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Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047 Open to Public Inspection

<u>A</u> !	For the	2010 calendar year, or tax year beginning and en	nding			
В	Check if applicable	C Name of organization		D Employer identific	cation number	
Γ	Address change	MOVING PICTURE INSTITUTE				
	Name change	Doing Business As		20-3	237801	
	lnitial return		oom/suite	E Telephone number		
L	Termin- ated	375 GREENWICH STREET		323-0	650-3850	
F	Amende return Applica	City or town, state or country, and ZIP + 4 NEW YORK, NY 10013		G Gross receipts \$ 2,787,121.		
_	Liòà pending	F Name and address of principal officer: ROBERT PFALTZGRAFF		H(a) is this a group re for affiliates?	Yes X No	
		SAME AS C ABOVE		H(b) Are all affiliates incl		
	Taxaya	npt status: ■ 501(c)(3) □ 501(c) () (insert no) □ 4947(a)(1) or	527	1 ' '	list. (see instructions)	
		: ► WWW.MOVINGPICTUREINSTITUTE.ORG	<u></u>	H(c) Group exemption		
		rganization X Corporation	L Year		State of legal domicile DE	
		Summary		•		
	1 B	riefly describe the organization's mission or most significant activities: $\overline{ ext{THE}}$ $\overline{ ext{MG}}$	OVING	PICTURE IN	STITUTE	
Activities & Governance	1 1	DENTIFIES AND NURTURES PROMISING FILMMAKE	ERS (CONTINUED OF	N PG 27)	
Ē	2 0	heck this box 🕨 🔲 if the organization discontinued its operations or disposed	d of more	than 25% of its net as		
Š	3 N	umber of voting members of the governing body (Part VI, line 1a)		3	5	
ಷ	4 N	umber of independent voting members of the governing body (Part VI, line 1b)		4	4	
ies		otal number of individuals employed in calendar year 2010 (Part V, line 2a)		5	3	
Ĕ		otal number of volunteers (estimate if necessary)		6	10	
Ac	1	otal unrelated business revenue from Part VIII, column (C), line 12		7a	3,302.	
_	b v	et unrelated business taxable income from Form 990-T, line 34		7b		
		and when the control of the Alba	-	Prior Year 1,213,351.	2,764,054.	
Revenue		ontributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g)		0.	10,000.	
e e		evestment income (Part VIII, column (A), lines 3, 4, and 7d)		1,311.	9,765.	
عّر		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	3,302.	
Ž	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,214,662.	2,787,121.	
Ž	13 (rants and similar amounts paid (Part IX, column (A), lines 1-3)		188,500.	299,950.	
Z Z	14 E	enefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
j _s	15 8	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	137,401.	173,711.		
Expenses	16a F	rofessional fundraising fees (Part IX, column (A), line 11e)	_	0.	0.	
<u> </u>	ьт	otal fundraising expenses (Part IX, column (D), line 25)	8.			
^v	17 (ther expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		424,081.	945,204.	
 4		otal expenses. Add lines 13-17 (must equal Part IX, column A) hime 25/ ED		749,982.	1,418,865.	
<u>ي د</u>	19 F	evenue less expenses. Subtract line 18 from line 12	爿 -	464,680.	1,368,256.	
		otal assets (Part X, line 16)	5 <u>Be</u>	ginning of Current Year 627,947.	End of Year 1,982,855.	
Net Asseld 016	20 T	otal assets (Part X, line 16)		32,469.	19,121.	
Set of	21 T	otal liabilities (Part X, line 26) let assets or fund balances. Subtract line 21 from line 20GDEN, UT	引 -	595,478.	1,963,734.	
		Signature Block	 ''-	3307 2.00		
		les of perjury, I declare that I have examined this return, including accompanying schedules a	and statem	ents, and to the best of my	knowledge and belief, it is	
		and complete Declaration of preparer (other than officer) is based on all information of which				
		NATURE		(0/20	0/11	
Sig	ın	Signature of officer		Date	ľ	
He	re	ROBERT PFALTZGRAFF, EXECUTIVE DIRECTOR				
		Type or print name and title		Charle T	DTIN.	
_	~-	Print/Type preparer's name		Date Check	PTIN	
Pai	- ⊢	Home Dlaney Other Depring		self-employe	· 60037099	
	· -	Firm's name O'CONNOR DAVIES MUNNS & DOBBINS, Firm's address 60 EAST 42ND STREET, 36TH FL.	LLP	Firm's EIN	77787017	
USE	Only	Firm's address 60 EAST 42ND STREET, 36TH FL. NEW YORK, NY 10165-3698		Dhone no 2	12-286-2600	
N45				Phone no Z	X Yes No	
ivia	y the IR	6 discuss this return with the preparer shown above? (see instructions)			Form 990 (2010)	

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	<u> </u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			۱
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		/	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_	N/	Α
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			v
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6_		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		_	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	•		Х
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	9		х
4.0	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV			<u> </u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	10		х
44	If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
11	as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			1
a	Part VI	11a	X	
h	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total			
Ĭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	•	13	-	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a_		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14b		X
4 -	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	140		 ^
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	15		x
4.0	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	_ 		
16	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	i	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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
. •	complete Schedule G, Part III	19	L_	X
20a	The state of the s	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Not e. Some Form 990 filers that			
-	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
		Form	990	(2010)

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	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		41	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		· ·	1
	Schedule J	23		Х
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 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
2 5a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	(
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a_		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and] .		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified		:	1,7
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26_		<u>X</u>
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? If "Yes," complete	0.7		Х
00	Schedule L, Part III	27		_ <u>^</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	Instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	,		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity?			.,
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	-	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35_		
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
26				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36	ľ	Х
37	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	- 50		
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	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	38	х	
			990 (2010)
				• /

t. dil	Check if Schedule O contains a response to any question in this Part V							
	Cribote it Contiduid C Contains a response to any question in this care t		Ven	Na Na				
4	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No				
_								
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable U Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			İ				
С		1c	x	İ				
20	(gambling) winnings to prize winners?			·				
28	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			l				
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х					
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	x					
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
70	financial account in a foreign country (such as a bank account, securities account, or other financial account)?							
h	If "Yes," enter the name of the foreign country:	4a		X				
Ü	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			1				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1	Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х				
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible?	6a		Х				
b	if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b_						
7	Organizations that may receive deductible contributions under section 170(c).							
а	a 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?							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>				
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		X				
d	If "Yes," Indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X				
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79		X				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting ${ m N/A}$			1				
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		<u> </u>				
9	Sponsoring organizations maintaining donor advised funds.			ĺ				
a	Did the organization make any taxable distributions under section 4966? N/A	9a		 				
_	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b						
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a							
a	,							
11								
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A 11a							
a b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
12a		12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a						
_	Note. See the instructions for additional information the organization must report on Schedule O.	 						
ь	Enter the amount of reserves the organization is required to maintain by the states in which the							
_	organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand							
14a		14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						
		Farm	990	(2010)				

20-3237801 Form 990 (2010) MOVING PICTURE INSTITUTE 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. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 4 1b b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X 3 of officers, directors or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a X 7b b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? X 8b **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Ye<u>s</u> No Х 10a 10a Does the organization have local chapters, branches, or affiliates? 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 Х 11a 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise X 12b to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X 12c in Schedule O how this is done X 13 Does the organization have a written whistleblower policy? 13 X 14 14 Does the organization have a written document retention and destruction policy? 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? Х 15a a The organization's CEO, Executive Director, or top management official X 15b b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NY, DE, PA 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

- 17
- public inspection. Indicate how you make these available. Check all that apply.
 - X Upon request X Another's website
- 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.
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization: JOHN CORCORAN, C/O OWEN J. FLANAGAN - (212)-682-2783 60 EAST 42ND STREET, NEW YORK, NY 10165

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average hours per	(c)				app	١٧١	Reportable compensation	Reportable compensation	Estimated amount of
	week (describe hours for related organizations in Schedule O)	ustee or director	Institutional frustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
DAVID THAYER									_	•
CHAIRMAN	10.00	X		X		_	_	0.	0.	0.
KEVIN HARPER	E 00	J		x				0.	0.	0.
VICE CHAIRMAN	5.00	X	-	_		ł	-	0.	0.	
ROBERT PFALTZGRAFF EXECUTIVE DIRECTOR	50.00	X						99,583.	0.	0.
MARC LEADER		**		-	-			33,7333		
TREASURER	5.00	X						0.	0.	0.
		1	1	1						

Pa	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	· (A)	(B)			(0	C)			(D)	(E)	ļ		(F)	
	Name and title	Average	٫ ا		Pos			.l.A	Reportable	Reportable			timate	
		hours per week (describe hours for related organizations in Schedule	trustate or director	lestitutional frustee			Highest compensated		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MIS	s	com fr org	other pensa om the anizati	ition e ion ed
		O)	Individual	Instr	Officer	Keye	Hgha	Fg				Olya	anizati	
					-								_	
					_						_			
		 					<u> </u>				_			
							_							
				ļ	_	_								
	-												_	_
	Sub-total								99,583.		0.		_	0.
	Total from continuation sheets to Part V	II, Section A							99,583.		0.	 -		0.
2	Total (add lines 1b and 1c) Total number of individuals (including but r	not limited to th	ose	liste	ed a	bove	e) w	ho re		,000 in reportable				
_	compensation from the organization												Yes	No
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s			e, ke	y en	olqr	yee,	or h	nighest compensated er	nployee on		3		X
4	For any individual listed on line 1a, is the si and related organizations greater than \$15	um of reportab	le c							the organization		4		X
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	/ uni			dual for services				
Sec	rendered to the organization? If "Yes," con ction B. Independent Contractors	nplete Schedul	e J 1	or s	uch	per	son					5	!	<u>X</u>
1	Complete this table for your five highest co	ompensated in	dep	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of com	pens	ation f	rom	
	the organization. NONE (A) Name and business	address					-		(B) Description of s	envices		(C		 n
	Namo ano odsiness								Besonption of a	ici vioco		Ompo		
						_		\dashv						
					_									
								_						
								\dashv						
	Total number of today and and anatomic of	in alugher to the				•h		ot a c	Laboua) who recoursed	ore thes				
	Total number of Independent contractors (\$100,000 in compensation from the organi			me	u 10		0 0	31E0	above) who received if	IOIO IIIAII				

12170608 756359 610190

Pa	t VI	III Statement of Revenue				
	•	•,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Program Service Contributions, gifts, grants Revenue and other similar amounts	. c d e f g h	b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 9 Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f	2764054.			
Progr	e	f All other program service revenue 7111				
	3 4 5	Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties	9,765.			9,765.
	6 a	a Gross Rents b Less: rental expenses c Rental income or (loss)	onal	,		The state of the s
	7 a	d Net rental income or (loss) a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses	ner			
Other Revenue	c	c Gain or (loss) d Net gain or (loss) a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See	>			
Other	C	Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events a Gross income from gaming activities. See Part IV, line 19 a	>			
	10 a	b Less: direct expenses c Net income or (loss) from gaming activities a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b	>		`	
	11 (Miscellaneous Revenue Business En 1.0			3,302.	
0320 12-2	12	d All other revenue e Total. Add lines 11a-11d	► 3,302 ► 2787121.		3,302.	9,765. Form 990 (2010)

Part IX Statement of Functional Expenses

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

	All other organizations must comp	3) and 501(c)(4) organiza olete column (A) but are :			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	92,450.	92,450.		
2	Grants and other assistance to individuals in				
	the U.S See Part IV, line 22	207,500.	207,500.		
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	99,583.	89,625.	4,979.	4,979.
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	48,751.	43,875.	2,438.	2,438.
8	Pension plan contributions (include section 401(k)				
-	and section 403(b) employer contributions)	4,979.	4,480.	249.	250. 452. 567.
9	Other employee benefits	4,979. 9,050.	8,146.	452.	452.
10	Payroll taxes	11,348.	10,214.	567.	567.
11	Fees for services (non-employees):				
	Management				
ь Б	Legal				
c	Accounting	32,600.		32,600.	
d	Lobbying				
	Professional fundraising services See Part IV, line 17		WW 107 1 107 T WOWN	*	
f	Investment management fees		·····		
9	Other				
12	Advertising and promotion	682,191.	682,191.		
13	Office expenses	105,273.	81,812.	2,144.	21,317.
14	Information technology	12,081.	10,873.	604.	21,317.
15	Royalties				
16	Occupancy	37,883.	34,095.	1,894.	1,894.
17	Travel	13,512.	6,611.	3,450.	1,894. 3,451.
18	Payments of travel or entertainment expenses	20,0220			
10	for any federal, state, or local public officials				
40	Conferences, conventions, and meetings	13,013.	11,711.	651.	651.
19	Interest				
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,954.	6,258.	348.	348.
23	Insurance	3,600.	3,240.	180.	180.
24	Other expenses Itemize expenses not covered				······································
24	above (List miscellaneous expenses in line 24f If line				
	24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0)				
а	INTERNSHIPS	31,250.	31,250.		
a b	MISCELLANEOUS EXPENSES	6,015.	420.	4,540.	1,055.
c	DUES AND SUBSCRIPTIONS	832.	749.	41.	42.
	BOED IND BODDERII I I OND				
d					
e f	All other expenses				
	Total functional expenses. Add lines 1 through 24f	1,418,865.	1,325,500.	55,137.	38,228.
25 26	Joint costs. Check here I if following SOP				
20	98-2 (ASC 958-720) Complete this line only if the				
	organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising				
	solicitation				Form 990 (2010)

		Balance Sheet .	(A) Beginning of year		(B) End of year
	1,	Cash · non-interest-bearing	37,735.	1	75,419.
	2	Savings and temporary cash investments	571,536.	2	1,890,847.
	3	Pledges and grants receivable, net	•	3	
	4	Accounts receivable, net	2,007.	4	3,286.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 36, 455.			
	ь	Less: accumulated depreciation 10b 27,090.	10,869.	10c	9,365.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments · program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	5,800.	15	3,938.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	627,947.	16	1,982,855.
-	17	Accounts payable and accrued expenses	32,469.	17	19,121.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	······································
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,	,		
iap		highest compensated employees, and disqualified persons. Complete Part II			
_		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	20.460	25	10 101
	26	Total liabilities. Add lines 17 through 25	32,469.	26	19,121.
	į	Organizations that follow SFAS 117, check here X and complete			
es		lines 27 through 29, and lines 33 and 34.	25 100		270 157
anc	27	Unrestricted net assets	35,109.	27	270,157. 1,693,577.
Ba	28	Temporarily restricted net assets	560,369.	28	1,693,577.
2	29	Permanently restricted net assets		29	
Ī		Organizations that do not follow SFAS 117, check here			
200		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	EOE 470	32	1 062 724
-	33	Total net assets or fund balances	595,478.	33	1,963,734.
	34	Total liabilities and net assets/fund balances	627,947.	34	1,982,855.

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

Employer identification number MOVING PICTURE INSTITUTE 20-3237801 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 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. **b** Type II c Type III · Functionally integrated d ___ Type III - Other a Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified 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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? 9 Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s). (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization in col organization in col (i) listed in your organization in col organization support (i) organized in the (described on lines 1-9 governing document? (i) of your support? US? above or IRC section (see instructions)) Yes Yes No Yes

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support	_								
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	882,635.	1,561,854.	1,129,796.	1,213,351.	2,764,054.	7,551,690.			
2	Tax revenues levied for the organ-									
	ization'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	882,635.	1,561,854.	1,129,796.	1,213,351.	2,764,054.	7,551,690.			
5	The portion of total contributions									
	by each person (other than a	<u>'</u>	-							
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)						4,035,544.			
6	Public support. Subtract line 5 from line 4		***************************************				3,516,146.			
	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
7	Amounts from line 4	882,635.	1,561,854.	1,129,796.	1,213,351.	2,764,054.	7,551,690.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties					ł				
	and income from similar sources	6,948.	4,049.	4,022.	1,311.	9,765.	26,095.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part IV.)					į				
11	Total support. Add lines 7 through 10		'				7,577,785.			
12		etc. (see instruction	ons)			12	10,000.			
13	First five years. If the Form 990 is for	•		i, fourth, or fifth ta	x year as a sectio	n 501(c)(3)				
	organization, check this box and stop						▶□			
Se	ction C. Computation of Publ	ic Support Pe	rcentage							
14	Public support percentage for 2010 (line 6, column (f) di	vided by line 11, co	olumn (f))		14	46.40 %			
15	Public support percentage from 2009	Schedule A, Part	II, line 14			15	48.59 %			
16a	33 1/3% support test - 2010.If the o	rganization did not	check the box on	line 13, and line 14	4 is 33 1/3% or m	ore, check this box	and			
	stop here. The organization qualifies	as a publicly supp	orted organization				$\triangleright X$			
t	33 1/3% support test - 2009. If the o	rganization did not	check a box on lin	e 13 or 16a, and li	ne 15 is 33 1/3%	or more, check this	s box			
	and stop here. The organization qual	lifies as a publicly s	supported organiza	tion						
17a	10% -facts-and-circumstances tes	t - 2010 . If the orga	anization did not ch	eck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,			
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	s box and stop he	ere. Explain in Pai	rt IV how the organi	zation			
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a p	oublicly supported	organization					
t	10% -facts-and-circumstances tes	t - 2009. If the orga	anization did not ch	eck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or			
	more, and if the organization meets ti	he "facts-and-circu	mstances" test, ch	eck this box and s	top here. Explain	ın Part IV how the				
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.									
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16a	, 16b, 17a, or 17b,	, check this box a	and see instructions	<u> </u>			
	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2010									

032022 12-21-10

Schedule A (Form 990 or 990-EZ) 2010 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sar	ction A. Public Support	iow, please com	piete Part II.)		 -					
		(a) 0000	(h) 0007	(*) 0000	/-B 0000	(-) 0010	(6 T-4-1			
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not include any "unusual grants.")									
2	Gross receipts from admissions.		}	<u> </u>	 	- 				
-	merchandise sold or services per- formed, 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 bus-									
	iness under section 513									
4	Tax revenues levied for the organ-									
	ization's benefit and either paid to or expended on its behalf									
5	The value of services or facilities									
٠	furnished by a governmental unit to		}				l			
	the organization without charge									
ß	Total. Add lines 1 through 5		 		 	 				
	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 Add lines 7a and 7b					 				
			 							
	Public support (Subtract line 7c from line 6) etion B. Total Support		1	E.,	1					
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
	Amounts from line 6		(=/=++-			1				
-	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									
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						·- <u>-</u>			
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)									
13	Total support (Add lines 9, 10c, 11, and 12)									
14	First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth ta	ax year as a sect	on 501(c)(3) organiz	ation,			
	check this box and stop here					<u></u>	▶□			
Sec	tion C. Computation of Publi	c Support Pe	rcentage							
15	Public support percentage for 2010 (liii	ne 8, column (f) d	livided by line 13, o	column (f))		15	%			
16	Public support percentage from 2009	Schedule A, Part	III, line 15			16	%			
Sec	tion D. Computation of Inves	tment incom	e Percentage							
17	Investment income percentage for 201	10 (line 10c, colui	mn (f) divided by lir	ne 13, column (f))		17	%			
18	Investment income percentage from 2009 Schedule A, Part III, line 17									
19a	33 1/3% support tests - 2010. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not			
	more than 33 1/3%, check this box an	d stop here. The	e organization qual	ifies as a publicly :	supported organi	zation	▶□			
b	33 1/3% support tests - 2009. If the	organization did i	not check a box on	line 14 or line 19a	a, and line 16 is n	nore than 33 1/3%,	and			
	line 18 is not more than 33 1/3%, chec						▶□			
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see i	nstructions	▶			

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public inspection

Name of the organization

Employer identification number

	MOVING PICTURE INS				20-323/801
Pa	TI Organizations Maintaining Donor Advise	ed Funds or (Other Similar Funds	or Accoun	ts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	ne 6.			
		(a) Dono	r advised funds	(b) Funds	and other accounts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	writing that the a	ssets held in donor advis	ed funds	
•	are the organization's property, subject to the organization's				Yes No
6	Did the organization inform all grantees, donors, and donor			used only	, 100 110
•	for charitable purposes and not for the benefit of the donor	_		· ·	
	impermissible private benefit?	of dollor advisor,	or for any other purpose	Comerning	Yes No
Pa		roanization anews	ared "Yes" to Form 990. P	Part IV line 7	163110
1				art 14, 1110 7.	
•	Purpose(s) of conservation easements held by the organization of lead for public use (a.g., recreation or			tomosiliu imposit	ant land area
	Preservation of land for public use (e.g., recreation or	education)	Preservation of an his		
	Protection of natural habitat		Preservation of a cert	illed historic str	ucture
_	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qual	ified conservation	contribution in the form	ot a conservation	on easement on the last
	day of the tax year.			F	
					eld at the End of the Tax Year
а	Total number of conservation easements			2a	
ь	Total acreage restricted by conservation easements			2b	
C	Number of conservation easements on a certified historic st		• •	2c	
d	Number of conservation easements included in (c) acquired	after 8/17/06, an	d not on a historic structi		
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, re	eleased, extinguis	hed, or terminated by the	organization d	luring the tax
	year ▶				
4	Number of states where property subject to conservation ea				
5	Does the organization have a written policy regarding the pe	eriodic monitoring	, inspection, handling of		
	violations, and enforcement of the conservation easements	it holds?			└─ Yes └─ No
6	Staff and volunteer hours devoted to monitoring, inspecting				
7	Amount of expenses incurred in monitoring, inspecting, and				
8	Does each conservation easement reported on line 2(d) about	ve satisfy the rec	uirements of section 170	(h)(4)(B)(ı)	
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIV, describe how the organization reports conservation				
	include, if applicable, the text of the footnote to the organization	ation's financial st	atements that describes	the organizatio	n's accounting for
	conservation easements.	(A . 11! . 1 . 1		41 CiiI	
Pa	t III Organizations Maintaining Collections			tner Similar	Assets.
	Complete if the organization answered "Yes" to Form				
1a	If the organization elected, as permitted under SFAS 116 (A				
	historical treasures, or other similar assets held for public ex			nce of public se	ervice, provide, in Part XIV,
	the text of the footnote to its financial statements that described				
b	If the organization elected, as permitted under SFAS 116 (A				
	treasures, or other similar assets held for public exhibition, e	education, or rese	arch in furtherance of pul	blic service, pro	ovide the following amounts
	relating to these items:				
	(i) Revenues included in Form 990, Part VIII, line 1		•	► \$.	
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historical tre			l gain, provide	
	the following amounts required to be reported under SFAS	116 (ASC 958) rel	ating to these items:		
а	Revenues included in Form 990, Part VIII, line 1			▶ \$.	
b	Assets included in Form 990, Part X			▶ \$	

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Schedule D (Form 990) 2010

Schedule D (Form 990) 2010

Part VII Investments - Other Securities. S	ee Form 990, Part X, line	12.		
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuati t or end-of-year mark	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				<u> </u>
(B)				
(C)				
(D)				
(E) (F)				
(G)				
(H)				
(1)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12)				
Part VIII Investments - Program Related.	See Form 990, Part X, Iir			
(a) Description of investment type	(b) Book value		(c) Method of valuate t or end-of-year mark	
(1)				
(2)	ļ <u> </u>			
(3)				
(4)				
(5)				
(6)				
				<u> </u>
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13)				
Part IX Other Assets. See Form 990, Part X, lin	ne 15.			
(a	a) Description			(b) Book value
(1)	<u></u>			
(2)				
(3)				
(4)				
(5)				
(6)		· · · · · · · · · · · · · · · · · · ·		
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) II	ne 15.)		>	
Part X Other Liabilities. See Form 990, Part X				
1. (a) Description of liability		(b) Amount		
(1) Federal income taxes				
(2)				
(3)				
(4)			,	
(5)				
<u>(6)</u> (7)				
(8)		· · · · · · · · · · · · · · · · · · ·	<i>'</i>	
(9)				
(10)				
(11)			`	
Total. (Column (b) must equal Form 990, Part X, col (B) II FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote Ein 48 (ASC 740)	ne 25.)	determine that made the service	zetion's liability for upon-fair	tax positions under
2. FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote	e to the organization's financial's	natements that reports the organi	azadon s nabinty for uncertain	an positions under
032053			Sche	dule D (Form 990) 2010

Sche	dule D (Form 990) 2010 MOVING PICTURE INSTITUTE			20-3237801 Page	<u> 4</u>	
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Final	ncial Sta	tements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	2,787,12	ī .	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	1,418,865	5.	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	1,368,256		
4	Net unrealized gains (losses) on investments		4		_	
5	Donated services and use of facilities		5		_	
6	Investment expenses		6		_	
7	Prior period adjustments		7		_	
8	Other (Describe in Part XIV)		8			
9	Total adjustments (net). Add lines 4 through 8		9	(<u>).</u>	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	19	10	1,368,250	5.	
	t XII Reconciliation of Revenue per Audited Financial Statemen		enue per			
1	Total revenue, gains, and other support per audited financial statements			1 2,787,123	ī.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				_	
-	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b				
c	Recoveries of prior year grants	2c		7		
d	Other (Describe in Part XIV.)	2d		7		
-	Add lines 2a through 2d).	
3	Subtract line 2e from line 1			2e (3 2,787,12)	<u>.</u>	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
٠,	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
h	Other (Describe in Part XIV.)	4b		 		
c	Add lines 4a and 4b				ο.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5 2,787,12		
	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Exp	enses pe		_	
1	Total expenses and losses per audited financial statements		<u></u>	1 1,418,865	<u>.</u>	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
~	Donated services and use of facilities	2a				
- b	Prior year adjustments	2b		7		
•	Other losses	2c		-		
٦	Other (Describe in Part XIV.)	2d	·	-		
u	Add lines 2a through 2d				o .	
e 2	Subtract line 2e from line 1			3 1,418,86	5.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
7	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
a	Other (Describe in Part XIV.)	4b				
	Add lines 4a and 4b	401		4c (0.	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5 1,418,86		
	t XIV Supplemental Information					
шиш	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	lines 1a and 4. E	Part IV lines	s 1h and 2h: Part V line 4: Par		
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp				•	
	RT X, LINE 2: ACCOUNTING FOR UNCERTAINTY IN					
	(I A) HIND 2. MCCOONTING FOR ONOBRITATION IN	. 21100112			—	
MP	RECOGNIZES THE EFFECT OF INCOME TAX POSIT	TIONS ONL	Y WHEN	THEY ARE MORE	_	
TH2	AN LIKELY THAN NOT OF BEING SUSTAINED. MANA	AGEMENT O	F MPI	IS NOT AWARE O	<u>F</u>	
AN	VIOLATION OF ITS TAX STATUS AS AN ORGANIZ	ZATION EX	EMPT F	FROM INCOME		
TA	KES. MANAGEMENT HAS DETERMINED THAT MPI HA	AD NO TAX	POSIT	TIONS THAT WOUL	<u>D</u>	
REQUIRE FINANCIAL STATEMENT RECOGNITION. MPI IS NO LONGER SUBJECT TO						
AUDITS BY THE APPLICABLE TAXING JURISDICTIONS FOR THE PERIODS PRIOR TO						
DE	CEMBER 31, 2007.					

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

▶ Attach to Form 990. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, MOVING PICTURE INSTITUTE Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE 1 (Form 990)

2 Employer identification number 20-3237801 X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection General Information on Grants and Assistance criteria used to award the grants or assistance? Parti

Part # Grants and Other Assistance to Governments and Organizations in the United States. Complete if the groanization answered "Yes" to Form 990. Part IV: line 21, for any	Governments an	d Organizations in the	or grant fullos in the Omeo States.	omplete if the ords	Inization answered "Y	es to Form 990. Part	IV. line 21. for any
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Check the	s box if no one recipien	it received more that	an \$5,000. Part II	can be duplicated if a	additional space is nee	▲ feed
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DISRUPTIVE PICTURES 317 W 83RD ST. 3W NEW YORK, NY 10024	20-4860007	N/A	60,450.	0			PRODUCTION - U.N. ME
RUMOR INC. 164 HALL STREET BROOKLYN, NY 11205	13-3967690	N/A	32,000.	0.			PRODUCTION - BATTLE OF BROOKLYN
			:				
2 Enter total number of section 501(c)(3) and government organizations	nd government or	rganizations					
S Enter total number of other organizations HA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruct	ions for Form 990.					Schedule I (Form 990) (2010)

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Schedule | (Form 990) (2010) MOVING PICTURE INSTITUTE

Page 2

20-3237801

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

Part

(f) Description of non-cash assistance (book, FMV, appraisal, other) 0 Ö (d) Amount of non-cash assistance ö 500 30,000. 171,000 (c) Amount of cash grant o. 21 (b) Number of recipients (a) Type of grant or assistance PRODUCTION - CARTEL PRODUCTION - 2081 PELLOWSHIP

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

THE GRANTS OF THE MOVING PICTURE INSTITUTE

THE GRANTOR) ARE SUBJECT TO THE FOLLOWING REPORTING CONDITIONS: ("MPI" OR

2:

LINE

PART I,

SCHEDULE I,

THE GRANTEE WILL PROVIDE PROGRESS REPORTS TO MPI HALFWAY THROUGH AND AT THE

GRANT PERIOD. THE REPORTS WILL DETAIL ACCOMPLISHMENTS THE DESIGNATED END OF

A RESULT OF THE GRANT OR OF MATERIALS PRODUCED AS COPIES AND INCLUDE

FELLOWSHIP INCLUDING DVDS OF FILMS AND COPIES OF WRITTEN MATERIALS SUCH AS

SCREENPLAYS. ADDITIONAL REPORTS ARE WELCOME. THE FINAL REPORT SHALL INCLUDE

A DETAILED ACCOUNTING OF HOW THE FUNDS WERE SPENT.

032102 01-13-11

25

Schedule I (Form 990) (2010)

AT THE REQUEST OF MPI STAFF, THE GRANTEE WILL PROVIDE MPI WITH APPROPRIATE
BIOGRAPHIES OF KEY PERSONNEL, PROJECT DESCRIPTIONS, FILM CLIPS, AND IMAGES
TO BE PUBLISHED IN MPI MARKETING MATERIALS. IMAGES (INCLUDING TRAILERS AND
SHORT SEGMENTS) MAY BE USED ON THE MPI WEBSITE AS WELL AS IN MPI
PROMOTIONAL AND FUNDRAISING MATERIALS. MPI IS NOT OBLIGATED TO USE ANY OF
THE MATERIAL PROVIDED. ALL MARKETING AND PROMOTION WILL BE DONE IN
CONSULTATION WITH THE GRANTEE.
UPON COMPLETION OF THE PROJECT THE GRANTEE WILL PROVIDE DVD COPIES OF THE
PROJECT TO MPI FOR THE PURPOSES OF PROMOTION AND DEVELOPMENT FULFILLMENT.
THESE DVDS (A REASONABLE NUMBER NOT TO EXCEED 250. WILL BE PRODUCED AT
MPI'S EXPENSE BY A VENDOR SELECTED BY MPI AND MAY BE PAID FROM MPI'S GRANT
AT THE DISCRETION OF MPI'S EXECUTIVE DIRECTOR).
MPI HAS BEGUN TO PAY FOR MORE AND MORE EXPENSES INCURRED BY THE FILMMAKERS
DIRECTLY IN ORDER TO BE BETTER STEWARDS OF MPI'S ASSETS.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

MOVING PICTURE INSTITUTE

Employer identification number 20-3237801

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

(CONTINUED FROM PG 1, LINE 1) WHO ARE COMMITTED TO PROTECTING AND

SUSTAINING A FREE SOCIETY, AND SUPPORTS THEIR WORK THROUGH GRANTS,

TRAVEL SCHOLARSHIPS, AWARDS, INTERNSHIPS, TRAINING WORKSHOPS, AND

NETWORKING OPPORTUNITIES.

FORM 990, PART VI, SECTION B, LINE 11: MPI HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT'S SUBMITTED ELECTRONICALLY TO MEMBERS OF THE ORGANIZATION'S GOVERNING BODY FOR ANY COMMENTS PRIOR TO ITS SUBMISSION. THE GOVERNING BODY IS PROVIDED WITH ONE WEEK TO REVIEW THE PREPARED FORM 990 AND PROVIDE THEIR COMMENTS. ANY COMMENTS ARE THEN GROUPED, SUMMARIZED AND PROVIDED TO THE AUDIT COMMITTEE FOR THEIR REVIEW. EACH ISSUE IS DOCUMENTED AND ADDRESSED UNTIL THE RETURN IS FINALIZED AND APPROVED FOR FILING.

FORM 990, PART VI, SECTION B, LINE 12C: MPI REQUIRES BOARD MEMBERS TO

ANNUALLY SIGN A CONFLICT OF INTEREST STATEMENT, THE EXECUTIVE DIRECTOR

MONITORS AND ENFORCES THE ORGANIZATION'S COMPLIANCE WITH ITS CONFLICT OF

INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD ESTABLISHED THE EXECUTIVE DIRECTOR'S COMPENSATION USING COMPARABLE DATA AND DETERMINED THAT THE

SALARY IS REASONABLE. MPI HAS NO OTHER PAID OFFICERS OR KEY EMPLOYEES.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2010)

032211 01-24-11

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

If you a	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box		•	► [X]
• If you a	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of this	form).	ı	
Do not c	omplete Part II unless you have already been granted a	an automa	atic 3-month extension on a previously fi	iled Fo	rm 8868.	
Electron	ic filing (e-file). You can electronically file Form 8868 if	you need a	a 3-month automatic extension of time t	o file (6 months for a cor	poration
required '	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically file F	orm 8	868 to request an	extension
	file any of the forms listed in Part I or Part II with the ex				<u>-</u>	
	Benefit Contracts, which must be sent to the IRS in page	-				
	irs gov/efile and click on e-file for Charities & Nonprofits.		(Co			,
Part I	Automatic 3-Month Extension of Time		ibmit original (no copies needed)			
	ation required to file Form 990-T and requesting an autor			nolete		
Part I onl	-	matro o mi	Sittle oxidition of our time box and both	пріосо	•	▶ []
	r corporations (including 1120-C filers), partnerships, REM	IICs. and t	rusts must use Form 7004 to request a	n exter	nsion of time	
	ome tax returns.	,	,			
Type or	Name of exempt organization			Emp	loyer identificatio	n number
print	3					
	MOVING PICTURE INSTITUTE				0-3237801	
Fite by the						
filing your return See 375 GREENWICH STREET						
Instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
	NEW YORK, NY 10013	_				
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
		···				
Applicati	on	Return	Application			Return
Is For Code Is For				Code		
Form 990 01 Form 990-T (corporation)			07			
Form 990-BL 02 Form 1041-A			08			
Form 990-EZ 03 Form 4720			09			
Form 990-PF 04 Form 5227			10			
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	-T (trust other than above)	06	Form 8870			12
			OWEN J. FLANAGAN			
• The bo	poks are in the care of ▶ 60 EAST 42ND S	TREET				
Telept	none No. ► (212) -682-2783		FAX No. \triangleright (212)-697-58	43		
• If the	organization does not have an office or place of business	s in the Ur	nited States, check this box		•	▶ □
If this	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) If th	ıs ıs fo	r the whole group,	check this
box ►	. If it is for part of the group, check this box	and atta	ach a list with the names and EINs of all	memb	ers the extension i	s for.
1 I re	quest an automatic 3-month (6 months for a corporation	required	to file Form 990-T) extension of time uni	tıl		
	AUGUST 15, 2011 , to file the exemp	t organiza	tion return for the organization named a	above.	The extension	
is f	or the organization's return for:					
	$\overline{\mathbf{X}}$ calendar year $\underline{2010}$ or					
	tax year beginning	, an	d ending		·	
2 f t	ne tax year entered in line 1 is for less than 12 months, o	heck reas	on: Initial return Fina	al retur	m	
	Change in accounting period					
3a If th	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			_
	nrefundable credits. See instructions.			3a	\$	0.
b If the	nis application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and		Į	-
est	imated tax payments made. Include any prior year overp	payment a	llowed as a credit.	3ь	\$	0.
c Ba	ance due. Subtract line 3b from line 3a. Include your pa	syment wit	th this form, if required,			
	using EFTPS (Electronic Federal Tax Payment System).			3с	\$	0.
Caution.	If you are going to make an electronic fund withdrawal	with this F	orm 8868, see Form 8453-EO and Form	8879-	EO for payment ins	structions.
LHA F	or Paperwork Reduction Act Notice, see Instructions	5.			Form 8868 (f	Rev. 1-2011)

023841 01-03-11