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Return of Organization Exempt From Income Tax

Department of the Treasury

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

		al Revenue Ser						rispection				
			calendar year, or tax year beginning		and endi		1					
		heck if applica		AL DOCUMENTARY FDN,		D Employer id	entification	number				
	=	ddress chang	THE CAN A TOTAL	DOCUMENTARY ASSOCIA		95-3911227		· · · · · · · · · · · · · · · · · · ·				
	שַע	lame change	Number and street (or P O box if mail is not de	elivered to street address) Room/s	suite	E Telephone r	number					
©	ir 📗	ntial return	1201 WEST 5TH STREET	M270		(213)534-360	00					
	т	erminated	City or town, state or country, and ZIP + 4									
C.		mended return	LOS ANGELES	CA 900	017	G Gross receip	ots \$	4,913,804				
~	◱▴	pplication pen	ding F Name and address of principal officer	·	H(a	a) is this a group return	n for affiliates?	Yes X No				
		.,	MICHAEL LUMPKIN 1201 W 5TH ST.,	LOS ANGELES, CA 9001	I -	b) Are all affiliates inclu		Yes No				
8					1	If "No," attach a list.						
Ž.	_	ex-exempt stat		sert no) 4947(a)(1) or	527			5113)				
ığ	J W	lebsite: 🕨	WWW.DOCUMENTARY.ORG		H(c) Group exemption nu	ımber 🕨					
8.55 E	K Fo	orm of organiz	ation: X Corporation Trust Association	n Other ▶	L Year of	formation 1982	M State of I	egal domicile CA				
	P	art I	Summary		• • • • • • • • • • • • • • • • • • •							
1,25				nost significant activities:	We beli	eve that the power	er and artis	try of the				
San	3	1 Briefly describe the organization's mission or most significant activities: We believe that the power and artistry of the documentary art form are vital to cultures and societies globally, and we exist to serve the needs of those who create this										
	. 8		orm. (Please see Schedule O.)				ander Mine.					
-	ă,	34.5.	om. (1.10000 100 100110000 0.17									
	Governance	2 Chc	ck this box If the organization discontinue	ed its appretions or disposed of m	oro than 2	E0/ of its not assets						
	Ĝ	ſ		•			ا و	20				
	Activities &	L	nber of voting members of the governing bo				4	20 20				
	ŧ		nber of independent voting members of the				5					
<u></u>	돭		al number of individuals employed in calend		•			12				
2613	⋖		al number of volunteers (estimate if necessary)				6	150				
ಣ			al unrelated business revende of Pa/A				7a	32,003				
			unrelated business taxable income from Fo	177) ü			7b	0				
0			tributions and grants Part VIII, line in).	2 9	-	Prior Year		Current Year				
NVI	e	8 Con	tributions and grants (Part VIII, line 1n):	_ · 🗞 · · · · · · · ·	· ·	3,343,		4,248,636				
→	Revenue	9 Pro	gram service revenue (Part VIII, line 2g)			869,		641,869				
	æ		stment income (Part VIII, @@@ (A) lines			12,		22,571				
			er revenue (Part VII I, column (A), lines 5, 6	· · · · · · · · · · · · · · · · · · ·		4.005	0	728				
SCANNED			I revenue—add lines 8 through 11 (must equal I			4,225,		4,913,804				
			nts and similar amounts paid (Part IX, colur				0	75,000				
S			efits paid to or for members (Part IX, colum			405	0	400.005				
.W	8	7	ries, other compensation, employee benefits (P	, ,,		425,		492,825				
,	Expenses	ſ	essional fundraising fees (Part IX, column (5 SEE 5-	0	0				
	Ϋ́		al fundraising expenses (Part IX, column (D		<u> ,412 *</u>							
	_		er expenses (Part IX, column (A), lines 11a-	•		3,593,		4,146,777				
			al expenses. Add lines 13–17 (must equal P			4,018,		4,714,602				
	. 10	19 Rev	enue less expenses. Subtract line 18 from l	line 12		206,		199,202				
	Net Assets or Fund Balances	.				eginning of Current Y		End of Year				
	Sse		al assets (Part X, line 16)			1,231,		1,326,961				
	A Pur		Il liabilities (Part X, line 26)		· · _	189,		85,097				
ı			assets or fund balances. Subtract line 21 fr	om line 20	1	1,042,	662	1,241,864				
	Pai		Signature Block		 							
			perjury, I declare that I have examined this return, including correct, and complete. Declaration of preparer (other that			•	-					
•	and b	ellet, it is true,	Correct, and complete Declaration of preparer (other tha	an officer) is based on an information	II OI WINCII	preparer rias any know	neage					
	Sig	n	Signature of officer			l						
	Her	e	Signature of officer			Date						
			T	· · · · · · · · · · · · · · · · · · ·								
			Type or print name and title	parada paratura		Doto	1	PTIN				
	Paid	4	Print/Type preparer's name Pre	eparer's signature		Date Che		FIN				
			SUSAN LEGASPI					P00331939				
		parer	Firm's name ► ZUEHLS, LEGASPI AND CO	Ο.		Firm's EIN ▶ 0						
	Use	Only										
			Firm's address ► 350 S. Figueroa St., Suite.4				<u>972-4 (213</u> 1					
	Мау	the IRS di	scuss this return with the preparer shown a	bove? (see instructions).	<u>.</u>	· · · · · · ·	<u> [</u>	X Yes No				
	For I	Paperwork	Reduction Act Notice, see the separate instru	ctions.				Form 990 (2011)				

Form 990 (2011) INTERNATIONAL DOCUMENTARY FDN, INC.

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	Х	:
2	is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		<u> </u>
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			<u> </u>
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 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 credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, 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,	なっ		
	VII, VIII, IX, or X as applicable	#, ** Ç	نَّ كُ	
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	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		×
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	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"		T	Ī
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		<u> x</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	L	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			l . <i>.</i>
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	!	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, 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, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	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		<u>x</u>
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	ļ	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?.	20b	l	L

19? Note. All Form 990 filers are required to complete Schedule O

		<u>95-3911227</u>	Р	age 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete 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		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
4	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
ь	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		Х
26				
27	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Pal Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	rt II 26		X
27	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete 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)	<u> </u>	7/ 	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
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		Х
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		1	
	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 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		х
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		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
D	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	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	. 36		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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			l

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V		ſ	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			\$ T
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0		1. A	\\ \text{2.5}
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
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 12		*****	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<u>2b</u>	Х	ļ,
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1	2 "1" 	لعتما
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	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		i l	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country	44	* 10x 177	200
D	See instructions for filing 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		Х
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		ļ
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			المرائعة
	and services provided to the payor?	7a	X	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?. Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b	Х	-
С	required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	1 17		
e	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		Х
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		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		تئت	. î
	organization, have excess business holdings at any time during the year?	<u>8</u>	 	
9	Sponsoring organizations maintaining donor advised funds.	لشت	~ <u>~.</u>	تنت
a	Did the organization make any taxable distributions under section 4966?	9a		-
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		8
а	Initiation fees and capital contributions included on Part VIII, line 12			4.77
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	3.735		
11	Section 501(c)(12) organizations. Enter	1.3	3	
а	Gross income from members or shareholders	- હ્યું	सुरुष	
b	Gross income from other sources (Do not net amounts due or paid to other sources			2,20
	against amounts due or received from them)			
12a	1,1,7	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]	~ €.	,***.*	2.74
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	ý.	<u> </u>	^
а		13a	 	-,0.4
	Note. See the instructions for additional information the organization must report on Schedule O		~ ' · . '	- " "
b	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 Enter the amount of reserves on hand 13b 13c		18.7	1.5
с 14а		14a		X
		14b		<u> </u>
	,			

	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	a "Ño	n n	age U						
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O	e ins	tructi							
	Check if Schedule O contains a response to any question in this Part VI			<u>IX</u>						
Sect	ion A. Governing Body and Management		Yes	No						
12	Enter the number of voting members of the governing body at the end of the tax year 20	in the	i ma	44 3						
ıa	If there are material differences in voting rights among members of the governing body, or		沙里	當自						
	if the governing body delegated broad authority to an executive committee or similar									
	committee, explain in Schedule O			13.3						
b	Enter the number of voting members included in line 1a, above, who are independent 20			3						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
	any other officer, director, trustee, or key employee?	2		X.						
3	Did the organization delegate control over management duties customarily performed by or under the direct			,						
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X						
5										
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint	6		X						
7a	one or more members of the governing body?	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			 						
	stockholders, or persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	1	1 (6)	1.24						
•	the year by the following	unio.								
а	The governing body?	8a	X	<u> </u>						
b	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached									
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> X</u>						
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	oue)	Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a	105	X						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			 						
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	1	: 3%-	,7° ,18						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	ļ						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"									
	describe in Schedule O how this was done	12c	X	 						
13	Did the organization have a written whistleblower policy?	13		X						
	Did the organization have a written document retention and destruction policy?	14	Sen Sea	X						
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1	\$ 1.5°							
_	The organization's CEO, Executive Director, or top management official	15a	<u> Sam</u>	X						
a b	Other officers or key employees of the organization	15b	l	X						
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	. Sys	** · · ·	3.3						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		5 2	13.7						
	with a taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		4 353	12. "						
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard		3,1,2	*						
	the organization's exempt status with respect to such arrangements?	16b	ŀ							
Sect	ion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)S	oniy)							
	available for public inspection. Indicate how you made these available. Check all that apply									
40	X Own website X Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest									
19	policy, and financial statements available to the public									
20	State the name, physical address, and telephone number of the person who possesses the books and records of the									
~~	organization ► RODNEY FAYTON (213) 254-36	00								
	1201 WEST 5TH STREET, SUITE M270, LOS ANGELES, CA 90017									
			000							

Form 990 (2011) INTERNATIONAL DOCUMENTAR									95-39112	27 Page 7
Part VII Compensation of Officers, Direct Employees, and Independent C Check if Schedule O contains a re	ontractors								ensated 	. 🗀
Section A. Officers, Directors, Trustees, Key E	Employees, and	d Hig	hes	t C	omj	pens	ateo	l Employees		
1a Complete this table for all persons required to be organization's tax year	•	-						-		
 List all of the organization's current officers, of compensation Enter -0- in columns (D), (E), and List all of the organization's current key empl List the organization's five current highest co who received reportable compensation (Box 5 of Fo organization and any related organizations List all of the organization's former officers, k \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation 	(F) if no comper oyees, if any S mpensated emp rm W-2 and/or f ey employees, a nization and any or trustees tha	nsations and had related to the control of the cont	on w structes (d of I night ted every	vas ctio othe Forr est organical	paid ns for the m 10 com aniz n the	or de lan ar 099-N lipens lation e cap	finition of the state of the st	on of "key empl ficer, director, the C) of more than d employees wh	oyee " ustee, or key em \$100,000 from t o received more	nployee) he e than
List persons in the following order individual trustee compensated employees, and former such persons										
Check this box if neither the organization nor ar	y related organ	ızatıo	n co	omp	ens	ated	any	current officer,	director, or trust	ee
(A) Name and Title	(B) Average hours per week (describe hours for	box, office	unies er an	Pos neck ss pe	rson lirect	e than or/trust	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations in Schedule O)	Individual trustee or director	itional trustee	<u> </u>	employee	Highest compensated employee	4	(W-2/1099-MISC)	(1.2.3.3.1.1.3.5)	organization and related organizations
(1) Elizabeth Bird								_		_
Director	10 00	X	\vdash	\vdash	-	 -		0	0	0
(2) Gilda Brasch Member-at-large	10 00	Х						o	0	0
(3) Adam Chapnick Vice-President	10 00	х		х				0	0	0
(4) David Erickson Director	10 00	x						0	.0	0
(5) Brian Gerber				İ	1				i	ĺ

10 00 X

10 00

Χ

Member-at-large

Director

Director

(13) Bob Niemack

(14) Steven Reich

0

0

0

0

0

0

0

F	art VII Section A. Officers, Directors, Tr	ustees, Key Er	npio	yee	s, a	nd	High	<u>est</u>	Compensated	Employees (co	ntınued)		
	(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O) (B) Average box, unless pers officer and a din or director related organizations in Schedule O)				C) intion more erson firect	e than is bot	one h an tee)	(D) Reportable	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization		
	·	in Schedule O)	rustee	l trustee		yee	mpensated				and related organizations		
Mer	Marjan Safinia nber-at-large	10 00	х						0	0	0		
CFC	Laurie Ann Schag), Treasurer	10 00	х		x				0	0	0		
Pre	Eddie Schmidt sident	10 00	x		×				0	0	0		
Sec	Moises Velez etary	10 00	х	_	x	<u>_</u>			0	0	0		
Dire	Pı Ware ctor Mıchael Lumpkın	10 00	X_		_	_			0	0	0		
Exe	cutive Director	40 00	 		×				110,250	0	0		
(22)													
(23)		-									-		
(24)													
(25)													
1b	Sub-total							•	110,250	0	0		
C	Total from continuation sheets to Part VII, S	Section A							0		0		
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but not line reportable compensation from the organization		listed	abo	 ove) 1) wh	о гес	<u>►</u> œiv	110,250 ed more than \$1		0		
		·			·			•			Yes No		
3	Did the organization list any former officer, dir employee on line 1a? <i>If "Yes," complete Scheduler and the school of the sch</i>					yee	, or h	igh	est compensate	d	3 X		
4	For any individual listed on line 1a, is the sum the organization and related organizations greandividual										4 X		
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If "\)									dıvıdual	5 X		
Sec	tion B. Independent Contractors					_							
1	Complete this table for your five highest compe compensation from the organization. Report co year										's tax		
	(A) Name and business add	ress							(B) Description of ser	vices C	(C) Compensation		
		th Street, New \					20.55		nmaker		369,382		
	Michael King Productions 79365 De	sert Crest Dr. I	a Oi	unta	ı C	Δ92	ノンちて	Hilt	nmaker	I	267 000		

	Na	ame and business address	Description of services	Compensation
	Integrative Production	145 E 35th Street, New York, NY 10016	Filmmaker	369,382
	Michael King Productions	79365 Desert Crest Dr, La Quinta, CA 92253	Filmmaker	267,000
	Bayside Productions	232 3rd St , Stdio B402A, Brooklyn, NY 1121	Filmmaker	225,261
	New Terrain Media, LLC	7R Westwood Road, Somerville, MA 02143	Filmmaker	150,925
	Sky Mind LLC	3388 Kennedy Circle, Dubuque, IA 52002	Filmmaker	123,052
2	•	contractors (including but not limited to those listed a ensation from the organization 8	bove) who received	
				5 000 (2011)

95-3911227

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Form 990 (2011)

Form 990 (2011)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a response to any	guestion in this Par	nt IX		
	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) Fundraising expenses
1	Grants and other assistance to governments and			· ·	
	organizations in the United States See Part IV, line 21	60,000	60,000	** .	<u></u>
2	Grants and other assistance to individuals in the			** ** **	
	United States See Part IV, line 22	15,000	15,000		x' = x'\(\frac{1}{2}\)
3	Grants and other assistance to governments,			· , , , , , , , , , , , , , , , , , , ,	
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16	_0			
4	Benefits paid to or for members	0		r4 . i	, ,
5	Compensation of current officers, directors,				
_	trustees, and key employees	110,250	41,537	54,555	14,158
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	343,959	129,587	170,201	44,171
7	Other salaries and wages Pension plan accruals and contributions (include	343,939	129,56/	170,201	44,171
8	section 401(k) and 403(b) employer contributions)	o			
9	Other employee benefits	0			
10	Payroll taxes	38,616	13,385	20,757	4,474
11	Fees for services (non-employees)	30,010	10,000	20,737	<u> </u>
''a	Management (Horr-employees)	o			
b	Legal .	0			
C	Accounting	0			
ď	Lobbying	0			· ·
e	Professional fundraising services See Part IV, line 17	0	1 7 7	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
f	Investment management fees	0			·
g	Other	38,575	17,100	21,475	
12	Advertising and promotion	41,817	38,646	3,171	
13	Office expenses	5,471	1,261	3,568	642
14	Information technology	0			
15	Royalties .	0			
16	Occupancy	77,715	763	76,952	
17	Travel	31,762	23,832	6,932	998
18	Payments of travel or entertainment expenses			·	
	for any federal, state, or local public officials	.0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	1,655	0.	1,655	0
23	Insurance	56,754	14,207	35,255	7,292
24	Other expenses Itemize expenses not covered		be 1		, , <u>.</u>]
	above (List miscellaneous expenses in line 24e If	(i) (i) (ii)		"点"。"病	
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)	2 22 4 2 4 2	0.004.040		
a	DOCUMENTARY FILM COSTS	3,324,318	3,324,318		· · · · · · · · · · · · · · · · · · ·
b	FACILITIES RENTAL	188,083	188,083	4.050	4.074
c	EVENT COSTS	112,229	106,308	1,650	4,271
d	EDUCATIONAL AND AWARD EVENTS	16,387	16,387	24 740	E 400
e	All other expenses STATEMENT 1	252,011	214,862	31,743	
25	Total functional expenses. Add lines 1 through 24e	4,714,602	4,205,276	427,914	81,412
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)				
	10110 Willing GOT 30-2 (7-00 330-720)	L			

	rt X	Balance Sheet				
			_	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		706,400	1	910,418
	2	Savings and temporary cash investments			2	101,173
	3	Pledges and grants receivable, net		0	3	27,365
	4	Accounts receivable, net		271,025	4	41,543
	5	Receivables from current and former officers, of	lirectors, trustees, key	,	٠,	
		employees, and highest compensated employees. Schedule L	es Complete Part II of .	4 1973	5	
	6	Receivables from other disqualified persons (a: 4958(f)(1)), persons described in section 4958(employers and sponsoring organizations of sec				
ß		employees' beneficiary organizations (see instr			6	
Assets	7	Notes and loans receivable, net .	,	0	7	0
As	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		11,828	9	3,819
	10a	Land, buildings, and equipment, cost or	 	1 : 4 2	ş' ,	
	IUa	other basis Complete Part VI of Schedule D	10a 52,659		- ^ *	<i></i>
	h	Less accumulated depreciation	10b 50,506	3,808	10c	2,153
	11	Investments—publicly traded securities	30,300	235,285		236,856
		Investments—publicly traded securities Investments—other securities See Part IV, line	0		0	
	12		0	13	0	
	13	Investments—program-related See Part IV, In	0	14	0	
	14	Intangible assets		3,634	15	3,634
	15	Other assets See Part IV, line 11	ual line 34)	1,231,980		1,326,961
	16	Total assets. Add lines 1 through 15 (must eq	174,318		51,285	
	17	Accounts payable and accrued expenses		174,510	18	33,812
	18	Grants payable			19	
	19	Deferred revenue			20	
	20	Tax-exempt bond liabilities .		21		
	21	Escrow or custodial account liability. Complete		7.2	, ,	
ies	22	Payables to current and former officers, director		1.75		
Ę		employees, highest compensated employees,	and disquained		22	
Liabilities		persons Complete Part II of Schedule L	1-4-446	15,000		0
	23	Secured mortgages and notes payable to unre				0
	24 25	Unsecured notes and loans payable to unrelate Other liabilities (including federal income tax, parties, and other liabilities not included on line	ayables to related third	0	24	0
		Part X of Schedule D	.c 17 21, complete	0	25	0
	26	Total liabilities. Add lines 17 through 25		189.318	+	85,097
	20	Organizations that follow SFAS 117, check complete lines 27 through 29, and lines 33				<i>T</i> , <i>t</i> ,
nce		-	4114 V7.	-96,646	27	55,957
a	27	Unrestricted net assets		1,139,308		1,185,907
Ö	28	Temporarily restricted net assets		1,139,300	29	1,100,907
pur	29	Permanently restricted net assets	· —			
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, and complete lines 30 through 34.	check here ▶		8	
ets	30	Capital stock or trust principal, or current funds			30	
SS	31	Paid-in or capital surplus, or land, building, or	equipment fund		31	
it A	32	Retained earnings, endowment, accumulated	ncome, or other funds		32	
Ž	33	Total net assets or fund balances		1,042,662	33	1,241,864
	34	Total liabilities and net assets/fund balances		1,231,980	34	1,326,961

Form 9	990 (2011) INTERNATIONAL DOCUMENTARY FDN, INC	9	5-3911227	Pa	ge 12
Par	Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		<u>. </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1 4 1		1 013	3,804
2	Total expenses (must equal Part IX, column (A), line 12)	2			,602
3		3			,202
3 4	Revenue less expenses Subtract line 2 from line 1	4			
	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	5		1,042	2,662
5	Other changes in net assets or fund balances (explain in Schedule O)				
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))				004
Door		6		1,241	,864
Fari	XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII .				
	Check in ochequie o contains a response to any question in this rait XII		·	\ <u></u>	
1	Accounting method used to prepare the Form 990 Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b_	Χ	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	t	Ť.		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				
	issued on a separate basis, consolidated basis, or both				¥., 4
	X Separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Х
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		3b		
			Form	990	(2011)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions. Employer identification number

Inspection

INTE	RNA	TIONAL DO	CUMENTARY F	DN, INC					<u> </u>	<u>95-39</u>	911227	
Pa	rt I	Reason	for Public Ch	arity Status (All org	ganizatio	ns must o	complete	this par	t) See ir	struction	ns	
The	o <u>rga</u> r		•	ation because it is (Fo		-		-				
1	Ш	A church, co	onvention of chu	rches, or association o	of churche	s describe	ed in se d	tion 170(b)(1)(A)(i).		
2	\Box	A school de	scribed in secti o	on 170(b)(1)(A)(ii). (A	ttach Sch	edule E)						
3		A hospital o	r a cooperative h	nospital service organi	zation des	scribed in	section	170(b)(1)	(A)(iii).			
4			esearch organiza	ation operated in conju ate	inction wit	h a hospi	tal describ	ped in se	ction 170	(b)(1)(A)	(iii). Enter the)
5				r the benefit of a collect (Complete Part II)	ge or univ	ersity own	ed or ope	erated by	a governr	nental un	it described	
6		A federal, st	ate, or local gov	ernment or governme	ntal unit d	escnbed i	n sectio	n 170(b)(1)(A)(v).			
7	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)										
8		A communit	y trust described	i ın section 170(b)(1)	(A)(vi). (C	omplete F	Part II)					
9		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 organiza	tion organized a	nd operated exclusive	ly to test	for public :	safety Se	ee sectio	n 509(a)(4).		
11 e		purposes of 509(a)(3). Coa Type By checking persons other	one or more pul heck the box that I b this box, I certif	nd operated exclusive blicly supported organ at describes the type of Type II cy that the organization managers and other controls.	izations d of supporti Type is not con	escnbed i ng organi e III–Funct ntrolled di	n section zation and tionally in rectly or i	509(a)(1) d complet tegrated ndirectly b	or sections or sec	n 509(a)(i e through d	2) See sect n 11h Type III–Othe qualified	r
f				-, a written determinatioi	n from the	IRS that	it is a Tvo	e I. Type	II. or Type	e III supp	ortina	
g		organization Since Augus	, check this box st 17, 2006, has		-					o Gapp	g	
		and (iii) A fam (iii) A 35%	son who directly ii) below, the gov ily member of a 6 controlled entit	or indirectly controls, verning body of the su person described in (in y of a person described person described person described person described person described in the person described person	pported o) above? ed in (i) or	rganızatıo (ıı) above	п?	persons c	lescribed	ın (II)	Yes 11g(i) 11g(ii) 11g(iii)	No
<u>h</u>				ation about the suppor	T		(1) D.d.		6.0	- 45 -		
(1)		of supported anization	(II) EIN	(iti) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col (i) li	organization sted in your document?	the organ col (i)	you notify nization in of your port?	organizai (i) organi	s the tion in col zed in the S ?	(vii) Amou suppor	
				, "	Yes	No	Yes	No	Yes	No	<u> </u>	
(A)												
							<u></u>		<u> </u>	<u> </u>	 	0
(B)		·			ļ							0
(C)		 										0
(D)												0
(E)			No yellow 12 de	(38-) 33-21	45.00	. 12		ممارة المراج		**** 4		0
Tota	I								意識	· · · · · · · · · · · · · · · · · · ·		0

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)

Sect	ion A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not								
	include any "unusual grants")	2,800,433	3,151,928	3,604,835	3,438,711	4,248,636	17,244,543		
2	Tax revenues levied for the organization's								
	benefit and either paid to or expended on its behalf.						0		
3	The value of services or facilities								
	furnished by a governmental unit to the organization without charge						0		
4	Total. Add lines 1 through 3	2,800,433	3,151,928	3,604,835	3,438,711	4,248,636	17,244,543		
5	The portion of total contributions by each		4 33 2 5						
	person (other than a governmental unit								
	or publicly supported organization)				1 334 1				
	included on line 1 that exceeds 2%								
	of the amount shown on line 11,	- "			7, 2,5-1				
_	column (f)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12.	1 - W	• • • • • • • • • • • • • • • • • • •	1,190,354		
6	Public support. Subtract line 5 from line 4	بالتمثيره بدارا الم	£\$ *		7-4-1	***** **	16,054,189		
	ion B. Total Support	r 							
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
7	Amounts from line 4	2,800,433	3,151,928	3,604,835	3,438,711	4,248,636	17,244,543		
8	Gross income from interest, dividends,			,					
	payments received on securities loans,								
	rents, royalties and income from similar	i							
	sources	25,085	13,499	5,048	12,561	23,299	79,492		
9	Net income from unrelated business								
	activities, whether or not the business is								
	regularly carried on						21,414		
10	Other income Do not include gain or								
	loss from the sale of capital assets	500 400	700 700	000 077	707.004	000 000	0.470.005		
	(Explain in Part IV)	599,428	702,700		737,334	609,866	3,473,305		
11	Total support. Add lines 7 through 10	<u> </u>	·	·	27.7	12	20,818,754		
12	Gross receipts from related activities, etc. (s			ed fourth or fift	h tay yaar aa	<u></u>	/2)		
13	First five years. If the Form 990 is for the o organization, check this box and stop here		st, second, thi	a, lourni, or mi	ii lax year as a		▶ □		
Sect	ion C. Computation of Public Support								
14	Public support percentage for 2011 (line 6, o			column (f))		14	77 11%		
15	Public support percentage from 2010 Sched					15	81 66%		
16a	33 1/3% support test—2011. If the organize				ne 14 is 33 1/3	% or more, che			
_	and stop here. The organization qualifies as	s a publicly sur	ported organiz	ation		0.41007			
b	33 1/3% support test—2010. If the organiz box and stop here. The organization qualifier	es as a publicly	supported org	janization			▶		
17a									
b	organization 10%-facts-and-circumstances test—2010								
	15 is 10% or more, and if the organization in Part IV how the organization meets the "fact supported organization						=xpiain in ►		
18	Private foundation. If the organization did i	not check a box	c on line 13, 16	а, 16b, 17a, ог	17b, check thi	s box and see	. [
	instructions		·						

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)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						0
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				_		0
3	Gross receipts from activities that are not an unrelated trade or business under section 513				-		0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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	0	0	0	0	0	<u>0</u> 0
8 8	Add lines 7a and 7b Public support (Subtract line 7c from line 6)	487		U			0
Sect	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	0	О	o	0	o	0
10a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar sources						0
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
13	Total support. (Add lines 9, 10c, 11, and 12)	0	0	0	0	0	0
14	First five years. If the Form 990 is for the organization, check this box and stop here	ation's first, secon	nd, third, fourth,	or fifth tax year a	s a section 501(c)(3)	▶ 🗌
Sect	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2011 (line 8, column	.,	e 13, column (f))			15	0 00%
16	Public support percentage from 2010 Schedule A.					16	0 00%
	tion D. Computation of Investment Inco			(6)		47	0.00%
17 18	Investment income percentage for 2011 (line 10c, Investment income percentage from 2010 Schedu			ıran (1))	Į.	17	0 00%
10 19a	33 1/3% support tests—2011. If the organization			and line 15 is mo	ا %33.1/3 re than		0 00 /8
b	not more than 33 1/3%, check this box and stop h 33 1/3% support tests—2010. If the organization	ere. The organiz	ation qualifies as	a publicly suppo	orted organizatio	n	▶ □
	line 18 is not more than 33 1/3%, check this box a						▶ 🗌
20	Private foundation. If the organization did not che	eck a box on line	14, 19a, or 19b,	check this box a	nd see instructio	ns	▶ 🔲

Schedule A (Form	990 or 990-EZ) 2011 INTERNATIONAL DOCUMENTARY FDN, INC	95-3911227	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required	by Part II, line	10,
	Part II, line 17a or 17b; and Part III, line 12 Also complete this part for any additional	information. (S	See
	instructions).	•	
	Thou dottorioj.		
			
	•••••••••••••••••••••••••••••••••••••••		
-			
	•••••••••••••••••••••••••••••••••••••••		
	•••••••••••••••••••••••••••••••••••••••		
_			

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

Name	of the organization			Employer Identification number
INTE	RNATIONAL DOCUMENTARY FDN, INC			95-3911227
Part		or Advised Funds or Othe	er Similar	Funds or Accounts. Complete if
النحب	the organization answered "Yes" t			,
	the organization answered 1 es 1	(a) Donor advised fund		(b) Funds and other accounts
4	Total number of and of year	(a) 201101 201102		(-,
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	L		
5	Did the organization inform all donors and d			
	funds are the organization's property, subject			
6	Did the organization inform all grantees, doi			
	used only for charitable purposes and not for	or the benefit of the donor or d	onor adviso	r, or for any other
	purpose conferring impermissible private be	nefit? .		Yes No
Pari	Conservation Easements. Comp	olete if the organization ans	wered "Ye	s" to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held			
	Preservation of land for public use (e g , reci	reation or education)		on of an historically important land area
	Protection of natural habitat	<u></u> J	Preservation	on of a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organiza	ation held a qualified conserva	ation contrib	ution in the form of a conservation
-	easement on the last day of the tax year	7		
	edeciment on the last day of the tan year			Held at the End of the Tax Year
а	Total number of conservation easements			2a
	Total acreage restricted by conservation ea	coments		2b
b	Number of conservation easements on a ce		ed in (a)	2c
ч С	Number of conservation easements include			
d			, and not on	2d
_	historic structure listed in the National Regis		auchod or	
3	Number of conservation easements modifie	d, transierred, released, extin	guisned, or	terminated by the organization
	during the tax year			
4	Number of states where property subject to			ton bonding of
5	Does the organization have a written policy		ring, inspec	
	violations, and enforcement of the conserva	tion easements it holds?	. 4	Yes No
6	Staff and volunteer hours devoted to monitor	ring, inspecting, and enforcin	g conservati	ion easements during the year
	•			
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing cor	nservation e	asements during the year
	▶ \$			
8	Does each conservation easement reported	l on line 2(d) above satisfy the	e requiremen	
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?			. Yes No
9	In Part XIV, describe how the organization r	eports conservation easemer	its in its reve	enue and expense statement, and
	balance sheet, and include, if applicable, the	e text of the footnote to the or	ganızatıon's	financial statements that describes
	the organization's accounting for conservati			
Par	III Organizations Maintaining Collecti	ons of Art, Historical Treası	ures, or Oth	er Similar Assets.
	Complete if the organization answere	d "Yes" to Form 990, Part IV,	line 8	
40	If the organization elected, as permitted und	for SEAS 116 (ASC 958) not	to report in	its revenue statement and balance sheet
ıa	works of art, historical treasures, or other si	milar assets held for public ex	hibition edi	reation or research in furtherance
	of public service, provide, in Part XIV, the te	avt of the footnote to its finance	ial etatemen	its that describes these items
	or public service, provide, in Part AiV, the te	EXECUTIVE TOURIOUS TO ITS TINANC	iai Sialeillell	avenue statement and helence sheet
b	If the organization elected, as permitted und	iei 3043 TTO (430 936), to f	eport in its f	evenue statement and balance sneet
	works of art, historical treasures, or other si		mbition, eat	acadon, or research in furtherance
	of public service, provide the following amo			
	(i) Revenues included in Form 990, Part VI	II, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X			▶ \$
2	If the organization received or held works or	fart, historical treasures, or of	her sımılar a	assets for financial gain, provide the
	following amounts required to be reported u	nder SFAS 116 (ASC 958) re	lating to the	se items
а	Revenues included in Form 990, Part VIII, I			> \$
b	Assets included in Form 990, Part X			▶ \$
~				

Schedule D (Form 990) 2011

Page 2

Par	Organizations Maintaining Collection	ctions of Art	<u>, Hi</u>	storic	al Trea	asures, or C	Other	Similar Assets	(contin	ued)	
3	Using the organization's acquisition, access		reco	ords, c	heck ar	ny of the follo	wing t	hat are a signific	ant		
•	use of its collection items (check all that app	oly)	a		Loan	or exchange	nrogra	ıme			
a			đ	\vdash		oi excitatige	piogra	11115			
b	Scholarly research		е		Other						
С	Preservation for future generations										
4	Provide a description of the organization's or Part XIV	ollections and	exp	lain ho	ow they	further the oi	rganıza	ation's exempt pi	urpose in		
5	During the year, did the organization solicit of								_	_	1
	assets to be sold to raise funds rather than t	o be maintaine	ed a	s part	of the o	organization's	collec	tion?	Ye	es [No
Parl						izatıon ansv	vered	"Yes" to Form	990, Pa	rt	
	IV, line 9, or reported an amount of									-	
1a	Is the organization an agent, trustee, custod	ian or other in	term	nediary	for cor	ntributions or	other	assets not			١
h	included on Form 990, Part X?	/ and complete	, the	- follow	una tah	lo			Y€	es	No
b	If "Yes," explain the arrangement in Part XIV	and complete	: 1116	e IOIIOV	wing tab	ile			Amount		
С	Beginning balance						1		ranount		
d	Additions during the year						1				
е	Distributions during the year						1	e			
f	Ending balance						_1	f			0
2a	Did the organization include an amount on F	orm 990, Part	X, I	line 21	?				Ye	s X	No
b	If "Yes," explain the arrangement in Part XIV		·								
Part	V Endowment Funds. Complete if t	he organizat	ion	answ	ered "Y	es" to Form	1990,	Part IV, line 10	0		
	(a) (Current year	(b) Pnor y	year	(c) Two years	back	(d) Three years bac	k (e) Fo	ur years	back
1a	Beginning of year balance								1.000	*	
b	Contributions								* \$3 8.	Mary Sec	
С	Net investment earnings, gains,	į.									
a	and losses							·	1950 A 1973	ara jestina. Pari jestina	**************************************
d e	Grants or scholarships Other expenditures for facilities					. —			230-24	100	(3) d
·	and programs								1		
f	Administrative expenses								11-4-15-5	19°,6°,8	
g	End of year balance	0			0		0		0 : 5	21.4463	17.
2	Provide the estimated percentage of the curr	rent year end l	bala	ınce (lı	ne 1g, d	column (a)) h	eld as				
а	Board designated or quasi-endowment	>	%	, 0_							
b	Permanent endowment	· <u>··</u>									
С	Temporarily restricted endowment	%									
•	The percentages in lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the oi	rgar	nizatioi	n that ai	re neid and a	aminis	stered for the	ſ	Yes	No
	organization by (i) unrelated organizations								3a(i)	162	NO
	(i) unrelated organizations (ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organization	s listed as red	uure	d on S	Schedule	e R?			3b		
4	Describe in Part XIV the intended uses of the								L		
Part											
	Description of property	(a) Cost or othe			(b) Co	st or other) Accumulated	(d) Bo	ok valu	e
		(investmer	nt)		bası	s (other)		depreciation			
1a	Land			0		0	<u> </u>	£32 23			0
b	Buildings			0		0		0			0
C C	Leasehold improvements			0		52 650		60 506			2 153
d e	Equipment Other			0		52,659 0		50,506	·		2,153 0
	Add lines 1a through 1e (Column (d) must	equal Form 99	00 F		column		c))	▶			2.153

Schedule D (Form 990) 2011			Page 3
Part VII Investments—Of	ther Securities. See For	m 990, Part X, line	: 12
(a) Description of security or cate (including name of security)		ook value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		0	
(2) Closely-held equity interests		0	
(3) Other		0	
(A)		0	
(B)		0	
(Ç)		0	
(D)		0	
(<u>E</u>)		0	
(E)		0	
(G)		0	
(1)		0	
Total (Column (b) must equal Form 990, Part X, col	(B) line 12)		
	rogram Related. See Fo		
(a) Description of investment to		ook value	(c) Method of valuation Cost or end-of-year market value
(1)		0	
(1)		0	
(3)		0	
(4)		0	
(5)		0	
(6)		0	
(7)		0	
(8)		. 0	
(9)		0	
(10)		0	
Total (Column (b) must equal Form 990, Part X, col		0 .	
Part IX Other Assets. Se	ee Form 990, Part X, line	15	(1) D-1
	(a) Description		(b) Book value
			0
(2)			0
(3)			0
(4)			0
<u>(5)</u> (6)			0
(7)			0
(8)			0
(9)			0
(10)			0
Total. (Column (b) must equal Form			. ▶ 0
Part X Other Liabilities.	. See Form 990, Part X, I	ine 25	
1. (a) Description of liabilit	ly (b) B	look value	
(1) Federal income taxes		0 ; 8	
(2)		O	
(3)			
		<u> </u>	
(5)			
(6)			
(7)		0	
(8)			
(9) (10)		0	
(11)		0) ^	

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Sched	ule D (Form 990) 2011				Page 4
Par	Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Financial	Statemen	ts
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	4,913,804
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	4,714,602
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	199,202
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	0
10	Excess or (deficit) for the year per audited financial statements. Combine lines			10	199,202
Par	XII Reconciliation of Revenue per Audited Financial Statemen	its W	ith Revenue	per Returi	
1	Total revenue, gains, and other support per audited financial statements .			1	4,913,804
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments .	2a		1.00	
b	Donated services and use of facilities	2b_			
С	Recoveries of prior year grants .	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d .			2e	0
3	Subtract line 2e from line 1	1	1	3	4,913,804
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			_
С	Add lines 4a and 4b			4c	0_
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	4,913,804
Par	XIII Reconciliation of Expenses per Audited Financial Stateme	nts V	Vith Expense		
1	Total expenses and losses per audited financial statements	•		1	4,714,602
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		ı	4	
а	Donated services and use of facilities	2a		<u> </u>	
b	Prior year adjustments	2b_		— <u>`</u> ,√C &	
C	Other losses	2c		- 1	
d	Other (Describe in Part XIV)	2d	J		0
e	Add lines 2a through 2d			2e 3	4,714,602
3	Subtract line 2e from line 1	i	Į.	7. (4,714,002
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	40		1,3	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b			
b	Other (Describe in Part XIV)	40	<u> </u>	4c	0
c	Add lines 4a and 4b Tatal averages Add lines 2 and 4a. (This must equal Form 900, Part I line 18) i		5	4,714,602
5 55	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	<u>''</u>		1 3 1	4,7 14,002
	XIV Supplemental Information	4 111		Dark N. J. bar	4h
	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III and III are the provided the descriptions required for Part II, lines 3, 5, and 9, Part III are the provided the part III are the provided the part III are the part II				
	b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Par	τ AIII,	lines 20 and 40	Also com	Diete
this p	art to provide any additional information				
					
		-			
_					

•			•
Schedule D (Form		 95-3911227	Page
Part XIV	Supplemental Information (continued)	 	
		 ••••	
		 ·····	

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

▶ Attach to Form 990

Open to Public Inspection

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service

Name of the organization						Employer identifi	cation number				
ITERNATIONAL DOCUMENTARY FDN, INC 95-3911227											
Part I General Information on Grants and Assistance											
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States											
Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" 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.											
1 (a) Name and address of organization or government	(b) 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				
(1) Pandora Educational Film Cent 74 Clinton Ave Montclair, NJ 0704	13-2984558	501(c)(3)	20,000	0			Pare Lorentz docs				
(2) Moon Canyon Films 371 Canon Crest L. A., CA 90065	45-0921153		20,000	0			Pare Lorentz docs				
(3) 371 Productions LLC 220 East Buffalo St Milwaukee, WI 53202	34-2016905		20,000	0			Pare Lorentz docs				
(4)			0	0							
(5)			0	0							
(6)			0	0		•					
(7)			0	0							
(8)	:		0	0							
(9)			0	0							
(10)			0	0							
(11)			0	_ 0							
(12)			0	0							
2 Enter total number of section3 Enter total number of other or				1 table		<u> </u>	3				

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

Schedule I (Form 990) (2011)

INTERNATIONAL DOCUMENTARY FDN, INC

95-3911227

thedule I (Form 990) (2011)					Pa
art III Grants and Other Assistance to II Part III can be duplicated if additional		nited States. Com	plete if the organiza	ation answered "Yes" to	Form 990, Part IV, line 22
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
PARE LORENTZ DOCUMENTARY FUND	1	15,000	0		
	0	0	0		
	0	. 0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
rt IV Supplemental Information Compl	ete this part to provid	le the information r	required in Part I, line	2, and any other addition	onal information
E PARE LORENTZ DOCUMENTARY FUND PRO	OVIDES GRANTS UP	TO \$75,000 TO BE	USED IN THE CREAT	TION OF INDEPENDENT	
CUMENTARY FILMS THAT ILLUMINATE PRES	SING ISSUES IN THE	UNITED STATES	GRANTS WILL BE M	ADE TO UP TO FIVE (5)	PROJECTS
AT TELL A COMPELLING STORY AND FOCUS	ON ONE OF PARE LO	ORENTZ'S CENTRA	AL CONCERNS - THE	APPROPRIATE USE OF	THE NATURAL
IVIRONMENT, JUSTICE FOR ALL OR THE ILLU	MINATION OF PRESS	SING SOCIAL PROF	BLEMS		
E GRANT AGREEMENT REQUIRES THAT THE	GRANTEE(S) PROVI	DE ANNUAL REPO	RTS UNTIL THE GRA	ANT IS FULLY EXPENDED	D AS WELL AS
INAL REPORT CONTAINING A DETAILED ACC					
		ono.on mananan	.01149090		
HIEVEDAS A RESULT OF THE EXPENDITURE	OF THE GRANT				

Schedule I (Form 990) (2011)

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

INTERNATIONAL DOCUMENTARY FDN, INC

Attach to Form 990 or 990-EZ.

Inspection Employer identification number

95-3911227

Form 990 Part III Line 4b DOCUDAY IS IDA'S ANNUAL SCREENING OF THE YEAR'S BEST DOCUMENTARY
FILMS, OSCAR NOMINATED SHORTS AND FEATURES ATTRACTING 1,700 ATTENDEES EACH YEAR, DOCUDAY
PROVIDES ATTENDEES WITH THE OPPORTUNITY TO WATCH FILMS AS WELL AS MEET THE FILMMAKERS AND FILM
SUBJECTS THE HIGHLIGHT OF THE 2011 DOCUDAY WAS A Q&A WITH FILMMAKER TIM HETHERINGTON AND THE
SOLDIERS IN RESTREPO TIM WAS TRAGICALLY KILLED IN APRIL 20, 2011, TWO MONTHS AFTER DOCUDAY,
WHILE COVERING THE CONFLICT IN LIBYA
Form 990 Part III Line 4c THE PARE LORENTZ DOCUMENTARY FUND PROVIDED FUNDING FOR FOUR FILMS
MADE POSSIBLE BY A GRANT FROM THE NEW YORK COMMUNITY TRUST FILMS ARE "MAS BEBES?" - RENEE
TAJIMA-PENA, PRODUCER/DIRECTOR, "AS GOES JANESVILLE" - BRAD LICHTENSTEIN, PRODUCER/DIRECTOR,
"RISE AND FALL OF ACORN AMERICAS MOST CONTROVERSIAL ANTI-POVERTY ORGANIZATION" - SAM POLLARD,
PRODUCER/DIRECTOR AND "AMERICAN VILLAGE" - MARY POSATKO, CO-DIRECTOR/CO-PRODUCER, EMILY
TOPPER, CO-DIRECTOR/CO-PRODUCER
Form 990 Part III Line 4d DOCS ROCK - IN 2011, DOCS ROCK SERVED 55 STUDENTS AT SAN PEDRO HIGH
SCHOOL THE GOALS OF THE PROGRAM ARE TO INCREASE GRADUATION RATES, BUILD SELF-ESTEEM, AND
RAISE STUDENT ACHIEVEMENT BY GETTING THEM COLLEGE AND EMPLOYMENT READY THE 40-WEEK INTENSIVE
COURSE TEACHES YOUTH THE TECHNICAL PROFICIENCY IN POST-PRODUCTION EDITING, LIGHTING AND
CAMERA-WORK, WHILE BUILDING ESSENTIAL LIFE SKILLS
DOC U IS THE IDA'S SERIES OF EDUCATIONAL SEMINARS AND WORKSHOPS FOR ASPIRING AND EXPERIENCED
DOCUMENTARY FILMMAKERS TAUGHT BY ARISTS AND INDUSTRY EXPERTS, PARTICIPANTS RECEIVE VITAL TRAINING
AND INSIGHT ON VARIOUS TOPICS INCLUDING FUNDRAISING, LICENSING, MARKETING, AND BUSINESS TACTICS IN
2011, DOC U PROVIDED EDUCATIONAL TRAINING TO 1,500 FILMMAKERS IN LOS ANGELES AND BEYOND IN 2011
DOC U WENT TO NEW YORK CITY AND WASHINGTON DC THIS WAS MADE POSSIBLE BY FUNDING FROM THE
ACADEMY OF MOTION PICTURE ARTS & SCIENCES
ADVOCACY - IDA'S ADVOCACY COMMITTEE WORKED HARD TO RESPOND TOTHE NEEDS OF OUR COMMUNITY IDA LED
GROUP OF MEDIA ARTS ORGANIZATION WHICH SUBMITTED AN AMICUS BRIEF IN SUPPORT OF DOCUMENTARY

Form, 88.68

(Rev. January 2012)

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

Internal Revenu	ue Service				
-	e filing for an Automatic 3-Month Extensi	•			▶ 🔲
	e filing for an Additional (Not Automatic)				
	nplete Part II unless you have already be	-			
	filing (e-file). You can electronically file Fo		•	•	
-	on required to file Form 990-T), or an additi	•	•		•
	uest an extension of time to file any of the ransfers Associated With Certain Persona		•		
). For more details on the electronic filing o				
Part I	Automatic 3-Month Extension of T		<u> </u>		——————————————————————————————————————
	on required to file Form 990-T and requesti				
Part I only.					▶□
•	porations (including 1120-C filers), partne	rships, RE		004 to request an exten	sion of
	ncome tax returns.	• •	,	•	
<u> </u>			Ente	er filer's identifying number,	
Type or	Name of exempt organization or other filer, se	e instructior	ns.	Employer identification i	number (EIN) or
print	INTERNATIONAL DOCUMENTARY FDN			X 95-3911227	
File by the due date for	Number, street, and room or suite no. If a P.O		nstructions.	Social security numb	er (SSN)
filing your	1201 WEST 5TH STREET, Room No. M2				
return. See instructions.	City, town or post office, state, and ZIP code. LOS ANGELES	ror a loreig	n address, see instructions.	CA 90017	
mau dedoria.	ILOS ANGELES			CA 90017	
Enter the Re	eturn code for the return that this application	on is for (fil	e a separate application for each re	eturn)	01
Application	n	Return	Application		Return
Is For		Code	Is For		Code
Form 990		01	Form 990-T (corporation)	07	
Form 990-E		02	Form 1041-A		08
Form 990-E		01	Form 4720		09
Form 990-F		04	Form 5227	10	
	(sec. 401(a) or 408(a) trust) (trust other than above)	05 06	Form 6069 Form 8870	· · · · · · · · · · · · · · · · · · ·	11 12
1 01111 330-1	(trust other trial above)	00	1 01111 0070		1 12
The book	s are in the care of ► RODNEY FAYTO	N			
Telephor	ne No. ► (213) 254-3600		FAX No. ▶		_
	anization does not have an office or place				▶ 📙
If this is f	or a Group Return, enter the organization's	s four digit	Group Exemption Number (GEN)	 , l ⁱ	f this is
for the whole	e group, check this box	If it is for p	eart of the group, check this box	▶∐ a	ind attach a
list with the	names and EINs of all members the exten	sion is for.			
1 I requ	est an automatic 3-month (6 months for a 8/15/2012, to file the	-	n required to life Form 990-1) exter ganization return for the organization		vtonsion
	the organization's return for:	exempt on	gamzation return for the organization	in nameu above. The e	Klerision
	calendar year 2011 or				
_	<u>====</u>				
▶□	tax year beginning		, and ending		•
2 If the	tax year entered in line 1 is for less than 1			Final return	
	nange in accounting period	,			
	application is for Form 990-BL, 990-PF, 99	90-T, 4720	, or 6069, enter the tentative tax, le	* 1 1	
	fundable credits. See instructions. application is for Form 990-PF, 990-T, 472	20. 05.6066	ontor ony refundable and its and	3a \$	
	application is for Form 990-PF, 990-1, 472 ated tax payments made. Include any prior			3b \$	
	ce due. Subtract line 3b from line 3a. Inclu				
	S (Electronic Federal Tax Payment System			3c \$	0
	u are going to make an electronic fund withdray				

Form 8	8868 (Rev 1-2012)				Page 2	
	you are filing for an Additional (Not Automatic					
	Only complete Part II if you have already been			a previously filed Form 886	38 .	
	you are filing for an Automatic 3-Month Exten					
Par	t II Additional (Not Automatic) 3-Mont	n Extensio				
T	Name of exempt emerization		Enter file	er's identifying number, see i Employer identification number		
Туре		COLUDATION INC		l		
print	INTERNATIONAL DOCUMENTARY FOUNDATION, INC. Number, street, and room or suite no. If a P.O. box, see instructions.			95-3911227 Social security number (SSN)		
File by	the	1 —			ar security number (3314)	
due dat	1201 WEST 5TH STREET, Room No. N	e, and ZIP code. For a foreign address, see Instructions.				
return.	See	LOS ANGELES CA			0047 4464	
Instruct	ions. ILUS AINGELES				0017-1461	
Ente	r the Return code for the return that this applica	ition is for (f	ile a separate application for each	return)	01	
Application		Return	Application		Return	
Is For		Code	Is For		Code	
Form 990		01				
Form 990-BL		02	Form 1041-A		08	
Form 990-EZ		01	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	
			1.0111.0010	······································		
for the whole group, check this box						
4						
5	5 For calendar year 2011, or other tax year beginning , and ending					
6	If the tax year entered in line 5 is for less than Change in accounting period	ne tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period				
7	state in detail why you need the extension MORE TIME IS REQUESTED TO ACQUIRE ALL INFORMATION NEEDED TO COMPLETE AND FILE AN ACCURATE RETURN.					
8a	If this application is for Form 990-BL, 990-PF, nonrefundable credits. See Instructions.	990-T, 4720), or 6069, enter the tentative tax,	less any 8a \$		
ь	If this application is for Form 990-PF, 990-T, 4	720, or 606	9, enter any refundable credits an			
	estimated tax payments made. Include any pri					
	amount paid previously with Form 8868.	- 	•	8b \$		
c Balance due. Subtract line 8b from line 8a. Inclu EFTPS (Electronic Federal Tax Payment System				, by using 8c \$	0	
		· · · · · · · · · · · · · · · · · · ·	nust be completed for Part II			
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.						
Signati	10 Dura L lyaspi	Title ▶	CPA	Date ► 8/10	0/12	
				Form 8868	Rev. 1-20121	
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