |           |              | . 2          |              |                 |         |
|                | 3                      |  | •                    | s and assessments  |                |   |           |              | . 3          |              |                 |         |
| 2011           | 4                      | Investmen  |                      |  |                | 1   | , .       |              | . 4          |              |                 |         |
| 20             | 5a                     | Gross amo  | ount fro             | m sale of assets other than                                | inventory      |   | 5a        |              |              |              |                 |         |
| E~0            | b                      |  |                      | er basis and sales expenses                                |                | _   | 5b        |              |              |              |                 |         |
|                | С                      |  |                      | n sale of assets other than I                              |                |   |           |              | <u>  5c</u>  |              |                 |         |
| چ              | 6                      | Special event  | ts and act           | tivities (complete applicable parts of                     | f Schedule G). | If any amount is from   | gaming,   | check here ► | $\sqcup$ $ $ |              |                 |         |
| ΙŢ             | а                      | Gross reve   | enue (no             | ot including \$  | of             | contributions   |           |              |              |              |                 |         |
| E CE           |                        | reported o   | n line 1             | )  |                | [   | 6a        | 108          | 3,715        |              |                 |         |
|                | b                      | Less: direc  | ct expe              | nses other than fundraising                                | expenses       | [   | 6b        |              | 0            |              |                 |         |
| Ž              | С                      | Net incom  | e or (los            | ss) from special events and                                | activities (S  | Subtract line 6b fr   | rom line  | 6a)          | . 6c         |              | 1               | 08,715  |
| $\overline{z}$ | 7a                     |  | -                    | ventory, less returns and allo                             |                |   | 7a        | ·            |              |              |                 |         |
| SCANNED FFR 0  | b                      | Less: cost   |                      | •  |                | [   | 7b        | -            |              |              |                 |         |
| S              | С                      |  |                      | ss) from sales of inventory (                              | Subtract lin   | e 7b from line 7a   | a)        |              | . 7c         |              |                 |         |
|                | 8                      | Other reve   |                      |  |                |   | •         |              | ) 8          |              |                 |         |
|                | 9                      |  | •                    | dd lines 1, 2, 3, 4, 5c, 6c, 7d                            | c. and 8       | · · · · · · · · · · · ·   | 5.11.1.7  |              | ▶ 9          |              | 2               | 08,715  |
| _              | 10                     |  |                      | r amounts paid (attach sche                                |                | NEUL  | , 175     |              | . 10         |              | 1               | 00,000  |
|                | 11                     |  |                      | or for members   | •              |   |           | - 3          | . 11         |              |                 |         |
| Ø              | 12                     |  |                      | mpensation, and employee                                   |                | 8 IAN 2   | 5 -20     | 11 191       | . 12         |              |                 |         |
| Expenses       | 13                     |  |                      | and other payments to inde                                 |                |   | -w - L G  | ြည်          | . 13         |              |                 |         |
| ě              | 14                     |  |                      | utilities, and maintenance                                 | ,poo.          | Commercial |           |              | . 14         |              |                 |         |
| X              | 15                     | ·-   | -                    | ons, postage, and shipping                                 |                | OCO   |           |              | . 15         |              |                 |         |
|                | 16                     | _  |                      | describe   |                |   |           |              | ) 16         |              |                 |         |
|                | 17                     |  |                      | Add lines 10 through 16 .                                  |                |   |           |              | - '          |              | 1               | 00,000  |
| _              | 18                     |  |                      | ) for the year (Subtract line 1                            |                |   |           |              |              |              |                 | 08,715  |
| Net Assets     | 19                     |  |                      | nd balances at beginning of                                |                |   |           |              |              |              | <u>·</u>        | 00,110  |
| SS             | 13                     |  |                      | e reported on prior year's re                              |                |   |           |              |              |              |                 | 0       |
| ₹              | 00                     |  |                      |  |                |   |           |              |              |              |                 |         |
| Š              | 20                     |  |                      | net assets or fund balances                                |                |   |           |              |              |              |                 | 08,715  |
|                | 21                     | Net assets   | s or tune            | d balances at end of year. Cets. If Total assets on line 2 | 5 column (     | es 18 through 20  | 0 or ma   | ro file Form | <b>▶</b> 21  | d of         |                 |         |
|                | art II                 | Dalanc   | e 31166              |  |                | b) are \$1,250,00   | 0 01 1110 |              | ning of year | - O          | (B) End of ye   |         |
| _              |                        |  |                      | (See the instructions for I                                | •              |   |           |              |              | 00           |                 |         |
| 22             |                        |  |                      | nvestments   |                |   |           |              | 0            | 22           | 1               | 08,715  |
| 23             |                        |  |                      |  |                |   |           |              | <del></del>  | 23           |                 |         |
| 24             |                        |  |                      | pe ▶   |                |   |           |              |              | 24           |                 |         |
| 25             |                        |  |                      |  |                |   |           |              |              | 25           |                 | 08,715  |
| 26             |                        | tal liabilitie   | e <b>s</b> (desc     | oribe ▶  | (D)            |   |           | )            |              | 26           |                 | 0       |
| 27             | ' Ne                   | et assets o  | <u>r tund t</u>      | palances (line 27 of column                                | (B) must a     | gree with line 21   | )         |              | 0            | 27           | 1               | 108,715 |

| rom  | 9\$0-62 (2009)   |  |  |  |                | Page <b>Z</b>  |
|------|--|--|--|--|----------------|--|
| Par  | t III Statement of Program Service Accom   | plishments (See the instr                                      | uctions for Part II                            | .)   |                | Expenses   |
| Desc | It is the organization's primary exempt purpose?<br>cribe what was achieved in carrying out the orgoner, describe the services provided, the number of | janization's exempt purpo                                      | ses. In a clear ar                             | nd concise   | 501(c<br>organ | lired for section<br>)(3) and 501(c)(4)<br>izations and section<br>(a)(1) trusts; optional |
|      | program title.   | •  |  |  | for ot         |  |
| 28   | Provide support, including grants, to film makers be   | ased in Berkeley, California.                                  |  |  |                | <u> </u>   |
|      |  |  |  |  |                |  |
|      | (Grants \$ 100,000) If this amount   | ıncludes foreign grants, ch                                    | eck here                                       | . ▶ 🗆  | 28a            | 100,000  |
| 29   |  |  |  |  |                |  |
|      |  |  |  |  |                |  |
|      | (Grants \$ ) If this amount  | includes foreign grants, ch                                    | ock here                                       | N []   | 29a            |  |
| 30   | Charles 4 ) Il tills amount  |  |  |  | 200            |  |
|      |  |  |  |  |                |  |
|      | (O   |  |  | ······   | 00-            |  |
| 31   | (Grants \$ ) If this amount Other program services (attach schedule)   | includes foreign grants, ch                                    |  | <u> ▶ ⊔</u>  | 30a            |  |
|      | (Grants \$ ) If this amount  | includes foreign grants, ch                                    | eck here                                       |  | 31a            |  |
|      | Total program service expenses (add lines 28a  |  |  |  | 32             | 100,000  |
| Par  | t IV List of Officers, Directors, Trustees, and Key  |  |  | <del>`</del>   |                |  |
|      | (a) Name and address   | (b) Title and average<br>hours per week<br>devoted to position | (c) Compensation<br>(If not paid,<br>enter -0) | (d) Contribution<br>employee benefit<br>deferred compe | plans &        | (e) Expense<br>account and<br>other allowances   |
|      | a Robertson, president & director  D Addison St, Berkeley CA 94704   | 1  | -0-  |  | -0-            | -0-  |
|      | ard K. Robbins, secretary & director   | 1  |  |  | •              |  |
|      | Addison St, Berkeley CA 94704 Dara Hillman, treasurer & director   |  | -0-  |  | -0-            |  |
| 2030 | Addison St, Berkeley CA 94704  | 3  | -0-  |  | -0-            | -0-  |
|      | endich, director   | 1  |  |  |                | _  |
|      | ) Addison St, Berkeley CA 94704<br>y Ginzberg, director  |  | -0-  |  | -0-            | -0-  |
|      | ) Addison St, Berkeley CA 94704  | <b>1</b> 1   | -0-  |  | -0-            | -0-  |
| Johr | n Gooding, director  | 1  |  |  |                |  |
| 2030 | Addison St, Berkeley CA 94704  | •  | -0-  |  | -0-            | -0-  |
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| Part     | Other Information (Note the statement requirements in the instructions for Part V.)  |               |        |          |
|----------|--|---------------|--------|----------|
|          |  |               | Yes    | No       |
| 33       | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity   | 33            |        | ✓        |
| 34       | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes   | 34            |        | ✓        |
| 35       | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.  |               |        |          |
| а        | Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?   | 35a           |        | ✓        |
| ь        | If "Yes," has it filed a tax return on Form 990-T for this year?   | 35b           |        |          |
| 36       | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  | 36            |        | <b>✓</b> |
| 37a      |  | _             |        |          |
| b        | Did the organization file Form 1120-POL for this year?   | 37b           |        | <u> </u> |
| 38a      | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?  | _<br>38a      | -      | <b>-</b> |
|          | If "Yes," complete Schedule L, Part II and enter the total amount involved   |               |        |          |
| 39       | Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9  |               |        |          |
| a        | Initiation fees and capital contributions included on line 9   |               |        | 1        |
| b<br>40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  |               |        | †        |
| чиа      | section 4911 ► ; section 4912 ► ; section 4955 ►   |               |        | 1        |
| b        | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit  |               | İ      |          |
|          | transaction during the year or is it 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   | 40b           |        | ✓        |
| С        | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958   |               |        |          |
| d        | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  |               |        | 1        |
| е        | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.  | 40e           |        | <b>√</b> |
| 41       | List the states with which a copy of this return is filed. ▶ California  |               |        |          |
| 42a      | The organization a books are in our of particular transfer and the organization are in our of particular transfer and transfer are in our organization are our organization are in our organization are in our organizatio |               | 9-7040 | <u> </u> |
|          | Located at ▶ 2030 Addison Street, Berkekely CA ZIP + 4 ▶   | 947           | 704    |          |
| b        | At any time during the calendar year, did the organization have an interest in or a signature or other authority   |               | V      | NI-      |
|          | over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  | $\overline{}$ | Yes    | NO_      |
|          | account)?  | 42b           |        |          |
|          | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  |               |        |          |
| С        | At any time during the calendar year, did the organization maintain an office outside of the U.S.?   | 42c           |        | <b>√</b> |
|          | If "Yes," enter the name of the foreign country. ▶   |               |        | _        |
| 43       | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here  |               | . •    |          |
|          | and enter the amount of tax-exempt interest received or accrued during the tax year  |               |        |          |
|          |  |               | Yes    | No       |
| 44       | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of   |               |        |          |
|          | Form 990-EZ  | 44            |        | <b>✓</b> |
| 45       | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ  | 45            |        | <b>√</b> |
|          | For  |               | 1-F7   | (2000)   |

| Part \               | Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 a   | <b>section 4947(a)(1) none</b><br>47(a)(1) nonexempt char<br>nd 51.         | exempt charita<br>itable trusts mu | ble trusts only. A<br>st answer question  | ll sec<br>ons 46    | tion<br>-49b          | )    |  |
|----------------------|---|---|------------------------------------|---|---------------------|-----------------------|------|--|
| 46                   | Did the organization engage in direct or indirect   |   |                                    |   |                     | Yes                   | No   |  |
|                      | candidates for public office? If "Yes," complete Schedule C, Part I   |   |                                    |   |                     |                       |      |  |
| 47                   | Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  |   |                                    |   |                     |                       |      |  |
| 48                   |   |   |                                    |   |                     |                       |      |  |
| 49a                  | Did the organization make any transfers to an exempt non-charitable related organization?   |   |                                    |   |                     |                       |      |  |
| 50                   | Complete this table for the organization's five hemployees) who each received more than \$100   | ighest compensated emplo  | yees (other than                   | officers, directors,  | trustee             |                       | key  |  |
|                      | (a) Name and address of each employee paid more than \$100,000  | (b) Title and average hours per week devoted to position                    | (c) Compensation                   |   | (e)                 | Expension and allowar | nd   |  |
| None                 |   |   |                                    |   |                     |                       |      |  |
|                      |   |   | <u> </u>                           |   |                     |                       |      |  |
|                      |   |   | 1                                  | -   |                     | _                     |      |  |
|                      |   |   |                                    |   | -                   | _                     |      |  |
|                      |   | -   |                                    |   |                     |                       |      |  |
|                      |   | -   |                                    |   |                     |                       |      |  |
| f                    | Total number of other employees paid over \$10  | 0.000   | L                                  | k   |                     |                       |      |  |
| None                 | (a) Name and address of each independent contracto  | r paid more than \$100,000  | (b) T                              | ype of service  | (c) Con             | npensa                | tion |  |
|                      |   |   |                                    |   |                     |                       |      |  |
|                      |   |   |                                    |   | <del></del>         |                       |      |  |
|                      |   |   |                                    |   |                     |                       |      |  |
|                      |   |   |                                    |   |                     |                       |      |  |
|                      |   |   |                                    |   |                     |                       |      |  |
| d                    | Total number of other independent contractors   | each receiving over \$100,0   |                                    |   |                     |                       |      |  |
| d                    | Under penalties of perjury, I declare that I have exami   |   | nying schedules and s              | tatements, and to the be<br>on of which preparer has  | st of my<br>any kno | knowie                | edge |  |
| d<br>Sign<br>Here    | Under penalties of perjury, I declare that I have exami   | ned this return, including accompa  | nying schedules and s              | tatements, and to the bear on of which preparer has   | st of my<br>any kno | knowledge             | edge |  |
| Sign                 | Under penalties of perjury, I declare that I have examinand belief it is true, correct, and complete Declaration  | ned this return, including accompa  | nying schedules and s              | tatements, and to the beson of which preparer has   | st of my<br>any kno | knowledge             | edge |  |
| Sign<br>Here<br>Paid | Under penalties of perjury, I declare that I have examinand belief it is true, correct, and complete Declaration  Signature of officer  Barbara Hillman, treasurer  Type or print name and title  Preparer's signature                  | ned this return, including accompa  | nying schedules and s              | tatements, and to the been of which preparer has    20 / 20   Date   Preparer's identifying nui |                     | wiedge                |      |  |
| Sign<br>Here         | Under penalties of perjury, I declare that I have examinand belief it is true, correct, and complete Declaration  Signature of officer  Barbara Hillman, treasurer  Type or print name and title  Preparer's signature  Firm's name (or | ned this return, including accompa<br>n of preparer (other than officer) is | check if self-employed ►           | Date Date   |                     | wiedge                |      |  |

#### **SCHEDULE A**

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| Ber | kele     | y Film Found   | dation                                  |   |              |              |            |  | 20 ;               | 4          | 404/94             | ·      |       |
|-----|----------|--|---|---|--------------|--------------|------------|--|--------------------|------------|--------------------|--------|-------|
| Pa  | rt I     | Reason   | for Public Ch                           | arity Status (All or                            | ganizatio    | ons must     | t compl    | ete this   | part.) Se          | e instruc  | ctions.            |        |       |
| The | orga     | inization is no  | ot a private foun                       | dation because it is.                           | (For lines   | 1 throug     | h 11. ch   | eck only   | one box.)          | )          |                    |        |       |
| 1   |          | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). |   |   |              |              |            |  |                    |            |                    |        |       |
| 2   |          | -  |   | on 170(b)(1)(A)(ii). (Att                       |              |              |            |  |                    | ,,,        |                    |        |       |
| 3   |          |  |   | nospital service organ                          |              |              | ın sectio  | n 170(h)   | (1)(A)(iii).       |            |                    |        |       |
|     |          |  |   | tion operated in conj                           |              |              |            |  |                    | 170/b)/1   | \/ <b>A</b> \/iii\ | Enter  | the   |
| 4   |          | hospital's na  | me, city, and sta                       | ate:  |              |              |            |  |                    | . <b></b>  |                    |        |       |
| 5   |          | •  | ion operated for<br>(b)(1)(A)(iv). (Cor | the benefit of a collegue the part II.)         | ge or uni    | versity ov   | vned or d  | operated   | by a gove          | ernmentai  | l unit de          | scrib  | ed in |
| 6   |          | A federal, sta   | ate, or local gove                      | ernment or governme                             | ntal unit    | described    | d in sect  | ion 170(l  | o)(1)(A)(v).       |            |                    |        |       |
| 7   | <b>7</b> |  |   | receives a substantia<br>1)(A)(vi). (Complete P |              | ıts suppo    | rt from a  | governm  | nental unit        | or from t  | the gen            | eral p | ublic |
| 8   | П        |  |   | i in section 170(b)(1)                          |              | omplete      | Part II.)  |  |                    |            |                    |        |       |
| 9   |          |  |   | receives (1) more that                          |              |              |            | m contrib  | utions, m          | embershi   | p fees.            | and a  | ross  |
| 9   | Ш        |  |   | ed to its exempt funct                          |              |              |            |  |                    |            |                    |        |       |
|     |          |  |   | ent income and unre                             |              |              |            |  |                    |            |                    |        |       |
|     |          |  |   | after June 30, 1975.                            |              |              |            |  |                    |            |                    |        |       |
|     |          |  | •                                       |   |              |              |            |  |                    | ~\/4\      |                    |        |       |
| 10  | Н        |  |   | nd operated exclusive                           |              |              |            |  |                    |            |                    |        |       |
| 11  | Ш        |  |   | nd operated exclusiv                            |              |              |            |  |                    |            |                    |        |       |
|     |          |  |   | olicly supported organ                          |              |              |            |  |                    |            |                    |        | uon   |
|     |          |  |   | it describes the type                           |              |              |            |  |                    |            |                    |        |       |
|     |          | a 📙 Type   |   | •   | • •          | e III-Fund   | -          | _  |                    |            | Type               |        |       |
| е   |          |  |   | ify that the organizat                          |              |              |            |  |                    |            |                    |        |       |
|     |          | •  |   | n managers and other                            | r than one   | e or more    | publicly   | supporte   | ed organiz         | ations de  | scribed            | ın se  | ction |
|     |          | 509(a)(1) or s   | section 509(a)(2)                       |   |              |              |            |  |                    |            |                    |        |       |
| f   |          | If the organi  | zation received                         | a written determinati                           | on from      | the IRS t    | that it is | a Type   | l, Type II,        | or Type    | III sup            | portin | g     |
|     |          | organization,  | , check this box                        |   |              |              |            |  |                    |            |                    |        |       |
| g   |          | Since Augus  | t 17, 2006, has                         | the organization acce                           | epted any    | gift or co   | ontributio | on from a  | ny of the          |            |                    |        |       |
| _   |          | following per  |   | _   |              | _            |            |  |                    |            | -                  |        |       |
|     |          | (ii) A person  | who directly or                         | r indirectly controls, e                        | either alo   | ne or tog    | ether wi   | th persor  | s describ          | ed ın (iı) |                    | Yes    | No    |
|     |          |  |   | ning body of the supp                           |              |              |            |  |                    |            | 11g(i)             |        |       |
|     |          | , .  | -                                       | rson described in (i) a                         |              |              |            |  |                    |            | 11g(ii)            |        |       |
|     |          |  |   | of a person described                           |              |              |            |  |                    |            | 11g(iii)           |        |       |
| h   |          | • •  | •                                       | ation about the suppo                           |              |              |            |  |                    |            |                    |        |       |
|     |          | of supported   | (ii) EIN                                | (iii) Type of organization                      |              | organization |            | ou notify  | (vi) is            | s the      | (vii) A            | mount  | of    |
| 17  |          | anization  | `'                                      | (described on lines 1-9                         |              | sted in your | the orga   | the organization in organiza                     |                    |            | su                 | pport  |       |
|     |          |  |   | above or IRC section (see instructions))        | governing    | document?    |            | of your<br>port?                                 | (i) organız<br>U S |            |                    |        |       |
|     |          |  |   | (occ mod docoma)                                | Yes          | No           | Yes        | No   | Yes                | No         |                    |        |       |
| _   |          |  |   |   | 100          | ,,,,         |            | <del> </del>                                     | 1.00               | ,,,,       |                    |        |       |
|     |          |  | ļ                                       |   | 1            |              |            |  | ,                  |            |                    |        |       |
|     |          |  |   |   |              | <del> </del> |            | <u> </u>   |                    |            |                    |        |       |
|     |          |  |   |   |              |              |            |  |                    |            |                    |        |       |
|     |          |  | <del>-</del>                            |   |              |              | -          |  |                    |            |                    |        |       |
|     |          |  | i                                       |   |              |              |            |  |                    |            |                    |        |       |
|     |          |  |   |   |              |              |            | <del>                                     </del> |                    |            |                    |        |       |
|     |          |  |   |   |              |              |            |  |                    | _          |                    |        |       |
|     |          |  |   |   |              |              |            |  |                    |            |                    |        |       |
|     |          |  |   |   | <del> </del> | <b></b>      |            | <del> </del>                                     |                    |            |                    |        |       |

**Total** 

|                 | Support Schedule for Org (Complete only if you check   | anizations<br>ked the box           | Described in on line 5, 7,           | Sections 17<br>or 8 of Part I           | 0(b)(1)(A)(iv)<br>.)                      | and 170(b)(1               | )(A)(vi)          |
|-----------------|--|-------------------------------------|--------------------------------------|---|---|----------------------------|-------------------|
|                 | tion A. Public Support   | (a) 000F                            | (h) 0000                             | (a) 0007                                | (4) 0000                                  | (0) 2000                   | (6) Total         |
| Ca              | lendar year (or fiscal year beginning in) 🕨  | (a) 2005                            | <b>(b)</b> 2006                      | (c) 2007                                | (d) 2008                                  | (e) 2009                   | (f) Total         |
| 1               | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |                                     |                                      |   |   | 208,715                    | 208,715           |
| 2               | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |                                     |                                      |   |   |                            |                   |
| 3               | The value of services or facilities furnished by a governmental unit to the organization without charge  |                                     |                                      |   |   |                            | · · · -           |
| 4               | Total. Add lines 1 through 3   |                                     |                                      |   |   | 208,715                    | 208,715           |
| 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   |                                     |                                      |   |   |                            | 75.000            |
|                 | shown on line 11, column (f)   |                                     |                                      |   |   | -                          | 75,000<br>133,715 |
| <u>6</u><br>Sec | Public support. Subtract line 5 from line 4. tion B. Total Support   |                                     | <u> </u>                             | l.,,.                                   |   | <u> </u>                   | 133,713           |
|                 | lendar year (or fiscal year beginning in)  | (a) 2005                            | <b>(b)</b> 2006                      | (c) 2007                                | (d) 2008                                  | (e) 2009                   | (f) Total         |
| 7               | Amounts from line 4  |                                     |                                      |   |   | 208,715                    | 208,715           |
| 8               | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   |                                     |                                      |   |   |                            |                   |
| 9               | Net income from unrelated business activities, whether or not the business is regularly 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 .  |                                     | L                                    | L                                       |   | <u> </u>                   | 208,715           |
| 12<br>13        | Gross receipts from related activities, etc<br>First five years. If the Form 990 is for<br>organization, check this box and stop he  | the organizati                      | •                                    | nd, third, fourth                       | i, or fifth tax y                         |                            | n 501(c)(3)       |
| Sec             | tion C. Computation of Public Su   | pport Perce                         | entage                               |   |   | <u> </u>                   |                   |
| 14              | Public support percentage for 2009 (line   |                                     |                                      | 1, column (f))                          |   | 14                         | %                 |
| 15              | Public support percentage from 2008 Sch  |                                     | _                                    |   |   | 15                         | %                 |
| 16a             | Public support percentage from 2008 Schedule A, Part II, line 14   |                                     |                                      |   |   |                            |                   |
|                 | 33% % support test—2008. If the organization quality box and stop here. The organization quality   | lifies as a pub                     | licly supported                      | organization .                          |   |                            | ▶ 🗆               |
| 17a             | 10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 organization meets the "facts-and-circumstances" and the organization meets the organizatio | acts-and-circu                      | mstances" test,                      | check this box                          | and stop here.                            | Explain in Part            | IV how the        |
| b<br>18         | 10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstances organization meets the private foundation. If the organization did   | acts-and-circur<br>inces" test. The | nstances" test, e<br>organization qu | check this box a<br>alifies as a public | and <b>stop here.</b><br>cly supported or | Explain in Part ganization | IV how the<br>▶ [ |

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

| <u> </u>  | tion A. Public Support   | d the box o     | il line 9 of Fa                       | u ( 1.)           |                 | <del></del>    |               |
|-----------|--|-----------------|---------------------------------------|-------------------|-----------------|----------------|---------------|
|           | alendar year (or fiscal year beginning in)   | (a) 2005        | (h) 2006                              | (a) 2007          | (4) 2009        | (a) 2000       | (f) Total     |
| U         | menuar year (or nocal year beginning in)   | (a) 2005        | <b>(b)</b> 2006                       | (c) 2007          | (d) 2008        | (e) 2009       | (i) Total     |
| 1         | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |                 |                                       |                   |                 |                |               |
| 2         | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |                 |                                       |                   |                 |                |               |
| 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 through 5   |                 | · · · · · · · · · · · · · · · · · · · |                   | <u> </u>        | -              |               |
| 7a        | Amounts included on lines 1, 2, and 3 received from disqualified persons .   |                 |                                       |                   |                 |                |               |
| b         | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           | 5<br>5          |                                       |                   |                 |                |               |
| С         | Add lines 7a and 7b  |                 |                                       |                   |                 |                |               |
| 8         | Public support (Subtract line 7c from line 6.)   |                 |                                       |                   |                 |                |               |
| Sec       | tion B. Total Support  |                 |                                       |                   |                 |                |               |
| Ca        | alendar year (or fiscal year beginning in) 🕨   | (a) 2005        | <b>(b)</b> 2006                       | (c) 2007          | (d) 2008        | (e) 2009       | (f) Total     |
| 9         | Amounts from line 6  |                 |                                       |                   |                 | ļ              |               |
| 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 June 30, 1975  |                 |                                       |                   |                 |                |               |
| с<br>11   | Add lines 10a and 10b  |                 |                                       |                   |                 |                |               |
| 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 torganization, check this box and stop  | here            | <u> </u>                              | nd, third, fourth | •               |                | ````          |
|           | tion C. Computation of Public Su   | ·               | <del></del>                           |                   |                 | T.,, 1         |               |
| 15        | Public support percentage for 2009 (lin  |                 |                                       |                   |                 | 15             | <u> </u>      |
| 16<br>Sec | Public support percentage from 2008 Stion D. Computation of Investmen  |                 |                                       | <u> </u>          |                 | 16             | %             |
|           |  |                 |                                       | d bu line 40 -    | olume (A)       | 17             | %             |
| 17        | Investment income percentage for 200   |                 |                                       |                   |                 | 18             |               |
| 18        | Investment income percentage from 20 331/3 % support tests—2009. If the organization   |                 |                                       |                   |                 |                |               |
| 19a       | 17 is not more than 331/3 %, check this b  | ox and ston h   | ere. The organ                        | zation qualifies  | as a publiciv   | supported orga | anization ► □ |
| b         | 331/3 % support tests—2008. If the organ line 18 is not more than 331/3 %, check this  | ization did not | check a box or                        | n line 14 or line | 19a, and line 1 | 6 is more than | 331/3 %, and  |
| 20        | Private foundation. If the organization  |                 |                                       |                   |                 |                |               |

| Part IV        | Fage 4  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. |
|----------------|--|
| Contribut      | ions shown in Schedule B are all unusual contributions.  |
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## Berkeley Film Foundation 26-4484794 Attachment to 2009 form 990EZ Organizational Grants Made

| Name and address Small Change Productions 2702 - Eighth Street Berkeley, CA 94710 | <u>Amount</u><br>\$ 10,000 |
|---|----------------------------|
| Interfaze Productions<br>2600 Tenth Street, Suite 425<br>Berkeley, CA 94710       | \$ 15,000                  |
| Crescent Diamond<br>2802 Tenth Street, Suite J<br>Berkeley, CA 94710              | \$ 10,000                  |
| Alturas Films<br>2600 Tenth Street, Suite 417<br>Berkeley, CA 94710               | \$ 10,000                  |
| Citizen Film<br>2180 Bryant Street, Suite 201<br>San Francisco, CA 94             | \$ 7,000                   |
| San Francisco, CA 94  | Individual Grants Made     |
| Pam Uzzell<br>3109 Ellis Street<br>Berkeley, CA 94703                             | \$ 8,000                   |
| Karina Epperlein<br>641 Euclid Avenue<br>Berkeley, CA 94708                       | \$ 10,000                  |
| Sun Yuh<br>2319 Howe Street<br>Berkeley, CA 94705                                 | \$ 10,000                  |
| Nancy Kates<br>2530 Tenth Street, Suite 7<br>Berkeley, CA 94710                   | \$10,000                   |
| Yoram Savion<br>2839 Ashby Avenue<br>Berkeley, CA 94705                           | \$ 5,000                   |
| Denise Zmekhol<br>2600 Tenth Street, Suite 614<br>Berkeley, CA 94710              | \$ 5,000                   |