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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 Open to Public

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

ΑΙ	For the	2012 calendar year, or tax year beginning	and ending		
В	Check if applicable	C Name of organization	——————————————————————————————————————	D Employer identifica	tion number
	Addres	AMERICAN DOCUMENTARY INC.			
	Name change	Doing Business As		13-34	47752
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Termin		940	(212)	989-8121
F	Ameno			G Gross receipts \$	3,744,008.
F	Application	a- BROOKLYN, NY 11201			
_	ition ition	F Name and address of principal officer:SIMON KILMURRY		H(a) Is this a group retu	Yes X No
		2.2 PRODULY 14 MILET COR NEW YORK	10004	for affiliates?	
		32 BRODWAY 14TH FLOOR, NEW YORK, NY	10004	H(b) Are all affiliates ınclu	
			1)(1) or 52	7 If "No," attach a is	st. (see instructions)
		HTTP://WWW.AMDOC.ORG		H(c) Group exemption	
K	Form of	organization: X Corporation Trust Association Other	L Yea	r of formation: 1987 M	State of legal domicile: DC
:P	art l	Summary			
	1	Briefly describe the organization's mission or most significant activities: AM	ERICAN	DOCUMENTARY I	S A
Governance	1	NONPROFIT MEDIA ARTS ORGANIZATION THAT	PRODUC	ES THE PBS DO	CUMENTARY
na L		Check this hox > if the organization discontinued its operations or d			
Ş			naposou oi mo		11
ဇ္ဗ	1	Number of voting members of the governing body (Part VI, line 1a)	41.5	. 3	$\frac{1}{11}$
		Number of independent voting members of the governing body (Part VI, line	(מו	4	
ë	ı	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	23
.≅	6	Total number of volunteers (estimate if necessary)		. 6	0
Activities &	7a	Total unrelated business revenue from Part VIII, column (C), line 12	-	. 7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
a.	8	Contributions and grants (Part VIII, line 1h)		479,587.	1,388,030.
ž	9	Program/service revenue (Part VIII, line 2g)	·	2,090,807.	2,347,893.
Revenue	100	Investment income (PartyVIII, column (A), lines 3, 4, and 7d)	· -	10,750.	8,085.
æ	10		·	0.	0,003.
	11	Other revenue (Part VIII, column (A) lines 5/6d, 8c, 9c, 10c, and 11e)	<u> </u>		3,744,008.
	12	Total revenue - add lines 8 through T1 (must equal Part VIII, column (A), line	12)	2,581,144.	
	13	Grants and similar amounts paid (Part 18) dolumn (A), lines 1-3)	ļ_	0.	0.
	14	Benefits paid to or for members (Part IX) column (A), line 4)	<u> </u> _	0.	0.
es S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5	5-10)	1,119,220.	1,158,882.
Š	16a	Professional fundraising tees (Part IX, column (A), line 11e)	1_	0.	0.
Expenses	. ь	Total fundraising expenses (Part IX; column (D), line 25) > 199),531. 🖪	AND THE RESERVE OF TH	
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,036,505.	2,229,562.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	3,155,725.	3,388,444.
		Revenue less expenses. Subtract line 18 from line 12	<u> </u>	<574,581.	355,564.
7.0	g	Tieveriae less experises, oubtract line to from line 12	——— —	Beginning of Current Year	End of Year
Net Assets or	<u> </u>	T /D	}- <u>'</u>	2,196,302.	2,635,456.
SSG	20	Total assets (Part X, line 16)	į-		
et d	21	Total liabilities (Part X, line 26)	· }-	329,584.	404,233.
20	22	Net assets or fund balances. Subtract line 21 from line 20		1,866,718.	2,231,223.
-		Signature Block			
		alties of perjury, I decl are that have examined this return, including accompanying sch			knowledge and belief, it is
tru	e, correc	ct, and complete Declaration of preparer (other than officer) is based on all information	of which prepar	er has any knowledge	\
		1177			113
Sig	an	Signature of officer		Date	T'
	re	SIMON KILMURRY, EXECUTIVE DIRECTOR			
	•	Type or print name and title			
_		Print/Type preparer's name Preparer's eignature		Date Check	PTIN
Pa	i.d	GERMAN RODRIGUEZ		10/29/13 of self-employe	/ I
					12 2516275
	eparer	Firm's name N. CHENG & CO. CPA, PC		Firm's EIN	13-3516375
Us	e Only	Firm's address 40 EXCHANGE PLACE, SUITE 1206)	_	
_		NEW YORK, NY 10005		Phone no. 2:	<u> 12-785-0100</u>
Ma	ay the I	RS discuss this return with the preparer shown above? (see instructions)			Yes No
	2001 12-		tructions.		Form 990 (2012)
		SEE SCHEDULE O FOR ORGANIZATION MISSION		ENT CONTINUA	

	990 (2012) AMERICAN DOCUMENTARY INC. 13-344//52 Page 2
<u>r</u> ar	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: AMEDICAN DOCUMENTARY DECOLOGIC MUE AWARD WINDING DOX GERTES FOR DRS
	AMERICAN DOCUMENTARY PRODUCES THE AWARD-WINNING POV SERIES FOR PBS,
	WORKS TO SUPPORT THE WORK OF INDEPENDENT DOCUMENTARY MAKERS THROUGH
	PRODUCTION SUPPORT, BROADCAST, OUTREACH, ONLINE, MARKETING AD
	EDUCATIONAL SERVICES AND MATERIALS.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations 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	(Code) (Expenses \$ 1,510,778 · including grants of \$) (Revenue \$ 2,352,447 ·)
	POV PROGRAMMING AND PRODUCTION SUPPOR
	ODUCTION AND BROADCAST OF INDEPENDENT DOCUMENTARIES ON PUBLIC
	TELEVISION.
4h	(Code) (Expenses \$ 576,671 • including grants of \$) (Revenue \$)
4b	(Code) (Expenses \$ 576,671. including grants of \$) (Revenue \$) POV COMMUNICATIONS PROVIDES PROMOTION, MARKETING AND COMMUNICATIONS
	SERVICES FOR POV PROGRAMS.
	SERVICES FOR FOV FROGRAMS:
	·
4c	(Code) (Expenses \$ 297, 223 • including grants of \$) (Revenue \$)
	POV COMMUNITY ENGAGEMENT PRODUCES EDUCATIONAL MATERIALS AND ORGANIZES
	COMMUNITY SCREENINGS NATIONWIDE OF POV PROGRAMS.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 595,527 · including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 2,980,199.
23200	Form 990 (2012)
12-10-	
	^

AMERICAN DOCUMENTARY INC. 13-3447752 Form 990 (2012) Page 3 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)? X If "Yes," complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space. X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? X If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X endowments, or quasi-endowments? If "Yes," complete Schedule D. Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total Х 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 X Part X, line 16? If "Yes," complete Schedule D, Part IX X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X 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 X Schedule D. Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

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 foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

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

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

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

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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20a

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X

X

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X

AMERICAN DOCUMENTARY INC. 13-3447752 Page 4 Form 990 (2012) Part 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 X United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, X column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X Schedule K. If "No", go to line 25 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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 d 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 X disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-EZ? If "Yes," complete X Schedule L. Part I 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified X person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M . .. 30

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

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

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b If "Yes" to line 35a, 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

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

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

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

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35b

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	t V Statements Regarding Other IRS Filings and Tax Compliance	734	P	age J
r <u>a</u>	Check if Schedule O contains a response to any question in this Part V			
		!	V	<u> </u>
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 - 1 1 1 1 1	Yes	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С	(gambling) winnings to prize winners?	احتششا	X	**************************************
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1c		5 ~3%
2 a	filed for the calendar year ending with or within the year covered by this return 2a 2:	1		7.84
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X	24.7.5
D		2b		UŽSH:
22	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2.5	<u> </u>	X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
44	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		x
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	·Sana	A SECTION
D	If "Yes," enter the name of the foreign country:		A. 100 P.	T.
5 0	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		25/1-	X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a		X
b		5b	├	<u>^</u>
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		1
Ua	Does the organization have annual group receipts that are normally greater than \$100,000, and did the organization solicit			x
.	any contributions that were not tax deductible as charitable contributions?	6a		 ^ -
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
7	were not tax deductible?	6b	\$25 ;::	- 1.34
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor			X
a			├─	 ^
0	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	├	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.	\	x
a	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			د الله الله الله الله الله الله الله الل
e •	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	├	+
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	+-	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	┼─	├
ь 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	7h	1 a () A89	¥8:5°
Ü	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	South	. 2012
9	Sponsoring organizations maintaining donor advised funds.		1 2 × 3	100.00
, a	Did the organization make any taxable distributions under section 4966?	9a	<u>'</u>	- 22.34-
h	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	+-	+
10	Section 501(c)(7) organizations. Enter:	7 3 7	14 . · · ·	1 300
a	Initiation fees and capital contributions included on Part VIII, line 12	4.7		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	43,20	\$ 5.	
11	Section 501(c)(12) organizations. Enter:		18	
···	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	143		1300
_	amounts due or received from them.)	2. A		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-{3	4 (* * * * * * * * * * * * * * * * * *
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12.0	<u> </u>	Tan.
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		158	
.o a		13a	25	1
_	Note. See the instructions for additional information the organization must report on Schedule O.	1.50	¥	. S.C.
b		\$3·	1	
	organization is licensed to issue qualified health plans	M. M.	1 3 ×	
С	Enter the amount of reserves on hand	\$, , , , , , , , , , , , , , , , , , ,	
140	Did the organization receive any payments for indeed tanging convers during the tay year?	10-	1	Y

232005 12-10-12

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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14b

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			X
Sec	tion A. Governing Body and Management	-		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11	1787	游技术	ä.ä
	If there are material differences in voting rights among members of the governing body, or if the governing	25.5		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a_		Х
þ	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 moetings hold or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	<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		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	l		ŀ
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	V&S&547
b	,	10-	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	 ^ -	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	40-	x	
13	• • • • • • • • • • • • • • • • • • • •	12c	X	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			Milit
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	15b	X	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	NE.	97-7	FINAN
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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 participation	115.100	3374	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	1		
	exempt status with respect to such arrangements?	16b	- Hendle	
Sec	tion C. Disclosure	•		
17	List the states with which a copy of this Form 990 is required to be filed ▶NY	-		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availai	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, a	nd fina	ncıal	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	ation:	>	
	BETTY CORDERO - (212)9898121			
	32 BROADWAY, NEW YORK, NY 10004			
12-10-	12	Forr	n 99 0	(2012

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

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

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

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

Licket 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)	(B)	orga		((134	(D)	(E)	(F)
Name and Title	Average hours per week	box	not c , unle	ss pe	more rson	than Is bot or/trus	han	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) TAMMY ROBINSON CHAIRMAN	3.00	x						0.	0.	0.
(2) JOHN EASTMAN	3.00	^	\vdash	├	-	┢	-	ļ·	U•	
TREASURER	3.00	x					1	0.	0.	0.
(3) HENRY P. BECTON, JR.	3.00	 	⊢	┢		┢	┢			
SECRETARY	3.00	x	l	l			1	0.	0.	0.
(4) JON ABBOTT	3.00	-	┢	╁┈	t	┢	\vdash		 	
BOARD MEMBER		x						0.	0.	0.
(5) JOHN BOLAND	3.00				┢	 		 		
BOARD MEMBER		X	}		1			0.	0.	0.
(6) MARGARET DRAIN	3.00									
BOARD MEMBER		X	1	ļ	l	ļ	l	0.	0.	0.
(7) MICHAEL ISIP	3.00									
BOARD MEMBER		X						0.	0.	0.
(8) STEPHEN SEGALLER	3.00									
BOARD MEMBER		X				L		0.	0.	0.
(9) NEAL SHAPIRO	3.00]								
BOARD MEMBER		X	<u> </u>		<u> </u>		<u> </u>	0.	0.	0.
(10) SIMON KILMURRY	40.00	1		l			ŀ			
EXECUTIVE DIRECTOR				X		<u> </u>	_	96,299.	0.	0.
(11) CYNTHIA LOPEZ	40.00		ļ	\						
EXECUTIVE VICE PRESIDENT	 	<u> </u>	<u> </u>	X	_	<u> </u>	╙	93,290.	0.	0.
(12) CHRISTOPHER WHITE	40.00	1					l	00.060		
DIRECTOR PRODUCTION	- 2 00	┡	₩	X	 	igspace	┡	82,860.	0.	0.
(13) ANN TENENBAUM	3.00	-			1					_
BOARD MEMBER		⊢	├	╀	⊢	├	-	0.	0.	0.
		-	l	1	1	İ	į .			Ì
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		1	1	1	1		1			-
		_	٠		4		<u> —</u>		 	5 000 (2010)

232007 12-10-12

Part VII Section A. Off	ficers, Directors, Trus	tees, Key Em	ploy	ees.	, and	d Hi	ghe	st C	ompensated Employe	es (continued)				
(A) Name an	d title	(B) Average hours per	(C) Position (do not check more than one						(D) Reportable	(E) Reportable			(F) timate	
•	•						s bot r/trus		compensation from the	compensation from related organizations			iount d other pensat	
		hours for related	ee or direc	stee			nsated		organization (W-2/1099-MISC)	(W-2/1099-MIS		fr	om the	•
		organizations below	Individual trustee or director	institutional trustee	er	Key employee	Highest compensated employee	ner	, , , , , , , , , , , , , , , , , , ,			l	d relate Inizatio	
		line)	ng II		Officer	Key	Hgm dwg	Богшег						
			_			ļ	<u> </u>							
			_	<u> </u>			_	<u> </u>						
									<u> </u>	<u> </u>				
			-											
			-		_		_	_			_			
				\vdash	-		-	 						
			_	├-	├		├	-						
1b Sub-total			1	<u></u>	<u>L</u> .		Ļ	<u>L_</u>	272,449.		0.			0.
c Total from continua	ation sheets to Part V	II, Section A		-					0.		0.			0
d Total (add lines 1b Total number of indi		not limited to the	1056		ed a	hov	e) w	ho r	272,449. eceived more than \$10	0.000 of reportab	0 . le		<u> </u>	0
	the organization												W = 1	(
				e, ke	ey er	mplo	oyee	, or	highest compensated e	employee on		1.4	Yes	No X
	nplete Schedule J for s ited on line 1a, is the si		-	 omp	ensa	atıor	n an	d otl	her compensation from	the organization		* * *	22	**
	ations greater than \$15								for such individual ted organization or indiv	udual for convices		4	er I	X
rendered to the orga	anization? If "Yes," com	-				-		Ciat			, 	5		X
Section B. Independent1 Complete this table		ompensated in	dep	endo	ent o	cont	racte	ors t	that received more than	\$100,000 of con	npen	sation	from	—
									n the organization's tax					
	(A) Name and business	address	N	ON	E				(B) Description of	services	()) Compe	C) ensatio	n
														
			_											
					_			\dashv	7					-
								_	·					
			not i	imite	ed to		_	stec	d above) who received	more than		# # #	744	*4
	nsation from the organ	ization >					0				* *1	Form	990 (2011
232008 12-10-12												. 01111		-014

Pa	LE «V	'IIÎ.			o ony sus-li-	in this Dark VIII			[<u>-</u>
		ラ ルリ	Check if Schedule O conta		o any question	in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts	1	а	Federated campaigns	1a		A STATE THE			
등 등		b	Membership dues	1b				The land the state of	Secretary with
A, E		С	Fundraising events	1c					
ar a		ď	Related organizations	1d			F Lambert	Par 文章 种()。	196 多 新 1971
E, C		е	Government grants (contribute	ons) 1e	290,000.			25-14 Now 14-219	A POST OF
ion		f	All other contributions, gifts, grant					10 mg 1 mg	
the			similar amounts not included abov		098,030.		(re) 对海南 · ·································	Salarin Artifation	
들인		g	Noncash contributions included in lines						
Contributions, Gifts, Grants and Other Similar Amounts		h	Total. Add lines 1a-1f			1,388,030.			
					Business Code	WELL CHILD		1411116	
e,	2	а	CONTRACT INCOME	,	515100	2,148,715.	2,148,715.		<u> </u>
Program Service Revenue		b	PROGRAME INCOME		515100	199,178.			
Se		С				-			
eve eve		d							
ga.		e							
4		f	All other program corvice rever	ทนย					
			Total. Add lines 2a-2f		>	2,347,893.	No. of the second		the Balling Filler
	3		Investment income (including	dividends, intere	est, and				
			other similar amounts)		>	3,531.			3,531.
	4		Income from investment of tax	exempt bond p	roceeds				
	5		Royalties		>				
				(i) Real	(ii) Personal	海岸:195 花珠子	对流气的对象 的	COMPANY TO A	
	6	а	Gross rents			Tobbe with the		alog A	
	ļ	b	Less: rental expenses						
	l	С	Rental income or (loss)						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of	(i) Securities	(ii) Other			基本 。1000年第二	14. A.
			assets other than inventory	4,554.			A PARTY AND A STATE OF THE PARTY AND A STATE O		1 The 1
	l	b	Less: cost or other basis				· · · · · · · · · · · · · · · · · · ·	N. C. BANGA, P.A.	
			and sales expenses	0.				and the state of t	
		C	Gain or (loss)	4,554.					
		d	Net gain or (loss)			4,554.	4,554		
<u>•</u>	8	а	Gross income from fundraising	g events (not					
en C			including \$	of				LANGE L	
ě	l		contributions reported on line	1c). See	•				
Other Reven			Part IV, line 18	а				- 20 May - 18	Agenticity of the state of the
됐		þ	Less: direct expenses	b		Morris in hand		· · · · · · · · · · · · · · · · · · ·	
		С	Net income or (loss) from fund	Iraising events			4 N N N N N N N N N N N N N N N N N N N	(MA AWAY OF AND SON OF
	9	а	Gross income from gaming ac	tivities. See					
	1		Part IV, line 19	а			Transfer Land		Line in the Park
	l		Less: direct expenses	b	<u> </u>			نَعَفُ حَسُمُ نُعُكُمُ اللَّهُ	i din dikaka ya isali
	l	С	Net income or (loss) from gam	iing activities		1 Table 100 100 100 100 100 100 100 100 100 10	<u> </u>	1 1 1 2	7 3 3 3 3 3 7 4
	10	а	Gross sales of inventory, less	returns			1 . 44.	14 18 18 16 - 16 - 16 - 18 16 - 18 16 - 18 16 - 18 16 16 16 18 18 18 18 18 18 18 18 18 18 18 18 18	Company of the Company
			and allowances	. а	<u></u>				
	Ì	b	Less: cost of goods sold	b	L	The state of the s		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	<u> </u>	C	Net income or (loss) from sale	s of inventory	<u> </u>				1 300 x 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	 		Miscellaneous Revenu	e	Business Code				& Line & Line &
	11	а				_			
		b				 			
		C				<u> </u>	 	 	
	ĺ	d	All other revenue		L			<u> </u>	1, 1, 4, 20, 20, 20, 20
		е	Total. Add lines 11a-11d		>	2 744 202	2 2 2 2 4 4 7	******	2 521
2220	12		Total revenue. See instructions.			3,744,008	.2,352,447	. 0	
23200 12-10)- 12								Form 990 (2012)

Section	on 501(c)(3) and 501(c)(4) organizations must com			ompiete column (A).	
	Check if Schedule O contains a respon	se to any question in thi	IS Part IX	(C)	(D)
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22			Table 1 Same 1 Same	The second of th
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	•			
_	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	272 440	209,792.	20 147	22 510
_	trustees, and key employees	272,449.	203,132.	30,147.	32,510.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	646,131.	497,537.	71,496.	77,098.
7	Other salaries and wages	040,131.	437,337.	/1,430.	11,030.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	175,472.	135,097.	19,427.	20 0/19
9	Other employee benefits	64,830.	49,913.	7,177.	20,948. 7,740.
10	Payroll taxes	04,030.	49,913.	/,1//•	7,740.
11	Fees for services (non-employees):				
_	Management .	13,678.			13,678.
b	Legal .	14,958.		14,958.	13,070.
C	Accounting	14,550.		14,550.	
d	Lobbying Professional fundraising services. See Part IV, line 17				
e f	Investment management fees		SYZXX	<u> </u>	
g	Other. (If line 11g amount exceeds 10% of line 25,				
y	column (A) amount, list line 11g expenses on Sch O.)	163,697.	163,697.		
12	Advertising and promotion	68,739.			
13	Office expenses	158,703.			13,597.
14	Information technology	2007,000	220,00,0	3,0330	20,03
15	Royalties	74,751.	74,751.		
16	Occupancy	218,548.	168,707.		26,129.
17	Travel	106,938.	101,045.	413.	5,480.
18	Payments of travel or entertainment expenses				
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	12,540.	11,990.		550.
20	Interest		, , , , , , , , , , , , , , , , , , , ,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	33,764.		33,764.	
23	Insurance	35,138.	31,668.	1,669.	1,801.
24	Other expenses. Itemize expenses not covered				MARCHAN BA
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) PROGRAM ACQUISITION	743,794.	743,794	· Salar i Sala	
a	PACKAGES AND CAPTIONING	263,309.			
b	PRESS KITS	131,603.			
c C	FESTIVALS AND AWARDS	63,178.			
d		126,224.			
e 25	All other expenses	3,388,444.			199,531.
<u>25</u> 26	Joint costs. Complete this line only if the organization		2,500,155	200,714.	1,0,001.
∠0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	أحسس	1			
	Check here if following SOP 98-2 (ASC 958-720)	<u> </u>		<u>.l,</u>	5 000 (2242)

232010 12-10-12

Check if Schedule O contains a response to any question in this Part X (B) (A) Beginning of year End of year 175,425. 161,142. Cash - non-interest-bearing 2 2 Savings and temporary cash investments 1,305,704 1,839,870. 3 3 Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other 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 instr). Complete Part II of Sch L 7 Notes and loans receivable, net 3,239. 3,082. Inventories for sale or use 8 254,108. 359,198 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 585,950 basis. Complete Part VI of Schedule D 10a 202,889 338,337 247,613. 10b b Less: accumulated depreciation. 11 Investments - publicly traded securities 11 129,641. 149,847. 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 2,635,456 2,196,302. 16 Total assets. Add lines 1 through 15 (must equal line 34) 285,756. 319,324 17 Accounts payable and accrued expenses 18 18 Grants payable 5,715. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 38,113. 84,909. Schedule D 25 404,233 329,584 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 786,343 715,503. 27 Unrestricted net assets 27 1,080,375. 1,515,720. 28 Temporarily restricted net assets 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 1,866,718. 2,231,223 33 Total net assets or fund balances 2,196,302. 2,635,456. Total liabilities and net assets/fund balances

Form 990 (2012)

	990 (2012) AMERICAN DOCUMENTARY INC.	13-3447752 Page 12
Par	t⊮XI Reconciliation of Net Assets	
	Check if Schedule O contains a response to any question in this Part XI	
1	Total revenue (must equal Part VIII, column (A), line 12)	3,744,008.
2	Total expenses (must equal Part IX, column (A), line 25)	2 3,388,444.
3	Revenue less expenses. Subtract line 2 from line 1	3 355,564.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 1,866,718.
5	Net unrealized gains (losses) on investments	5 8,941.
6	Donated services and use of facilities	6
7	Investment expenses	7
8	Prior period adjustments	8
9	Other changes in net assets or fund balances (explain in Schedule O)	9 0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	0 001 000
8D-2	column (B))	10 2,231,223.
Pai	TEXII Financial Statements and Reporting	
	Check if Schedule O contains a response to any question in this Part XII	
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
	If "Yoo," oheck a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	dona
b	Were the organization's financial statements audited by an independent accountant?	2b X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,
	consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	
	review, or compilation of its financial statements and selection of an independent accountant?	2c X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	
	Act and OMB Circular A-133?	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b
		Form 990 (2012)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

2012

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Employer identification number

		AMERICA	N DOCUMENTAR	Y INC					13	3-34477	52
Rart I	Reason 1	or Public Chari	ty Status (All organiza	ations mus	t complete	e this part.) See instr	uctions.			
The organi	zation is not a	private foundation t	pecause it is: (For lines 1	through 1	1, check c	only one bo	ox.)				
1 🗔	A church, cor	nvention of churches	s, or association of churc	hes descr	nbed in se	ction 170(b)(1)(A)(i).				
2	A school desc	cribed in section 17	0(b)(1)(A)(ii). (Attach Sch	nedule E.)							
з 🗔			al service organization d		n section	170(b)(1)(A)(iii).				
4 🔲	A medical res	earch organization o	perated in conjunction v	with a hos	pital descr	ibed in sec	ction 170(b)(1)(A)(iii)	. Enter t	he hospital's i	name,
	city, and state	e:									
5 🔲	An organizati	on operated for the l	benefit of a college or un	niversity ov	vned or op	erated by	a governn	nental unit	describe	ed 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 ın sectio	n 170(b)(1)(A)(v).				
7 X	An organizati	on that normally rec	eives a substantial part d	of its supp	ort from a	governme	ntal unit o	r from the	general į	oublic describ	ed in
	section 170(b)(1)(A)(vi). (Comple	te Part II.)								
8 🖳	A community	trust described in s	ection 170(b)(1)(A)(vi). (Complete	Part II.)						
9 📖	An organizati	on that normally rec	eives: (1) more than 33 1	/3% of its	support fr	om contril	outions, m	embership	fees, ar	nd gross rece	pts from
	activities relat	ted to its exempt fur	nctions - subject to certa	in excepti	ons, and (2	2) no more	than 33 I	/3% of Its	support	from gross in	vestment
	income and u	inrelated business to	axable income (less sect	ion 511 ta	x) from bu	sınesses a	cquired b	y the orgar	nization a	after June 30,	1975.
<u>г</u> -		509(a)(2). (Complete	•								
10			perated exclusively to tes								
11 📖	-		perated exclusively for th		•		· ·	-			
			itions described in section). See sec	tion 509(a	ı)(3). Che	eck the box th	ıat
		· · · · · · · · · · · · · · · · · · ·	organization and comple		•			.—-			
_ [a Type I	-	•	•	nctionally i	- 0	d			n-functionally	•
e ـ			t the organization is not								
f		=	han one or more publicly ten determination from t		•				(a)(1) or	section busta)(∠).
•		rganization, check th		ino ino uic	atitis a ry	pe i, type	ii, or Type) III			
g		•	rganization accepted an	ny aift or c	ontribution	 from any	of the follo	owina ners	ons?	•	
9	_		rectly controls, either al			•				Г	res No
		•	upported organization?	o og	outor with	P 0/00/10 0		() (.	., 50.011	11g(i)	1
		- •	n described in (i) above?						•	11g(ii)	\neg
	•	•	person described in (i) o		e?		•			11g(iii)	\top
h			about the supported or								
				_	, ,						
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) is the c	organization	(v) Did you	ı notify the	(vi) ls		(vii) Amount o	f monetary
	anization	(), =	(described on lines 1-9		sted in your			l organizatio (i) organiza	ed in the	suppo	
			above or IRC section (see instructions))	governing	document?	(i) of you	r support?	U.S.	?		
			(acc mandenona))	Yes	No	Yes	No	Yes	No		
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		- weath #75 all 145 and	PERSONAL RECURSION OF THE PERSON OF THE PERS	MINERAL STA	*** * ********************************	- Pargaretic	********	200 C 1/4 . 250°	CONSTRUCTOR		
Taka!				*	W. 18.	19 70	P. F. M.				
Total	Janarwark Da	Heart at 18 327.44	, see the Instructions f		i emirepatirio	, skargarati	I	ا المحام		m 990 or 990	E7\ 2010
	Wher MOLV Le	MUCHON ACL NOTICE	, 500 ווע וווטנוענוטאא ז	UI				Scriedul	EM (FUI	いい マラレ ひに みみし	-LLZ 40 12

232021

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012 AMERICAN DOCUMENTARY INC. 13-34477 [Part III 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	721,381.	700,525.	2020297.	479,587.	1388030.	5309820.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf	<u></u>					
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	721,381.	700,525.	2020297.	479,587.	1388030.	5309820.
5	The portion of total contributions		\$ Property				
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	abit of the state of the section of		ราว คอม ราการแก้นกับเกิดเหตุ			
	column (f)						1552140.
	Public support. Subtract line 5 from line 4	awati d	PER BEAUTI	第分线,线电	ALM PHA		3757680.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010 2020297.	(d) 2011 479,587.	(e) 2012 1388030.	(f) Total 5309820.
7	Amounts from line 4	721,381.	700,525.	2020297.	479,587.	1388030.	5309820.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	1	45 000		1	1	
	and income from similar sources	<30,444.	> 45,288.	23,795.	<1,870.	> 17,026.	53,795.
9	Net income from unrelated business		-				
	activities, whether or not the			:			
	business is regularly carried on	<u> </u>					
10	Other income. Do not include gain						
	or loss from the sale of capital	}		1			
	assets (Explain in Part IV.)	500° C 5 50 C 7 7 7 8	0% 1 -, 0%1K -	ta Szy Szásabe Z sz	N N 1 1 1 2 7 7 2 2 2	Nais Communication of the communication	5363645
11	Total support. Add lines 7 through 10		1. 10 10 10 10 10 10 10 10 10 10 10 10 10			1.0	5363615.
12		. ,	•				,145,441.
13	First five years. If the Form 990 is for		s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	. \square
Sec	organization, check this box and stoction C. Computation of Pub	p here lic Support Pe	rcentage				
	Public support percentage for 2012			column (fl)		14	70.06 %
	Public support percentage from 201		•	colariir (ij)		15	46.02 %
	33 1/3% support test - 2012. If the	•	•	n line 13, and line	14 is 33 1/3% or i		
	stop here. The organization qualifies	·-			14 10 00 17070 01 1	more, erreek trile e	►X
ł	33 1/3% support test - 2011. If the		-	•	d line 15 is 33 1/39	% or more, check t	•
	and stop here. The organization qua						▶□
172	10% -facts-and-circumstances tes				e 13, 16a, or 16h	and line 14 is 10%	or more.
	and if the organization meets the "fa						
	meets the "facts-and-circumstances"						▶□
k	10% -facts-and-circumstances tes					17a, and line 15 is	10% or
-	more, and if the organization meets t		-			•	
	organization meets the "facts-and-cir						▶
18	Private foundation. If the organization						ns 🕨
						edule A (Form 99	

232022 12-04-12

Schedule A (Form 990 or 990 EZ) 2012 [Partilli 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.)

800	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)				
			T #12000		T	() 2040	
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		<u> </u>	<u> </u>			
7a	Amounts included on lines 1, 2, and						
b	3 received from disqualified persons 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			 	 		
	Public support (Subtract line 7c from line 6.)	3400 PS - 35 - 35 - 17			- F-3-1 - F-48 T-	N ** * * *	
	ction B. Total Support			10 () 10 () 10 () () () () () () () () ()	100000000000000000000000000000000000000	7,000	<u></u>
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6		1				
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income			<u> </u>			
	(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 carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
	Total support. (Add lines 9, 10c, 11, and 12)	L	<u></u>	<u> </u>		<u> </u>	<u> </u>
14	First five years. If the Form 990 is fo	r the organization	n's first, second, th	ird, fourth, or fifth	tax year as a sect	ion 501(c)(3) organi	zation,
_	check this box and stop here	U- 0					▶□
	ction C. Computation of Publ						
	Public support percentage for 2012 (• • • • • • • • • • • • • • • • • • • •	•	column (f))		15	%
	Public support percentage from 201					16	%
<u>5e</u>	ction D. Computation of Inve						
17				ine 13, column (f))		17	9/
18	, ,					18	9/
198	a 33 1/3% support tests - 2012. If the						17 is not
	more than 33 1/3%, check this box a		-	• •			. •
t	b 33 1/3% support tests - 2011. If the						
~~	line 18 is not more than 33 1/3%, chi					-	۱ . >
20		on ala not check a	a box on line 14, 1	9a, or 19b, check			
2320	123 12-04-12			4 =	So	chedule A (Form 9	30 or 990-EZ) 201

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Publications

Name of the organization

AMERICAN DOCUMENTARY INC.

Employer identification number 13-3447752

Par	till Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	is or Accounts.Complete if the			
	organization answered "Yes" to Form 990, Part IV, lin	e 6.				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	nsed funds			
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can b	e used only			
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpos	e conferring			
	ımpermissible private benefit?		Yes No			
Pai	tell Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990,	Part IV, line 7			
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply).				
	Preservation of land for public use (e.g., recreation or	education) 🖳 Preservation of an h	nistorically important land area			
	Protection of natural habitat	Preservation of a ce	rtified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the for	n of a conservation easement on the last			
	day of the tax year.					
			Held at the End of the Tax Year			
а	Total number of conservation easements .		_2a			
b	Total acreage restricted by conservation easements	•	2b			
	Number of conservation easements on a certified historic st	• • •	2c			
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic stru-	1 1			
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by t	the organization during the tax			
_	year >					
4	Number of states where property subject to conservation ea	· 	-			
5	Does the organization have a written policy regarding the pe	• • • • • • • • • • • • • • • • • • • •	Yes No			
	violations, and enforcement of the conservation easements	••	•			
6 7	Staff and volunteer hours devoted to monitoring, inspecting					
	Amount of expenses incurred in monitoring, inspecting, and	_				
8	Does each conservation easement reported on line 2(d) about section 170/b/4//P/w/2	ove satisfy the requirements of section 1	Yes No			
9	d section 170(h)(4)(B)(ii)? Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and					
3	include, if applicable, the text of the footnote to the organization					
	conservation easements.	ation's inancial statements that describe	sa the organization a accounting to			
Pa	tilli Organizations Maintaining Collections	of Art. Historical Treasures, or	Other Similar Assets.			
>#3-7	Complete if the organization answered "Yes" to Form	·				
	If the organization elected, as permitted under SFAS 116 (A		tement and balance sheet works of art.			
	historical treasures, or other similar assets held for public ex					
	the text of the footnote to its financial statements that desc		, , , , ,			
b	If the organization elected, as permitted under SFAS 116 (A		ent and balance sheet works of art, historical			
	easures, 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 VIII, line 1		▶ \$			
	(ii) Assets included in Form 990, Part X		> \$			
2	If the organization received or held works of art, historical tr	easures, or other similar assets for finan				
	the following amounts required to be reported under SFAS					
а	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 Instruction	ns for Form 990.	Schedule D (Form 990) 2012			

232051 12-10-12

Schedule D (Form 990) 2012

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

232053 12-10-12 Schedule D (Form 990) 2012

2. FIN 48 (ASC 740) Footnote. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2012 AMERICAN DOCUMENTARY INC.	13-	3447752	Page 4
Part XIII Reconciliation of Revenue per Audited Financial Statements With Revenue per			
Total revenue, gains, and other support per audited financial statements	1	3,752,	949.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
a Net unrealized gains on investments 2a 8,941			
b Donated services and use of facilities 2b			
c Recovenes of prior year grants			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d	2e	8,	941.
3 Subtract line 2e from line 1	3	3,744,	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIII.)			
c 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	3,744	008.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Retu	rn	
Total expenses and losses per audited financial statements	1	3,388	444.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	488		
a Donated services and use of facilities 2a			
b Prior year adjustments 2b			
c Other losses 2c			
d Other (Describe in Part XIII.)		l	
e Add lines 2a through 2d	2e		0.
3 Subtract line 2e from line 1	3	3,388	,444.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	100		
a Investment expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b	4c		0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	3,388	,444.
Part XIII Supplemental Information			
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines	s 1b and	2b; Part V, line	4; Part
X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform			
PART X, LINE 2: PART X, LINE 2: UNCERTAINTY IN INCOME TAXES	5. AM	ERICAN	
DOCUMENTARY APPLIES THE PROVISION OF FASB ASC 740, INCOME 1	TAXES	•	
MANAGEMENT HAS CONSIDERED POSSIBLE AREAS OF UNCERTAIN TAX I	POSIT	IONS AN	D
POSSIBLE AREAS OF RISK TO ITS TAX-EXEMPT STATUS. MANAGEMENT	r HAS	CONCLU	DED
THAT ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS AND THAT	ITS T	AX EXEM	PT
STATUS WOULD SUSTAIN EXAMINATION. TAX YEARS FOR 2009, AND 2	2010	REMAIN (OPEN
AND ARE SUBJECT TO EXAMINATION.			

Schedule D (Form 990) 2012

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.

OMB No 1545-0047

Name of the organization

Employer identification number

· AMERICAN DOCUMENTARY INC.	13-344//52				
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	SION:				
FILM SERIES POV AS WELL AS EDUCATIONAL, ONLINE AND OUTREACH TOOLS TO					
ENCOURAGE THE USE OF DOCUMENTARY, AND SPECIAL DOCUMENTARY	INITIATIVES				
AND PARTNERSHIPS.					
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:					
POV DIGITAL - PRODUCES SPECIAL WEB FEATURES AND WEBSITE FO	OR ALL POV				
PROGRAMS.	ومناور والمناور والمن				
EXPENSES \$ 595,527. INCLUDING GRANTS OF \$ 0. REVENUE	\$ 0.				
FORM 990, PART VI, SECTION B, LINE 11: COPIES OF THE FORM	990 ARE PROVIDED				
TO AMDOC'S EXECUTIVE COMMITTEE PRIOR TO FILING.					
FORM 990, PART VI, SECTION B, LINE 12C: EMPLOYEES ARE REQ	UIRED TO READ,				
UNDERSTAND AND TO AGREE WITH A CONFLICT OF INTEREST POLIC	Y UPON HIRING BY				
PROVIDING AN APPROVAL SIGNATURE. THIS POLICY IS PERIODICA	LLY REVIEWED AND				
REDISTRIBUTED TO ALL EMPLOYEES TO ENSURE THE COMPLIANCE.					
FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR T	HE EXECUTIVE				
DIRECTOR AND VICE PRESIDENT IS SET THROUGH AMDOC'S ANNUAL	BUDGETING				
PROCESS. DRAFT BUDGETS ARE PRESENTED AND REVIEWED BY THE	BOARD OF				
DIRECTORS. THE BOARD WILL NORMALLY GO IN TO EXECUTIVE SES	SION TO CONSIDER				
THE COMPENSATION LEVELS FOR EXECUTIVE LEVEL EMPLOYEES AND	THEIR DECISION				
THEN COMMUNICATED TO MANAGEMENT BY THE BOARD CHAIR. THE S	BALARIES ARE				
INCLUDED IN THE BUDGET DOCUMENTATION PRESENTED TO THE BOA	ARD.				

Schedule O (Form 990 or 990-EZ) (2012)

 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868. If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). Partill Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Enter filer's identifying number, see inst 	Page 2				
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868. • If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). [PartIII Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).					
• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). [Partill Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).					
Enter filer's identifying number, see inst					
	ructions				
Type or Name of exempt organization or other filer, see instructions Employer identification numb	er (EIN) or				
print					
File by the AMERICAN DOCUMENTARY INC. 13-344775	2				
due date for Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN))				
return See 20 JAY STREET, NO. 940					
City, town or post office, state, and ZIP code. For a foreign address, see instructions. BROOKLYN, NY 11201					
Enter the Return code for the return that this application is for (file a separate application for each return)	01				
Application Return Application	Return				
Is For Code Is For	Code				
Form 990 or Form 990-EZ 01					
Form 990-BL 02 Form 1041-A	_08				
Form 4720 (individual) 03 Form 4720	09				
Form 990-PF 04 Form 5227	10				
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6009	11				
Form 990-T (trust other than above) 06 Form 8870	12				
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.					
BETTY CORDERO					
• The books are in the care of > 32 BROADWAY - NEW YORK, NY 10004					
Telephone No. ► (212)9898121 FAX No. ►					
• If the organization does not have an office or place of business in the United States, check this box	السا				
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)					
box Lifit is for part of the group, check this box Light and attach a list with the names and EINs of all members the extension is 4. I request an additional 3-month extension of time until NOVEMBER 15, 2013.	s tor.				
2012					
5 For calendar year 2012, or other tax year beginning , and ending 6 If the 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					
AUDIT OF FINANCIAL RECORDS IS IN PROCESS. THE INFORMATION NEEDED TO	0				
PREPARE A COMPLETE AND ACCURATE RETURN IS BEING COMPILED.					
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					
nonrefundable credits. See instructions 8a \$	0.				
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid					
previously with Form 8868.	0.				
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using					
EFTPS (Electronic Federal Tax Payment System). See instructions.	0.				
Signature and Verification must be completed for Part II only.					
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 it is true, correct, and complete, and that pam authorized to prepare this form.					
Signature ► Title ► ACCOUNTANT Date ► 7/26	//3 Rev. 1-2013)				

Form **8868**

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

	The a sepa	ate appn	cation for each return.				
	are filing for an Automatic 3-Month Extension, complete					ightharpoons	
• If you	are filing for an Additional (Not Automatic) 3-Month Ext	ension, c	omplete only Part II (on page 2 of t	his form).			
	omplete Part II unless you have already been granted a						
Electron	ic filing (e-file) . You can electronically file Form 8868 if yo	ou need a	3-month automatic extension of time	ne to file (6 r	nonths for a	corporation	
	to file Form 990-T), or an additional (not automatic) 3-mor						
of time to	o file any of the forms listed in Part I or Part II with the exc	eption of	Form 8870, Information Return for 1	ransfers As	sociated Wit	th Certain	
Personal	Benefit Contracts, which must be sent to the IRS in paper	er format (see instructions). For more details o	n the electr	onic filing of	this form.	
	v.irs.gov/efile and click on e-file for Charities & Nonprofits.		,		_	•	
Partil	Automatic 3-Month Extension of Time	Only s	ubmit original (no copies nee	eded).			
A corpor	ation required to file Form 990-T and requesting an auton						
Part I on				oompioto			
	corporations (including 1120-C filers), partnerships, REM			t an extensi	on of time		
	ome tax returns.		and made add r chirried r to reques	it arr ontorior	01. 01 10		
Type or	Name of exempt organization or other filer, see instru	ctions		Employer	dentification	number (EIN) or	
print	Than so shower organization of other mor, soo more	otions.		Linployer	r identification number (EIN) or		
pilit	AMERICAN DOCUMENTARY INC.				13-3447752		
File by the			Maria				
due date for filling your return See	Number, street, and room or suite no. If a P.O. box, so 20 JAY STREET, NO. 940	ee instruc	tions.	Social seci	Social security number (SSN)		
instructions	only, to mit of poor of min, orang, und all them it is it is	raign add	ress, soo inatruations.				
	BROOKLYN, NY 11201						
						[ATT	
Enter the	e Return code for the return that this application is for (file	a separa	te application for each return)	•		0 1	
		r					
Applica	tion	Return	Application			Return	
Is For		Code	Is For			Code	
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 99	0-BL	02 Form 1041-A				80	
Form 47	20 (individual)	03	Form 4720			<u>0</u> 9	
Form 990-PF			Form 5227			10	
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 99	0-T (trust other than above)	06	Form 8870			12	
	BETTY CORDERO						
	books are in the care of > 32 BROADWAY - 1	NEW Y	ORK, NY 10004				
Telep	ohone No. ► (212)9898121		FAX No. ▶				
• If the	organization does not have an office or place of busines	s in the U	nited States, check this box				
	s is for a Group Return, enter the organization's four digit			If this is for	the whole a	roup, check this	
box 🕨	. If it is for part of the group, check this box	7	ach a list with the names and EINs		-	•	
	request an automatic 3-month (6 months for a corporation				JIG WIG GATON	0.011.0 101.	
		-	ation return for the organization nan		The extensic	מו	
	for the organization's return for:	or organiza	ation result for the organization han	ica above.	THE CALCUSIO	**	
	X calendar year 2012 or						
•	tax year beginning	, a	nd endeng		 ·		
			r—	1			
2 lf	the tax year entered in line 1 is for less than 12 months,	check rea	son: Initial return	Final return	n		
į	Change in accounting period						
					, —————		
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any		l	_	
<u>n</u>	onrefundable credits. See instructions.		1	3a	\$	0.	
b if	this application is for Form 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and		[
е	stimated tax payments made. Include any prior year over	payment	allowed as a credit.	3b	\$	0.	
_	alance due. Subtract line 3b from line 3a. Include your p						
	y using EFTPS (Electronic Federal Tax Payment System)			3c	s	0.	
	n. If you are going to make an electronic fund withdrawal						
LHA	For Privacy Act and Paperwork Reduction Act Notice			. 5.111 007 5		3868 (Rev. 1-2013)	
LITM	For Frivacy Act and Paperwork Reduction Act Notice	, see inst	auctons.		רטוווו כ	~~~ (1.54. 1.5019	
223841							
223841 01-21-13							