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SCANNED DEC 2 8 2011.

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)

Open to Public inspection

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

A F	or the	2010 calendar year, or tax year beginning SEP 1 , 2010 and ending	AUG 31, 2011	
<u>—</u>	heck if	C Name of organization	D Employer identific	cation number
	oplicable			
	Address	PADUCAH FILM SOCIETY, INC.		
\vdash	Name change	Doing Business As	61-1	202971
\vdash	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room/su		
\vdash	_ireturn ∏Termin-	112 MAIDEN ALLEY		442-7723
一	Jated ∏Amende		G Gross receipts \$	146,127.
\vdash	⊒return ∏Applica			
Ь.	⊥tion pending		H(a) Is this a group re	Yes X No
		F Name and address of principal officer: ROBYN SHAPIRO	for affiliates?	
		112 MAIDEN ALLEY, PADUCAH, KY 42001	H(b) Are all affiliates inc	
				list. (see instructions)
		E ► WWW.MAIDENALLEYCINEMA.COM	H(c) Group exemption	
			ear of formation: 1991 N	State of legal domicile: KY
Pa		Summary		
ø		Briefly describe the organization's mission or most significant activities: ${f ENTERTAIL}$	MENT, CULTUR	AL
Ĕ	Ī	LITERACY, CROSS-CULTURAL AWARENESS		
Ĕ	2 (Check this box 🕨 📖 if the organization discontinued its operations or disposed of m	ore than 25% of its net as	sets.
ŏ	3 1	Number of voting members of the governing body (Part VI, line 1a)	3	<u> 12</u>
ر مع	4 1	Number of independent voting members of the governing body (Part VI, line 1b)	. 4	12
Se	5 T	otal number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0
Activities & Governance	6 T	otal number of volunteers (estimate if necessary)	6	0
Ć	7a T	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
٩		Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue			Prior Year	Current Year
	8 (Contributions and grants (Part VIII, line 1h)	39,952.	41,764.
		Program service revenue (Part VIII, line 2g)	93,331.	104,363.
		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	6.	0.
ď	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	l	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	133,289.	146,127.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	l	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	48,000.	48,000.
Expenses	l	· · · · · · · · · · · · · · · · · · ·	0.	0.
ĕ		Professional fundraising fees (Part IX, column (A), line 11e) Fotal fundraising expenses (Part IX, column (D), line 25) 9,609		
Ä			95,480.	81,869.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	143,480.	129,869.
	Ł	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		16 250
<u> </u>	19 F	Revenue less expenses. Subtract line 18 from tine 12	<10,191.	
Net Assets or Fund Balances	l		Beginning of Current Year	End of Year
Sse	20	Total assets (Part X, line 16) 😡	70,618.	82,942.
age age	21	Fotal assets (Part X, line 16) Fotal liabilities (Part X, line 26) Fotal liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	<u> 15,000.</u>	11,066.
꾦	22 1	Vet assets or fund balances. Subtract line 21 from line 20 (0)	55,618.	71,876.
	art II	Oignatare Diook		
		ties of perjury, I declare that I have examined this return, including accompanying schedules and sta		y knowledge and belief, it is
true	, correct	, and complete Declaration of preparer (other than officer) is based on all information of which prep		
			11-29-	//
Sig	n	Signature of officer	Date	
Her	е	ROBÝN SHAPIRO, PRESIDENT		
		Type or print name and title	TR Tak.o. F	
	}	Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid	1	KELLY SCRUGGS KELLY SCRUGGS	11/29/11 self-employ	ed
Pre	parer	Firm's name WILLIAMS, WILLIAMS & LENTZ, LLP	Firm's EIN	
Use	Only	Firm's address 601 JEFFERSON		
_		PADUCAH, KY 42001	Phone no. 2	704433643
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)	•	X Yes No
	01 02-2			Form 990 (2010)

orm	990 (2010) PADUCAH FILM SOCIETY, INC.	61-1202971	Page 2
	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:		
•	THE VISION OF PFS IS TO BECOME THE LEADING REGIONAL ART	C OPCANITOATI	ON
		ON IS TO USE	<u> </u>
	FILM TO PROVIDE ENTERTAINMENT, PROMOTE VISUAL LITERACY,		
	CROSS-CULTURAL AWARENESS AND PROMOTE FILM MAKING AS AN	ART FORM.	
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
•	If "Yes," describe these changes on Schedule O.		
	•		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by ex		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
4a			<u>363.</u>)
	THE SPECIFIC PURPOSES OF THE ORGANIZATION ARE TO PROMOT	E AND ENCOUP	LAGE
	THE ADVANCEMENT AND DIFFUSION OF KNOWLEDGE AND UNDERSTA	NDING WITH	
	REFERENCE TO CINEMA. IN FULLFULLMENT OF SUCH PURPOSES,	THE ORGANIZ	ATON
	SHALL PRESENT FILMS & SPONSOR RELATED EDUCATIONAL EVENT		
	EXERCISING ANY AND ALL POWERS OF A CORPORATION ORGANIZE		
		D ONDER RED	
	273.390.		
			
46	(Code:) (Expenses \$ including grants of \$) (Fig. 2)	Povonuo \$	
4b	(Code:) (Expenses 5 including grants of 5	76491IN9 A	
			
			
			
4c	(Code:) (Expenses \$ including grants of \$) (F	Revenue \$)
		· · · · · · · · · · · · · · · · · · ·	
			·
			
		 	
4d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
40	Total program service expenses ► 120, 260.		
		Form !	990 (2010)
03200 12-21		. 5.111	(=0.10)

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)?			1.0
•	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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			
-	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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_x_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			}
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		X_
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	'		
	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	├
b				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X_
С		مما		37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d				
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Plot the organization report an amount for other liabilities in Part X, line 252 if "Yes." complete Schedule D. Part X	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		^
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	-''-		<u> </u>
اکک :	Schedule D, Parts XI, XII, and XIII	12a		x
b		, <u></u>		1
J	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ıı)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	L	Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals]		
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	.	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		İ	1
	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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1	ľ	
	complete Schedule G, Part III	19	<u> </u>	X
20a		20a	├	X
b	·			
_	operate one or more hospitals must attach audited financial statements (see instructions)	20b	000	
		Form	990	(2010)

Form 990 (2010) PADUCAH FILM SOCIE
Part IV Checklist of Required Schedules (continued)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
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			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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		X
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 or-	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		х
_	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		^
þ	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		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	200		
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
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		1	}
	Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	ļ	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			•
	If "Yes," complete Schedule N, Part I	31	 	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		X
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u> </u>
33	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?	- 33		
5	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	T	X
а				
_	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			İ
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			1
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	(2010)

1 ai	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	. 1		ĺ
Ū	(gambling) winnings to prize winners?	1c		ĺ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0	i I		1
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		ĺ
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
•-	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
ь	If "Yes," enter the name of the foreign country:			
_	See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	1		1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		x
b	if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
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_		L
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			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.			
а	Did the organization make any taxable distributions under section 4966?	9a_		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		ļ
10	Section 501(c)(7) organizations. Enter:			j
а	Initiation fees and capital contributions included on Part VIII, line 12			ļ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	∤		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	│		1
b	land			1
	amounts due or received from them.)	1 40.		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		\vdash
b	· · · · · · · · · · · · · · · · · · ·			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	• • • • • • • • • • • • • • • • • • • •	13a		\vdash
	Note. See the instructions for additional information the organization must report on Schedule O.			
Ø	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			
_	· · · · · · · · · · · · · · · · · · ·	1		
	Enter the amount of reserves on hand	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	 	—
	11 1 00, 1100 is mod a 1 0111 120 to 10 port and 0 paymontos ii 110, provide an explanation in Conteduct O		990	(2010

Form 990 (2010) PADUCAH FILM SOCIETY. 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 No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 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 officer, director, trustee, or key employee? X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Does the organization have members or stockholders? X 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? . . X 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Does the organization have local chapters, branches, or affiliates? X 10a 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 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Does the organization have a written conflict of interest policy? If "No," go to line 13 X 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c Does the organization have a written whistleblower policy? 13 13 Does the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 15b 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 taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶KY 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 18 public inspection. Indicate how you make these available. Check all that apply. ___ Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial 19

Form **990** (2010)

61120291

State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

42001

statements available to the public.

ORGANIZATION - 270-442-7723

112 MAIDEN ALLEY, PADUCAH, KY

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

Employees, and Independent Contractors

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per	(C) Position (check all that apply)					íy)	(D) Reportable compensation from	(E) Reportable compensation	(F) Estimated amount of	
	week (describe hours for related organizations in Schedule O)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
JAY DOWNS SISKA											
PAST PRESIDENT	5.00	<u> </u>	_	_		.	-	0.	0.	0.	
ROBYN SHAPIRO											
PRESIDENT	5.00	<u> </u>		<u> </u>	<u> </u>	ļ	ļ	0.	0.	0.	
JASON COLTHARP							ŀ				
SECRETARY	5.00		_	<u> </u>		┡	<u> </u>	0.	0.	0.	
KELLY SCRUGGS						}					
TREASURER	5.00		ļ		<u> </u>	<u> </u>	_	0.	0.	0.	
LANDEE BRYANT					1						
EXECUTIVE DIRECTOR	40.00		<u> </u>	<u> </u>	ļ		⊢	0.	0.	25,000.	
JOHN HOLT					j						
DIRECTOR OF OPERATIONS	40.00	_	├		<u> </u>	-	_	0.	0.	23,000.	
DOUG MOORE	1			i							
BOARD MEMBER	1.00		├	 	<u> </u>	-	-	0.	0.	0.	
DAWN DURHAM	1 00	l		l	ł	1	-				
BOARD MEMBER	1.00	⊢		<u> </u>		-	-	0.	0.	0.	
MATT JAEGER	4 00	į.				İ				_	
BOARD MEMBER	1.00	-		├-	-	├	├	0.	0.	0.	
BRIAN LACZKO	1 00		ĺ		ĺ	ĺ	ĺ				
BOARD MEMBER	1.00	-	┝	<u> </u>		╁	-	0.	0.	0.	
JOHANNA RHODES	1 00				İ						
BOARD MEMBER	1.00	-	<u> </u>	 	╀	├	├	0.	0.	0.	
VALERIE POLLARD	4 00		1	ĺ							
BOARD MEMBER	1.00	-	<u> </u>	├	├	⊢	⊢	0.	0.	0.	
VICTOR SREDL	1 1 1										
BOARD MEMBER	1.00	⊢	-	⊬		┼	⊢	0.	0.	0.	
MARK THOMPSON	1 00						ļ				
VICE PRESIDENT	1.00		-				-	0.	0.	0.	
										Form 990 (2010)	

Form **990** (2010)

Part	VII Section A. Officers, Directors, T		nplo	уев			High	<u>est</u>	Compensated Employ	ees (continued)			
	· (A)	(B) (C) Average Position							(D)	(E)		(F)	
	Name and title	Average hours per) _{(C}					hA.	Reportable	Reportable compensation	Estimate		
		week (describe hours for related organizations in Schedule O)	stee or durector	check sats not revoluted	Officer		Highest compensated components	Former	compensation from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC		amount othe compens from the organiza and rela organiza	r sation he ation ated
												_	
			_								_		
				<u> </u>		-					\perp		
						<u> </u>	-	_					
							-	_			+		
				<u> </u>	-	-	-				\dashv		
				-	_						\dashv	 	
46.	Sub-total		<u> </u>	!		<u> </u>	_	<u>L</u>	0.		0.	48	000
	Sub-total Total from continuation sheets to Part	 VII. Section A		•	•				0.		<u>0.</u>		0.
	Total (add lines 1b and 1c)						<u> </u>		0.		0.	48,	000.
	Total number of individuals (including but compensation from the organization	t not limited to th	nose	e list	ed a	bov	e) w	ho r	eceived more than \$100	0,000 in reportable			
•	Dud the agreement on het agreef agree office	or director or to	.ata	a ka		mole		ort	numbers companyated a	mployee en	Г	Yes	No.
1	Did the organization list any <mark>former</mark> offici line 1a? <i>If "Yes," complete Schedule J fo</i> For any individual listed on line 1a, is the	r such ındivıdual	'								-	3	X
	and related organizations greater than \$* Did any person listed on line 1a receive o	150,000? If "Yes	, " cc	omp	lete	Sch	edul	e J	for such individual		-	4	X
	rendered to the organization? If "Yes," co	-					-					5	X
1	complete this table for your five highest the organization. NONE	compensated in	dep	end	ent (cont	tract	ors 1	that received more than	\$100,000 of comp	ensa	tion from	
	(A) Name and busine	ss address							(B) Description of	services	Cc	(C) empensat	ion
2	Total number of independent contractor	s (includina but i	not !	limite	ed to	o the	ose 1	iste	d above) who received	more than ?	<u> </u>		
	\$100,000 in compensation from the orga						0		•			50rm 990	1/2010

Part VIII Statement of Revenue (**D**) Revenue (A) (B) (C) Related or Unrelated Total revenue excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue 1 a Federated campaigns 1a 15,910 Membership dues 1b c Fundraising events 1¢ d Related organizations 1d 7,000. e Government grants (contributions) 10 f All other contributions, gifts, grants, and 18,854 similar amounts not included above Signal Strategy St 41,764 h Total, Add lines 1a-1f **Business Code** 711110 45,670 45,670 2 a BOX OFFICE SALES Program Service 19,019. 711110 19,019 ь CONCESSION/MERCHDISE S 16,281 711110 16,281 c SPECIAL EVENTS INCOME d ADVERTISING INCOME 711110 13,216. 13,216. 10,177 10,177 711110 FILM FESTIVAL FEES/ADM f All other program service revenue 104,363 g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (ii) Personal 6 a Gross Rents b Less: rental expenses Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 146,127. 104,363. Total revenue. See instructions. 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				D)
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	48,000.	48,000.		<u>-</u>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				<u> </u>
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
	Management				
þ	Legal				
C	Accounting		···		
đ	Lobbying				
e	Investment management fees				.,
f	Other				
g 12	Advertising and promotion	467.	467.		
13	Office expenses	1,973.	1,973.		
14	Information technology				
15	Royalties				
16	Occupancy	5,119.	5,119.		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	782.	782.		
21	Payments to affiliates	6 007	6 007		
22	Depreciation, depletion, and amortization	6,007.	6,007.		
23	Insurance				
24	Other expenses. Itemize expenses not covered 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 O.)				
а		28,303.	<u>28,303.</u>		
b		13,414.	13,414.		9,609.
С	FUNDRAISING EXPENSES	9,609.	A 252		9,009.
d		4,352.	4,352. 2,630.		
е	TELEPHONE	2,630.	2,630. 9,213.		
f	All other expenses	9,213. 129,869.	120,260.		9,609.
25	Total functional expenses. Add lines 1 through 24f	149,009.	140,400.	<u> </u>	3,003.
26	Joint costs. Check here ► If following SOP 98-2 (ASC 958-720). Complete this line only if the		15	ļ	1
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
					Earm 990 (2010)

Part X **Balance Sheet** (A) Beginning of year End of year 15,712. 5,124 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 Accounts receivable, net 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 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) 7 Notes and loans receivable, net 592. 2,335. 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 129,486. 10a 64,902 64,895. 64,591 Less: accumulated depreciation 10b b 11 Investments · publicly traded securities 11 12 Investments · other securities. See Part IV, line 11 12 13 13 Investments · program-related. See Part IV, line 11 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 70,618. 82,942 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 15,000. 11,066. 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Complete Part X of Schedule D 15,000 066 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here
and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 28 Temporanly restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 0. 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 31 71,876. <u>55,618</u>. 32 Retained earnings, endowment, accumulated income, or other funds 71,876. 55,618. Total net assets or fund balances 33 70,618 82,942. Total liabilities and net assets/fund balances

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

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

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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

ZUTUOpen to Public

Inspection

Name of the organization

Employer identification number

		PADUCAH	FILM SOCIET	Y, IN	C.				61	-1202	<u>971</u>	
Part			ity Status (All organiz					ructions.				
he organ			because it is: (For lines 1	-								
1	•		s, or association of churc		ibed in se	ction 170	(b)(1)(A)(i)	•				
2	A school desc	cnbed in section 17	0(b)(1)(A)(ii). (Attach Sci	hedule E.)								
3 🖳	•	•	tal service organization o									
4 📖	A medical res	search organization of	operated in conjunction	with a hos	pital descr	ipeq iu se	ction 170	(b)(1)(A)(ii	ı). Enter th	e hospital	s name	θ,
	city, and state											
5	An organization	on operated for the i	benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nentai unr	t describe	d in		
	section 170((b)(1)(A)(iv). (Comple	ete Part II)									
6 🖳	A federal, sta	te, or local governme	ent or governmental unit	described	l in sectio	n 170(b)(1)(A)(v).					
7 📖	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.)											
8 🖳	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9 X	An organizate	on that normally rec	eives: (1) more than 33 1	1/3% of its	support fr	om contri	butions, m	embershi	p fees, an	d gross red	eipts f	rom
	activities relat	ted to its exempt fur	nctions - subject to certa	ın exceptio	ons, and (2	2) no more	than 33 1	/3% of its	support f	rom gross	investr	ment
	income and u	inrelated business ta	axable income (less sect	ion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nization a	fter June 3	0, 197	5.
	See section	509(a)(2). (Complete	Part III)									
10 🖳	An organizatı	on organized and or	perated exclusively to te	st for publi	c safety. S	ee sectio	n 509(a)(4	l).				
11 📖	An organizati	on organized and or	perated exclusively for th	e benefit d	of, to perfo	rm the fur	nctions of,	or to carr	y out the p	ourposes o	f one c	or
	more publicly	supported organization	ations described in section	on 509(a)(1	i) or sectio	n 509(a)(2	2). See se c	tion 509(a)(3). Che	ck the box	that	
	describes the	type of supporti <u>ng</u>	organization and comple						_			
	a Type I		- // -	: Typ		•	•		· · · · · · · · · · · · · · · · · · ·	Type III - C		
e []	By checking	this box, I certify tha	it the organization is not	controlled	directly or	r ındırectiy	by one or	more disc	qualified p	ersons oth	er than	1
	foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	tions desc	cribed in s	ection 509	9(a)(1) or s	ection 509	(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	t it is a Ty	pe I, Type	II, or Type) III				
		rganization, check th	** *									L
g	Since August	t 17, 2006, has the c	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing per	sons?			
	(i) A person	n who directly or ind	irectly controls, either al	one or tog	ether with	persons c	lescribed i	ın (ii) and (ııi) below,		Yes	No
	the gove	eming body of the s	upported organization?							11g(i)		
	(ii) A family	member of a persor	n described in (i) above?							11g(ii)		
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (ii) above	∍?					11g(iii)		
h	Provide the fe	ollowing information	about the supported or	ganızatıon	(s).							
				,		г						
(i) Name	of supported	(ii) EIN	(iii) Type of organization		rganization			(vi) is organizati	s the	(vii) An	nount of	f
orga	anization		(described on lines 1-9		sted in your		ion in col.	(i) organiz	ed in the	sup	port	
			above or IRC section		document?		r support?	U.S				
			(see instructions))	Yes	No	Yes	No	Yes	No			
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<u>Fotal</u>						<u>L</u>						

032021 12-21-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

LHA For Paperwork Reduction Act Notice, see the Instructions for

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
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		1		1	İ	ļ
	amount shown on line 11,		}				
	column (f)			Ì			
6	Public support. Subtract line 5 from line 4.						
Sec	tion 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						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10				L		
12	Gross receipts from related activities,	, etc. (see instruct	ions)			12	
13	First five years. If the Form 990 is for	r the organization	's first, second, the	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
	organization, check this box and stop	p here					
						, 	
14	Public support percentage for 2010 (line 6, column (f) o	divided by line 11,	column (f))	•	14	%
		grants, contributions, and ership fees received. (Do not a any "unusual grants.") venues levied for the organ- 's benefit and either paid to ended on its behalf slue of services or facilities led by a governmental unit to janization without charge Add lines 1 through 3 which of total contributions the person (other than a mental unit or publicly reted organization) included 1 that exceeds 2% of the nt shown on line 11, no 1 that exceeds 2% of the nt shown on line 11, no 1 that exceeds 2% of the nt shown on line 11, no 1 that exceeds 1 the nt shown on line 14, not from line 4 income from interest, nds, payments received on these loans, rents, royalties come from similar sources come from on the ses is regularly carried on income Do not include gain shown the solid capital a (Explain in Part IV) support. Add lines 7 through 10 receipts from related activities, etc. (see instructions) 12 Inve years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) zeation, check this box and stop here C. Computation of Public Support Percentage					
16a					14 is 33 1/3% or r	nore, check this bo	ox and
							. ▶∟
ŧ	33 1/3% support test - 2009.If the o	organization did no	ot check a box on	line 13 or 16a, and	I line 15 is 33 1/3%	6 or more, check th	nis box
	•		•				▶∟
178							
	-					art IV how the orga	nization
ı							
							е
							▶∟
18	Private foundation. If the organization	on did not check a	a box on line 13, 1	6a, 16b, 17a, or 17			
					Sch	edule A (Form 99)	0 or 990-EZ) 2010

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Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar 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. 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 busmess under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 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 c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008(d) 2009(e) 2010 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carned on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12) 0. 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) .00 15 % Public support percentage from 2009 Schedule A, Part III, line 15 96.35 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) .00 17 % 18 Investment income percentage from 2009 Schedule A, Part III, line 17 18 .02 % 19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE 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.

Inspection

Employer identification number Name of the organization PADUCAH FILM SOCIETY, INC. 61-1202971 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part Vill, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

		FILM SOC						202971	
Part	t III Organizations Maintaining C	ollections of	Art, His	torical Tr	easures, o	r Othe	r Similar Ass	ets (continu	ed)
3	Using the organization's acquisition, accession	on, and other reco	rds, ched	k any of the	following that	are a si	gnificant use of it	s collection it	ems
	(check all that apply):								
а	Public exhibition		a \square	Loan or exc	hange progra	ms			
b	Scholarly research		• 🗔	Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	explorations and expl	ain how t	they further t	he organizatio	n's exe	mpt purpose in Pa	art XIV.	
	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma						_	Yes	□ No
Par	IV Escrow and Custodial Arran	gements. Com	plete if th	e organizatio	on answered "	Yes" to	Form 990, Part IV	, line 9, or	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi	an or other interm	ediary fo	r contribution	ns or other as:	sets not	ıncluded		
	on Form 990, Part X?		•					Yes	□ No
ь	If "Yes," explain the arrangement in Part XIV	and complete the	following	table:					
		•		•				Amount	
С	Beginning balance						1c		
	Additions during the year				• • • • •	•	1d		
	Distributions during the year			• •		•••	1e		·
	For the selection of		•	•			1f		
	Did the organization include an amount on Fe		ne 21?			• •		Yes	No
	If "Yes," explain the arrangement in Part XIV.			• •			_		
Par			answered	"Yes" to Fo	orm 990, Part	IV, line 1	0.		
		(a) Current year		Prior year			(d) Three years bac	k (e) Four ve	ars back
1a	Beginning of year balance	(5) 55	1 1	<u>, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	107		127	(0)	
	Contributions				<u> </u>			† 	
	Net investment earnings, gains, and losses				 				
	Grants or scholarships		 		 			 	
	Other expenditures for facilities		+		1				
	and programs				1				
	Administrative expenses	<u>.</u>							
	End of year balance								
	Provide the estimated percentage of the year	r and halance hale	1 20:						
	Board designated or quasi-endowment		as. %						
	Permanent endowment	%	—/º						
		% %							
_	Are there endowment funds not in the posse	• •	sization tl	nat are held :	and administa	rad for t	ho organization		
Sa		ission of the organ	nzanon u	141 414 11614 6	and administe	i e a ioi t	ne organization	T.	es No
	by:								es No
	(i) unrelated organizations	•		•				3a(i)	
_	(ii) related organizations If "Yes" to 3a(ii), are the related organizations	. liatad aa vaavusa	d on Cab				•	3a(ii)	
_					••••	•	•	_ <u>3</u> b	
4 Par	Describe in Part XIV the intended uses of the tVI Land, Buildings, and Equipm								
- 41	Description of investment	(a) Cost o			t or other	(a) A	ccumulated	(d) Book v	rahio.
	Description of investment	basis (inve		, , ,	(other)		preciation	(a) Book v	raiu u
	Load	Dasis (11146)		1 1000	(31.101)	46	production		
	Land	·		+					
	Buildings	 		 	75,720.		19,577.	E 6	1/2
	Leasehold improvements				53,766.				<u>,143.</u> ,752.
	Equipment	·		 	13,100.		45,014.	8	, 134.
	Other			(7)				CA	895

Schedule D (Form 990) 2010

Part VII Investments - Other Securities. S	ee Form 990, Part X, line 1	2.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method (Cost or end-of-ye		
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)		<u> </u>		
(E)				
(F)				
(G)	<u> </u>			
<u>(H)</u>	<u> </u>			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	<u> </u>	<u> </u>		
Part VIII Investments - Program Related.	See Form 990, Part X, line			
(a) Description of investment type	(b) Book value		(c) Method of valuation: t or end-of-year market value	
(1)				
(2)				
(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	- 45	<u> </u>	······································	
	a) Description		(b) Book value	
	ij Description		(b) Book Value	
(1) (2)				
(3)	1			
(4)				
(5)				
(6)		,		
(7)		·		
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) lii	ne 15.)		>	
Part X Other Liabilities. See Form 990, Part >				
1. (a) Description of liability		(b) Amount		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)		_		
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) li	ne 25.) . >			
FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote in Part XIV, provide the footnote in Part XIV, provide the footnote in Part XIV, provide the footnote in Part XIV, provide the footnote in Part XIV, provide the footnote in Part XI	to the organization's financial stat	ements that reports the organization's liability	for uncertain tax positions under	

	dule D (Form 990) 2010 PADUCAH FILM SOCIETY, INC.			61-1202971	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finar	ncial State	ments	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	146	5,127.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	129	869.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		5,258.
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		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 at	nd 9	10	10	5,258.
	t XII Reconciliation of Revenue per Audited Financial Stateme				, , = • • •
1	Total revenue, gains, and other support per audited financial statements		. •	T 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•	•		
-	Net unrealized gains on investments	2a			
h	Donated services and use of facilities	2b		1	
•	Recoveries of prior year grants	2c	·····	1	
d	Other (Describe in Part XIV.)	2d		<u> </u>	
•	Add lines 2a through 2d			20	
2	Subtract line Se from line 4			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				· · · · · · · · · · · · · · · · · · ·
•	Investment expenses not included on Form 990, Part VIII, line 7b	4a		<u> </u>	
а Ь	Other (Describe in Part XIV.)	4b		1 1	
	Add lines 4a and 4b	[40]		4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	•		5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial Staten	nents With Exp	enses per		
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	•			
-	Donated services and use of facilities	2a			
a	Prior year adjustments	2b		1 1	
0	Otherstones	2c		1 1	
ن	Other (Describe in Part XIV.)	2d		1	
u	Add lines 2a through 2d	201		7 _{2e}	
3	Subtract line 2e from line 1		•	3	
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			
h	Other (Describe in Part XIV.)	4b		1	
6	Add lines 4a and 4b	L 79.1		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		•	5	
Pa	rt XIV Supplemental Information			1 9 1	
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com				
			 	1	
					

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

PADUCAH FILM SOCIETY, INC.

Employer identification number 61-1202971

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION OFFERS MEMBERSHIPS
WITH FLEXIBLE DONATION LEVELS TO FIT EVERY BUDGET, AND REWARDS THAT ARE
SURE TO BENEFIT EVERYONE FROM THE CASUAL MOVIE GOER TO THE BUSINESS OWNER
LOOKING TO OFFER CLIENTS AND EMPLOYEES UNIQUE AND VALUABLE BENEFITS. ALL
MEMBERS RECEIVE AN INVITATION TO ALL PFS SPECIAL EVENTS, DISCOUNTS ON PFS
SPECIAL EVENTS TICKETS, RECONGNITION ON MAC WEBSITE, ON-SCREEN LISTING
BEFORE EACH FILM, AND ONE MAC WEAR ITEM.
FORM 990, PART VI, SECTION B, LINE 11: ALL OFFICERS AND DIRECTORS CAN BE
REACHED AT THE ORGANIZATION'S MAILING ADDRESS.
FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST.