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## Form **990**

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)

2012

Open to Public

Form 990 (2012)

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements.

Fosthe 2012 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number Address change MOVING PICTURE INSTITUTE Name change 20-3237801 Doing Business As initial return Number and street (or P 0 box if mail is not delivered to street address) Room/suite E Telephone number Termin-323-650-3850 375 GREENWICH STREET Amended 1,518,238. City, town, or post office, state, and ZIP code G Gross receipts \$ Applica-tion pending NEW YORK, NY 10013 H(a) Is this a group return F Name and address of principal officer: ROBERT PFALTZGRAFF for affiliates? Yes X No SAME AS C ABOVE H(b) Are all affiliates included? Yes No Tax-exempt status: X = 501(c)(3) = 501(c)(3)) (insert no ) 4947(a)(1) or If "No," attach a list (see instructions) J Website: ► WWW.MOVINGPICTUREINSTITUTE.ORG H(c) Group exemption number ▶ K Form of organization X Corporation Trust Association L Year of formation 2005 M State of legal domicile DE Part I Summary Briefly describe the organization's mission or most significant activities. THE MOVING PICTURE INSTITUTE Governance IDENTIFIES AND NURTURES PROMISING FILMMAKERS (CONTINUED ON PG 28) Check this box 
If the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Activities & 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 380 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 7b b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 1,510,204. 1,504,236. Contributions and grants (Part VIII, line 1h) Revenue 50,000. 5,000. Program service revenue (Part VIII, line 2g) 17,146. 8,622. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 2,507. 380. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 1,579,857 1,518,238. Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12) 658,726 445,252. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 372,747. 489,790. Salaries, other compensation employee teneins (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column ( b Total fundraising expenses (Part IX, column (D), line 25)
Other expenses (Part X, column (A), lines 112 1(d, 11124e) 57,910. 495,120. 692,139. 1,526,593. 1,627,181. Total expenses. Add Ines 13-17 (must equal Part IX, coumn (A), line 25) <108,943.> 53,264. fine 18 from line 12 Revenue less expenses Assets or designation of Balances **Beginning of Current Year End of Year** 2,057,638. 1,945,644. Total assets (Part X, line 16) 40,640. 37,589. Total liabilities (Part X, line 26) Fig. 2,016,998. ,908,055. Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of periury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign ROBERT PFALTZGRAFF, PRESIDENT Here Type or print name and title PTIN P<del>reparer's s</del>ignature Print/Type preparer's name P00234022 Paid しんシェハン Firm's name O'CONNOR DAVIES 27-1728945 Preparer Firm's EIN Use Only 665 FIFTH AVENUE Firm's address Phone no 212-286-2600 NEW YORK, NY 10022 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

2-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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|          |  |          | Yes           | No     |
|----------|--|----------|---------------|--------|
| 1        | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?                              | Γ .      | 103           |        |
|          | If "Yes," complete Schedule A  | 1        | Х             |        |
| 2        | Is the organization required to complete Schedule B, Schedule of Contributors?   | 2        | Х             |        |
| 3        | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  |          |               |        |
| _        | public office? If "Yes," complete Schedule C, Part I   | 3        |               | X      |
| 4        | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect |          |               |        |
| -        | during the tax year? If "Yes," complete Schedule C, Part II  | 4        |               | Х      |
| 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        |               | Х      |
| 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        |               | Х      |
| 7        | Did the organization receive or hold a conservation easement, including easements to preserve open space,                        |          |               |        |
| •        | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                             | 7        |               | Х      |
| 8        | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete     |          |               |        |
| •        | Schedule D, Part III   | 8        |               | Х      |
| 9        | 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?        |          |               |        |
|          | If "Yes," complete Schedule D, Part IV   | 9        |               | Х      |
| 10       | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent    | <u> </u> |               | _      |
|          | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   | 10       |               | Х      |
| 11-      | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X |          | · · · · · · · |        |
| • •      | as applicable.   |          |               |        |
| 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             |        |
| ь        | 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  | 116      |               | Х      |
| 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      |               | Х      |
| d        | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in     |          |               |        |
|          | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d      | Х             |        |
| е        | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X            | 11e      |               | X      |
| f        | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses          |          |               |        |
|          | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X           | 11f      | X             |        |
| 12a      | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete              |          |               |        |
|          | Schedule D, Parts XI and XII   | 12a      | X             |        |
| b        | Was the organization included in consolidated, independent audited financial statements for the tax year?                        |          |               |        |
|          | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional            | 12b      |               | Х      |
| 13       | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                | 13       |               | X      |
| 14a      | Did the organization maintain an office, employees, or agents outside of the United States?                                      | 14a      |               | X      |
| b        | 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   | 14b      |               | Х      |
| 15       | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization        |          |               |        |
|          | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV                                      | 15       |               | X      |
| 16       | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals   |          |               |        |
|          | located outside the United States? If "Yes," complete Schedule F, Parts III and IV   | 16       |               | X      |
| 17       | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,          |          |               |        |
|          | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   | 17       |               | X      |
| 18       | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines     |          |               | j      |
|          | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18       |               | Х      |
| 19       | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"           |          |               |        |
|          | complete Schedule G, Part III  | 19       | 1             | X      |
|          | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                      | 20a      | <u> </u>      | X      |
| <u>b</u> | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                     | 20b      |               | Щ_     |
|          |  | Form     | 990           | (2012) |

|     |   |     | 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  | X   |  |
| 22  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,  |     |     |  |
|     | column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22  | _ X |  |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current  |     |     |  |
|     | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete  |     |     |  |
|     | Schedule J  | 23  |     | X  |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the   |     |     |  |
|     | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete  |     |     |  |
|     | Schedule K. If "No", go to line 25  | 24a |     | X  |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b |     |  |
| С   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease  |     |     |  |
|     | any tax-exempt bonds?   | 24c |     |  |
|     | 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  |     |     | 17   |
|     | disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a |     | X  |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and  |     |     |  |
|     | that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete   | 055 |     | Х  |
| 00  | 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 person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26  |     | X  |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial  | 20  |     |  |
| 21  | 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   |     |     | <del></del>                                      |
|     | instructions for applicable filing thresholds, conditions, and exceptions):   |     |     |  |
| а   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28a |     | Х  |
|     | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28b |     | Х  |
|     | 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 conservation   |     |     |  |
|     | contributions? If "Yes," complete Schedule M  | _30 |     | <u> </u>   |
| 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  |     | <u> </u>   |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and   |     |     | v  |
|     | Part V, line 1  | 34  |     | X  |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a | _   |  |
| D   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity   | 255 |     |  |
| 26  | 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?                     | 35b |     |  |
| 36  | 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  | 30  |     | <del>                                     </del> |
| J,  | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37  |     | x  |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  |     |     | <del></del> -                                    |
|     | Note. All Form 990 filers are required to complete Schedule O   | 38  | х   |  |
|     |   |     |     | (2012)   |

Form 990 (2012) MOVING PICTURE INSTITUTE 20-3237801 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes 32 1a - Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a ō b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 5 filed for the calendar year ending with or within the year covered by this return 2a Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3h 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c 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 as charitable contributions? ва b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 7 Х a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 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 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 organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter. a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b

Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state? 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

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

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

14b Form 990 (2012)

X

13a

14a

13b

13c

MOVING PICTURE INSTITUTE Form 990 (2012) MOVING PICTURE INSTITUTE 20-3237801 Page
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.

|            |  |  |       | (TV)     |
|------------|--|--|-------|----------|
|            | Check if Schedule O contains a response to any question in this Part VI  |  |       | X        |
| <u>Sec</u> | tion A. Governing Body and Management  |  |       |          |
|            |  | , <del></del>                                    | Yes   | No       |
| 1a         | Enter the number of voting members of the governing body at the end of the tax year   1a 5   |  |       |          |
|            | If there are material differences in voting rights among members of the governing body, or if the governing  |  |       |          |
|            | body delegated broad authority to an executive committee or similar committee, explain in Schedule 0   |  |       |          |
| b          | Enter the number of voting members included in line 1a, above, who are independent   |  |       |          |
| 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  |       | Х        |
| 6          | Did the organization have members or stockholders?   | 6  |       | Х        |
| 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        |
| ь          | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or   |  |       |          |
| •          | persons other than the governing body?   | 7ь   |       | Х        |
| 8          | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following   | ····   |       |          |
| _          | The governing body?  | 8a   | х     |          |
|            | Each committee with authority to act on behalf of the governing body?  | 8b-  | -X-   |          |
| 9          | is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the   | <del>                                     </del> |       |          |
| 5          | organization's mailing address? If "Yes," provide the names and addresses in Schedule O  | 9  |       | Х        |
| 500        | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)  | . 3  |       | 21       |
| Sec        | tion b. Policies (This Section & requests information about policies not required by the internal nevenue Code)  |  | Yes   | Na       |
| 10-        | Did the executation have level shorters branches as offiliates?  | 10a  | 162   | No<br>X  |
|            | Did the organization have local chapters, branches, or affiliates?   | 10a  |       | 23       |
| В          | 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  |       |          |
| 44.        | · · · · · · · · · · · · · · · · · · ·  | 11a  | Х     |          |
| 11a        | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?   | 11a  | -1    |          |
| b          | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  | 10-  | Х     |          |
| 12a        | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a  | X     |          |
|            | 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   | 40.  | х     |          |
|            | in Schedule O how this was done  | 12c  | X     |          |
| 13         | Did the organization have a written whistleblower policy?  | 13   |       |          |
| 14         | Did the organization have a written document retention and destruction policy?   | 14   | Х     |          |
| 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?  |  | .,    |          |
|            | The organization's CEO, Executive Director, or top management official   | 15a  | X     |          |
| b          | 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).  |  |       |          |
| 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  |       | <u>X</u> |
| b          | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation   |  |       |          |
|            | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's   |  |       |          |
|            | exempt status with respect to such arrangements?   | 16b  |       |          |
| Sec        | tion C. Disclosure   |  |       |          |
| 17         | List the states with which a copy of this Form 990 is required to be filed NY, DE, PA  |  |       |          |
| 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)   | avaılab  | ie    |          |
|            | 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, an  | d fınar  | icial |          |
|            | 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 organization   | tion 🕨   |       |          |
|            | JOHN CORCORAN, C/O OWEN J. FLANAGAN - (212)-682-2783   |  |       |          |
|            | 60 EAST 42ND STREET, NEW YORK, NY 10165  |  | ···   |          |
| つつつへい      |  |  |       |          |

12-10-12

Form 990 (2012)

#### Form 990 (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 employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

| (A)<br>Name and Title            | (B) Average hours per week | (C) Position (do not check more than one box, unless person is both ai officer and a director/trustee) |                       |         |              | than                         | han    | (D) Reportable compensation from | (E)  Reportable  compensation  from related | (F) Estimated amount of other  |
|----------------------------------|----------------------------|--|-----------------------|---------|--------------|------------------------------|--------|----------------------------------|---|--|
|                                  |                            | Individual trustee or director   | Institutional trustae | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations<br>(W-2/1099-MISC)            | compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) DAVID THAYER                 | 10.00                      |  |                       |         |              |                              |        |                                  |   |  |
| CHAIRMAN                         |                            | X  |                       | X       |              |                              | ļ      | 0.                               | 0.  | 0  |
| (2) KEVIN HARPER                 | 5.00                       |  |                       |         |              |                              |        |                                  | _ :   | _  |
| VICE CHAIRMAN                    |                            | X  |                       | X       |              | <u> </u>                     |        | 0.                               | 0.  | 0  |
| (3) ROBERT PFALTZGRAFF           | 50.00                      |  |                       |         |              |                              |        | 100 417                          | _   | _  |
| PRESIDENT/SECRETARY              |                            | Х  |                       | Х       |              |                              |        | 120,417.                         | 0.  | 0  |
| (4) MARC LEADER                  | 5.00                       | ,,   |                       | ,,      |              |                              |        | _                                |   | ^  |
| TREASURER                        | F 00                       | X  | _                     | X       | -            | _                            |        | 0.                               | 0.  | 0  |
| (5) MICHAEL FRIEDMAN<br>DIRECTOR | 5.00                       | X  |                       |         |              |                              |        | 0.                               | 0.  | 0  |
|                                  |                            |  |                       |         |              |                              |        |                                  |   |  |
|                                  |                            |  |                       |         |              |                              |        |                                  |   |  |
|                                  |                            |  |                       |         |              |                              |        |                                  |   |  |
|                                  |                            |  |                       |         |              |                              |        |                                  |   |  |
|                                  |                            |  |                       |         |              |                              |        |                                  |   |  |
|                                  |                            |  |                       |         | _            |                              |        |                                  |   |  |

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| Par | t VII Section A. Officers, Directors, Trus                               | tees, Key Em<br>(B) | ploy                           | <u>ees</u>       | , and       | d Hi         | ghe                             | st C     | compensated Employe                   | es (continued)                 |       |          |                |               |
|-----|--|---------------------|--------------------------------|------------------|-------------|--------------|---------------------------------|----------|---------------------------------------|--------------------------------|-------|----------|----------------|---------------|
|     | . (A)  | (C)                 |                                |                  |             |              |                                 | (D)      | (E)                                   |                                |       | (F)      |                |               |
|     | Name and title   | Average             | (do                            | not c            | Pos<br>heck |              |                                 | one      | Reportable                            | Reportable                     |       | Es       | tımate         | ∍d            |
| •   |  | hours per<br>week   | box                            | , unle<br>cer ar | ss pe       | rson         | is bot                          | h an     | compensation                          | compensatio                    |       |          | ount           |               |
|     |  | (list any           |                                | T                | 1           | I            | 1                               | T.       | from                                  | from related                   |       |          | other          |               |
|     |  | hours for           | diect                          |                  |             |              | _                               | ŀ        | the organization                      | organizations<br>(W-2/1099-MIS |       |          | pensa<br>om th |               |
|     |  | related             | 5                              | trustee          |             |              | Safe                            |          | (W-2/1099-MISC)                       | (44-2/1099-14113               | ,,,   |          | om m<br>anızat |               |
|     |  | organizations       | Individual trustee or director | Ĕ                |             | 8            | mber                            |          | (** 2 1000 111100)                    |                                |       | -        | d relat        |               |
|     |  | below               | lgfra                          | Institutional    | <br>  5     | Кеу етріоуес | oyee<br>Oyee                    | <br>⊒5   | ]                                     |                                |       |          | nızatı         |               |
|     |  | line)               | Indn                           | Inst             | Officer     | Keye         | Highest compensated<br>employee | Fom      |                                       |                                |       |          |                |               |
|     |  |                     |                                |                  |             |              |                                 |          |                                       |                                |       |          |                |               |
|     |  |                     | <u> </u>                       |                  |             |              |                                 |          |                                       |                                |       |          |                |               |
|     |  |                     |                                |                  |             | ĺ            |                                 | ŀ        |                                       |                                |       |          |                |               |
|     |  |                     |                                |                  |             |              |                                 | ļ        | <u></u>                               |                                |       |          |                |               |
|     |  |                     |                                |                  |             |              |                                 |          |                                       |                                |       |          |                |               |
|     |  |                     |                                |                  |             | _            | Ļ                               |          |                                       |                                |       |          |                |               |
|     |  |                     | ļ                              |                  |             |              |                                 |          |                                       |                                |       |          |                |               |
|     |  |                     | ļ                              |                  |             |              |                                 |          |                                       |                                |       |          |                |               |
|     |  |                     |                                |                  |             |              |                                 |          |                                       |                                | ĺ     |          |                |               |
|     |  |                     |                                | _                | <u> </u>    |              | <u> </u>                        | <u> </u> |                                       |                                |       |          |                |               |
|     |  |                     |                                |                  |             |              |                                 |          |                                       |                                |       |          |                |               |
|     |  |                     |                                | _                | <u> </u>    |              | _                               |          |                                       |                                |       |          |                |               |
|     |  |                     | _                              |                  |             |              |                                 |          |                                       | -                              |       |          | _              | -             |
|     |  |                     |                                |                  |             | _            | _                               |          |                                       |                                |       |          |                |               |
|     |  |                     | 1                              |                  |             |              |                                 |          |                                       |                                |       |          |                |               |
|     |  |                     |                                |                  |             |              |                                 |          |                                       |                                |       |          |                | <del></del>   |
|     |  |                     |                                |                  |             |              |                                 |          |                                       |                                |       |          |                |               |
|     | <u> </u>   | L                   | L                              | L                | l:          | <u> </u>     | _                               |          | 120,417.                              |                                | 0.    |          |                |               |
|     | Sub-total  |                     |                                |                  |             |              |                                 |          | 0.                                    |                                | 0.    |          | •              | 0.            |
|     | Total from continuation sheets to Part VI                                | II, Section A       |                                |                  |             |              |                                 |          | 120,417.                              |                                | 0.    |          |                | 0.            |
|     | Total (add lines 1b and 1c) Total number of individuals (including but n | الفامة لممقامسا فما |                                | linka            |             |              |                                 |          | · · · · · · · · · · · · · · · · · · · | 000 of second-bl               |       |          |                | <del>-•</del> |
| 2   | compensation from the organization                                       | iot iimitea to tr   | iose                           | IISTE            | eo ar       | OOVE         | e) wr                           | 10 re    | eceived more than \$100               | ,000 of reportable             | 3     |          |                | 1             |
|     | compensation from the organization                                       |                     |                                |                  |             | -            |                                 |          | <del></del>                           |                                |       |          | Yes            | No            |
| 3   | Did the organization list any <b>former</b> officer,                     | director or tri     | icto                           | a ka             | w an        | nnlo         |                                 | orl      | highest compensated of                | mployee on                     | Γ     |          |                |               |
| 3   | line 1a? If "Yes," complete Schedule J for s                             | •                   |                                | 6, KC            | y ei        | npio         | усс,                            | , 01 1   | nighest compensated ei                | inployee on                    | - 1   | 3        | 1              | Х             |
| 4   | For any individual listed on line 1a, is the su                          |                     |                                | mn               | ones        | tion         | 200                             | 1 0+1    | her compensation from t               | the ergenization               | }     | -3-      |                |               |
| •   | and related organizations greater than \$150                             | •                   |                                |                  |             |              |                                 |          | •                                     | ine organization               |       | 4        | i              | Х             |
| 5   | Did any person listed on line 1a receive or a                            |                     |                                |                  |             |              |                                 |          |                                       | dual for services              | l     |          |                |               |
| •   | rendered to the organization? If "Yes," com                              |                     |                                |                  |             |              |                                 | Ciati    | ca organization of maivi              | ddai ioi scivices              |       | 5        | Ì              | Х             |
| Sec | tion B. Independent Contractors  |                     |                                |                  |             |              |                                 |          |                                       |                                |       |          |                |               |
| 1   | Complete this table for your five highest co                             | mpensated inc       | depe                           | ende             | nt c        | ontr         | acto                            | rs t     | hat received more than                | \$100,000 of com               | pens: | ation fi | om             |               |
|     | the organization. Report compensation for                                |                     |                                |                  |             |              |                                 |          |                                       |                                | •     |          |                |               |
|     | (A)  |                     |                                |                  |             |              |                                 |          | (B)                                   |                                |       | (C       | )              |               |
|     | Name and business  | address             | NO                             | INC              | <b>Ξ</b>    |              |                                 |          | Description of s                      | ervices                        | C     | omper    |                | n             |
|     |  |                     |                                |                  |             |              |                                 |          |                                       |                                |       |          |                |               |
|     |  |                     |                                |                  |             |              |                                 |          |                                       |                                |       |          |                |               |
|     |  |                     |                                |                  |             |              |                                 |          |                                       |                                |       |          |                |               |
|     |  |                     |                                |                  |             |              |                                 |          |                                       |                                |       |          |                |               |
|     |  |                     |                                |                  |             |              |                                 |          |                                       |                                |       |          |                |               |
|     |  |                     |                                |                  |             |              |                                 |          |                                       |                                |       |          |                |               |
|     |  |                     |                                |                  |             |              |                                 |          |                                       |                                |       |          |                |               |
|     |  |                     |                                |                  |             |              |                                 | $\dashv$ |                                       |                                |       |          |                | <del></del>   |
|     |  |                     |                                |                  |             |              |                                 |          |                                       |                                |       |          |                |               |
|     | Takal assash as afrodesic delication of                                  |                     |                                |                  |             |              |                                 |          |                                       |                                |       |          |                |               |
| 2   | Total number of independent contractors (i                               | _                   | ot li                          | mite             | a to        | tnos         | se lis<br>Y                     | sted     | above) who received m                 | ore than                       |       |          |                |               |
|     | \$100,000 of compensation from the organi                                | zation 🚩            |                                |                  |             |              | ,                               |          |                                       |                                |       |          |                |               |

Form **990** (2012)

| <u> </u>   |          | Check if Schedule O conf  | tains a response  | to any question | in this Part VIII    |  |   |   |
|--|----------|---|-------------------|-----------------|----------------------|--|---|---|
|  |          |   |                   |                 | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| nts  | 1 a      | Federated campaigns   | 1a                |                 |                      |  |   |   |
| Contributions, Gifts, Grants and Other Similar Amounts | ь        | Membership dues   | 1b                |                 |                      |  |   |   |
| ls, (<br>Aπ  | С        | Fundraising events  | 1c                |                 |                      |  |   |   |
| igi<br>ilar  | d        | Related organizations   | 1d                |                 |                      |  |   |   |
| Si.E   | е        | Government grants (contribut  | , <del></del>     |                 |                      |  |   |   |
| er S   | f        | All other contributions, gifts, gran  |                   |                 |                      |  |   |   |
| 듗  |          | similar amounts not included abo  |                   | 504,236.        |                      |  |   |   |
| ont<br>of  |          | Noncash contributions included in lines                                     | : 1a-1f \$        |                 | 1 504 006            |  |   |   |
| <u>0</u> 8   | <u>h</u> | Total. Add lines 1a-1f  |                   |                 | 1,504,236.           | , , ,                                  |   |   |
|  |          |   |                   | Business Code   |                      |  |   |   |
| ice  | 2 a      |   |                   |                 |                      |  |   | ļ <u></u>   |
| Program Service<br>Revenue                             | ь        |   |                   |                 |                      |  |   |   |
| en S   | C        |   |                   |                 |                      |  |   |   |
| Re   | d        |   | <del></del>       |                 |                      |  |   |   |
| Š  | е        |   |                   | 711130          | 5,000.               | F 000                                  |   |   |
| _  | f        | All other program service reve  | enue              | <u> </u>        | 5,000.               |  | ······································  | }   |
|  |          | Total. Add lines 2a-2f  |                   |                 | 3,000.               |  |   |   |
|  | 3        | <ul> <li>Investment income (including<br/>other similar amounts)</li> </ul> | aiviaenas, intere | est, and        | 8,622.               |  |   | 8,622.  |
|  | 4        |   | v avamet band -   |                 | 0,022.               |  |   | 0,022.  |
|  | 5        | Income from investment of ta  | x-exempt bond t   | broceeds        |                      | • •                                    |   |   |
|  | 9        | Royalties   | (ı) Real          | (II) Personal   |                      |  | 1 111111                                | <del></del>   |
|  | 6 a      | Gross rents   | (i) neai          | (ii) reisonai   |                      |  |   |   |
|  | Ь        | Less: rental expenses   |                   |                 |                      |  |   |   |
|  | c        | Rental income or (loss)   |                   |                 |                      |  |   |   |
|  | d        | Net rental income or (loss)   | <u> </u>          | <u></u>         |                      | i                                      |   |   |
|  |          | Gross amount from sales of  | (i) Securities    | (II) Other      |                      |  |   |   |
|  |          | assets other than inventory   | W Coodiiiio       | (1) (1)         |                      |  |   |   |
|  | ь        | Less: cost or other basis   |                   |                 |                      |  |   |   |
|  | -        | and sales expenses  |                   |                 |                      |  |   |   |
|  | С        | Gain or (loss)  |                   |                 |                      |  |   |   |
|  | d        | Net gain or (loss)  |                   | <b>•</b>        |                      |  |   | ]   |
| đ)   | 8 a      | Gross income from fundraisin  | a events (not     |                 |                      |  | ······································  |   |
| une  |          | including \$  | of                |                 |                      |  |   |   |
| Other Reven  |          | contributions reported on line  | 1c). See          |                 |                      |  |   |   |
| <u> </u>   |          | Part IV, line 18  | а                 |                 |                      |  |   |   |
| Ĕ  | þ        | Less: direct expenses   | b                 |                 |                      |  |   |   |
| J  | С        | Net income or (loss) from fund  | draising events   |                 |                      |  |   |   |
|  | 9 a      | Gross income from gaming ad   | ctivities. See    |                 |                      |  |   |   |
|  |          | Part IV, line 19  | а                 |                 |                      |  |   |   |
|  | b        | Less. direct expenses   | b                 |                 |                      |  |   |   |
|  | С        | Net income or (loss) from gan   | ning activities   | <b></b>         |                      |  |   |   |
|  | 10 a     | Gross sales of inventory, less  | returns           |                 |                      |  |   |   |
|  |          | and allowances  | а                 |                 |                      |  |   |   |
|  | b        | Less: cost of goods sold  | b                 |                 |                      |  |   |   |
|  | <u> </u> | Net income or (loss) from sale  |                   | <b></b>         |                      |  |   |   |
|  | ļ        | Miscellaneous Revenu  |                   | Business Code   |                      |  |   |   |
|  | 11 a     | ADVERTISING REV   | /ENUE             | 541800          | 380.                 |  | 380.                                    | ļ   |
|  | b        |   |                   |                 |                      |  |   | ļ   |
|  | С        |   | <del></del>       |                 |                      |  |   |   |
|  | d        | All other revenue   |                   | L               | 200                  |  | <del></del>                             | <u> </u>  |
|  | е        | Total. Add lines 11a-11d  |                   | <b>&gt;</b>     | 380.                 |  |   |   |
| 22200  | 12       | Total revenue. See instructions   |                   |                 | 1,518,238.           | 5,000.                                 | 380.                                    | 8,622.  |
| 23200<br>12-10   | -12      |   |                   |                 |                      |  |   | Form <b>990</b> (2012)  |

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. Program service Management and 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and 294,786. 294,786 organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in 150,466. 150,466 the United States. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 120,417. 108,377. 6,020. 6,020. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 288,283. 259,453. 14,415. 14,415. 7 Other salaries and wages Pension plan accruals and contributions (include 16,065. 17,849. 892. 892. section 401(k) and 403(b) employer contributions) 31,794. 28,614. 1,590. 1,590. Other employee benefits 31.447. 28-301. 1 . 5-7-3-10-Payroll taxes Fees for services (non-employees) Management Legal b 32,600. 32,600 Accounting Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 94,246. 94,246. column (A) amount, list line 11g expenses on Sch O) 312,226. 312,226. 12 Advertising and promotion 85,784. 77,546. 4,119. 4,119. 13 Office expenses 14,850. 13,364. 743. 743. 14 Information technology Royalties 15 41,913. 2,096. 2,096. 37,721. 16 Occupancy 21,897. 47,490. 3,696. 21,897. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 44,777. 40,299. 2,239. 2,239. 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 4,087. 227. 227. 4,541. 22 Depreciation, depletion, and amortization 3,288. 2,960. 164. 164. 23 Insurance 24 Other expenses Itemize expenses not covered 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 O) 534. 5,050. 7,366 1,782. MISCELLANEOUS EXPENSES DUES AND SUBSCRIPTIONS 3,058. 2,752. 153. C All other expenses 93,778. 1,627,181. 1,475,493. 57,910. 25 Total functional expenses. Add lines 1 through 24e 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 if following SOP 98-2 (ASC 958-720

|                             |     | Check if Schedule O contains a response to an        | y question in this Part X         | /A)                      |      | (P)                |
|-----------------------------|-----|--|-----------------------------------|--------------------------|------|--------------------|
|                             |     |  |                                   | (A)<br>Beginning of year |      | (B)<br>End of year |
|                             | 1   | Cash - non-interest-bearing                          | 1                                 | 72,105.                  | 1    | 275,417<br>960,974 |
|                             | 2   | Savings and temporary cash investments               | Į                                 | 1,922,993.               | 2    | <u>960,974</u>     |
|                             | 3   | Pledges and grants receivable, net                   | Ĺ                                 |                          | 3    |                    |
|                             | 4   | Accounts receivable, net                             |                                   | 145.                     | 4    | 880                |
|                             | 5   | Loans and other receivables from current and f       | ormer officers, directors,        |                          |      |                    |
|                             |     | trustees, key employees, and highest compens         | ated employees. Complete          |                          |      |                    |
|                             |     | Part II of Schedule L                                |                                   |                          | 5    |                    |
|                             | 6   | Loans and other receivables from other disqual       | ified persons (as defined under   |                          |      |                    |
|                             |     | section 4958(f)(1)), persons described in section    | n 4958(c)(3)(B), and contributing |                          |      |                    |
|                             |     | employers and sponsoring organizations of sec        | tion 501(c)(9) voluntary          |                          |      |                    |
| ·A                          |     | employees' beneficiary organizations (see instr)     | . Complete Part II of Sch L       |                          | 6    |                    |
| Assets                      | 7   | Notes and loans receivable, net                      | Ĺ                                 |                          | 7    |                    |
| AS                          | 8   | Inventories for sale or use                          |                                   |                          | 8    |                    |
|                             | 9   | Prepaid expenses and deferred charges                |                                   | 3,200.                   | 9    | 3,200              |
|                             | 10a | Land, buildings, and equipment: cost or other        |                                   |                          |      | 1111 124           |
|                             |     | basis. Complete Part VI of Schedule D                | 10a 41,434.<br>10b 36,931.        |                          |      |                    |
|                             | b   | Less accumulated depreciation                        | 10b 36,931.                       | 4,065.                   | 10c  | 4,503              |
|                             | 11  | Investments · publicly traded securities             |                                   |                          | 11   |                    |
|                             | 12- | Investments - other securities. See Part IV, line    | 11 [                              | :                        | -12- |                    |
|                             | 13  | Investments · program-related. See Part IV, line     | 11                                |                          | 13   |                    |
|                             | 14  | Intangible assets                                    |                                   |                          | 14   |                    |
|                             | 15  | Other assets. See Part IV, line 11                   |                                   | 55,130.                  | 15   | 700,670            |
|                             | 16  | Total assets. Add lines 1 through 15 (must equ       | ıal line 34)                      | 2,057,638.               | 16   | 1,945,644          |
|                             | 17  | Accounts payable and accrued expenses                |                                   | 40,640.                  | 17   | 37,589             |
|                             | 18  | Grants payable                                       |                                   | 18                       |      |                    |
|                             | 19  | Deferred revenue                                     |                                   |                          | 19   |                    |
|                             | 20  | Tax-exempt bond liabilities                          |                                   |                          | 20   |                    |
| e e                         | 21  | Escrow or custodial account liability. Complete      | Part IV of Schedule D             |                          | 21   | -                  |
|                             | 22  | Loans and other payables to current and forme        | r officers, directors, trustees,  |                          |      |                    |
| riaoiiities                 |     | key employees, highest compensated employe           | es, and disqualified persons      |                          |      |                    |
| _                           |     | Complete Part II of Schedule L                       | L                                 |                          | 22   |                    |
|                             | 23  | Secured mortgages and notes payable to unrel         | ated third parties                |                          | 23   |                    |
|                             | 24  | Unsecured notes and loans payable to unrelate        | ed third parties                  |                          | 24   |                    |
|                             | 25  | Other liabilities (including federal income tax, pa  | ayables to related third          |                          |      |                    |
|                             |     | parties, and other liabilities not included on lines | s 17-24). Complete Part X of      |                          |      |                    |
|                             |     | Schedule D   | <u>_</u>                          |                          | 25   |                    |
|                             | 26_ | Total liabilities. Add lines 17 through 25           |                                   | 40,640.                  | 26   | 37,589             |
|                             |     | Organizations that follow SFAS 117 (ASC 958          | B), check here ▶ 🔀 and            |                          |      |                    |
| S                           |     | complete lines 27 through 29, and lines 33 ar        | nd 34.                            |                          |      |                    |
| <u> </u>                    | 27  | Unrestricted net assets                              | <u> </u>                          | 200,046.                 | 27   | 394,094            |
| Š                           | 28  | Temporarily restricted net assets                    | <u> </u>                          | 1,816,952.               | 28   | 1,513,961          |
| 2                           | 29  | Permanently restricted net assets                    | [                                 |                          | 29   |                    |
| net Assets of Fund balances |     | Organizations that do not follow SFAS 117 (A         | ASC 958), check here ▶ 🔲          |                          |      |                    |
| 5                           |     | and complete lines 30 through 34.                    |                                   |                          |      |                    |
| S                           | 30  | Capital stock or trust principal, or current funds   |                                   |                          | 30   |                    |
| ç                           | 31  | Paid-in or capital surplus, or land, building, or ed | quipment fund                     |                          | 31   |                    |
| ב<br>נ                      | 32  | Retained earnings, endowment, accumulated in         | ncome, or other funds             |                          | 32   |                    |
| 2                           | 33  | Total net assets or fund balances                    | Ī                                 | 2,016,998.               | 33   | 1,908,055          |
|                             | 34  | Total liabilities and net assets/fund balances       |                                   | 2,057,638.               | 34   | 1,945,644          |

Form 990 (2012)

| Form | 990 (2012) MOVING PICTURE INSTITUTE  | 20-      | 32378    | 01  | Pa    | ge 12             |
|------|--|----------|----------|-----|-------|-------------------|
| Pa   | 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) Total expenses (must equal Part IX, column (A), line 25)   | 1 2      |          |     |       | 38.<br>81.        |
| 3    | Revenue less expenses. Subtract line 2 from line 1   | 3        |          | 108 | 3.9   | $\frac{31.}{43.}$ |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  | 4        |          |     |       | 98.               |
| 5    | Net unrealized gains (losses) on investments   | 5        |          |     | - / - | <del>50.</del>    |
| 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,   |          |          |     |       |                   |
|      | column (B))  | 10       | 1,       | 908 | 3,0   | 55.               |
| Pa   | rt XII 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 | Ο.       |          |     | Yes   | No                |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?  |          | <u> </u> | 2a  |       | X                 |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed  | on a     |          |     |       |                   |
|      | separate basis, consolidated basis, or both  |          |          |     |       |                   |
|      | Separate basis Consolidated basis Both consolidated and separate basis   |          |          |     |       | -                 |
| b    | Were the organization's financial statements audited by an independent accountant?   |          | ļ        | 2b  | Х     |                   |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat  | e basıs, | ·        |     |       |                   |
|      | consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis   |          |          |     |       |                   |
| C    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the   | e audıt, |          |     |       |                   |
|      | review, or compilation of its financial statements and selection of an independent accountant?   |          |          | 2c  | Х     | <u> </u>          |
|      | If the organization changed either its oversight process or selection process during the tax year, explain in Sch  | edule O  |          |     |       |                   |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si   | ngle Au  | dit      |     | 1     |                   |
|      | Act and OMB Circular A-133?  |          |          | 3a  |       | X                 |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ  | red aud  | tit      |     |       |                   |
|      | or audits, explain why in Schedule O and describe any steps taken to undergo such audits   |          |          | 3b  |       |                   |
|      |  |          | F        | orm | 990 ( | (2012)            |

#### **SCHEDULE A**

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Employer identification number

OMB No 1545-0047

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.

Open to Public Inspection

|           |                  | MOVING                                    | PICTURE INST                                | ITUTE        | }                  |                   |              |                                  | 2          | 0-3237       | 801      |              |
|-----------|------------------|---|---|--------------|--------------------|-------------------|--------------|----------------------------------|------------|--------------|----------|--------------|
| Part I    | Reason           | for Public Char                           | ity Status (All organiz                     | ations mu    | st complet         | e this parl       | t.) See inst | ructions.                        |            |              |          |              |
| The organ | ization is not a | private foundation                        | because it is: (For lines 1                 | through      | 11, check o        | only one b        | ox.)         |                                  |            |              |          |              |
| 1 🔲       | A church, cor    | nvention of churche                       | s, or association of churc                  | ches desc    | ribed in <b>se</b> | ction 170         | (b)(1)(A)(i) |                                  |            |              |          |              |
| 2 🗌       | A school des     | cribed in section 17                      | 70(b)(1)(A)(ii). (Attach Sc                 | hedule E.)   |                    |                   |              |                                  |            |              |          |              |
| з 🗀       | A hospital or    | a cooperative hospi                       | ital service organization o                 | described    | ın section         | 170(b)(1)         | (A)(iii).    |                                  |            |              |          |              |
| 4 🔲       | A medical res    | earch organization                        | operated in conjunction                     | with a hos   | pital descr        | ibed in <b>se</b> | ction 170    | (b)(1)(A)(ii                     | i). Enter  | the hospital | 's nam   | ıe,          |
|           | city, and state  |   |   |              |                    |                   |              |                                  |            |              |          |              |
| 5         | -                | on operated for the (b)(1)(A)(iv). (Compl | benefit of a college or un                  | niversity o  | wned or op         | erated by         | a governr    | mental unr                       | t describ  | ed in        |          |              |
| 6         |                  |   | ete i art ii.)<br>ient or governmental unit | t describe   | dın sectio         | n 170(b)(1        | ι \/Δ\/ω\    |                                  |            |              |          |              |
| 7 X       | •                | •   | ceives a substantial part                   |              |                    |                   |              | r from the                       | neneral    | nublic desc  | ribedi   | n            |
| / (4.2.)  | •                | b)(1)(A)(vi). (Comple                     |   | oi ita aupp  | ort nom a          | governing         | antai onii o | , 110111 1110                    | gonorai    | pacilo 0000  | 11000    |              |
| 8 🗀       |                  |   | section 170(b)(1)(A)(vi). (                 | (Complete    | Part II.)          |                   |              |                                  |            |              |          |              |
| • 🗔       | •                |   | ceives (1) more than 33 1                   |              |                    | rom contri        | butions, m   | nembershi                        | o fees. a  | nd aross re  | ceipts   | from         |
| •         | •                | •   | nctions - subject to certa                  |              |                    |                   |              |                                  |            |              |          |              |
|           |                  | •   | axable income (less sect                    |              |                    |                   |              |                                  |            |              |          |              |
|           |                  | 509(a)(2). (Complete                      | · ·   |              |                    |                   | <u> </u>     |                                  |            |              |          |              |
| 10        |                  |   | perated exclusively to te                   | st for publ  | ic safety. S       | See sectio        | on 509(a)(4  | <b>I</b> ).                      |            |              |          |              |
| 11        |                  |   | perated exclusively for th                  |              |                    |                   |              |                                  | y out the  | purposes o   | of one   | or           |
|           |                  |   | ations described in secti                   |              |                    |                   |              |                                  |            |              |          |              |
|           | describes the    | type of supporting                        | organization and compl                      | ete lines 1  | 1e through         | 11h.              |              |                                  |            |              |          |              |
|           | a Type I         | ь 🗆 т                                     | ype II c T                                  | ype III - Fu | nctionally i       | ntegrated         | · c          | <b>I</b> Тур                     | e III - No | n-functional | ly inte  | grated       |
| е 🗀       |                  |   | at the organization is not                  |              |                    |                   |              |                                  |            |              |          |              |
|           |                  |   | than one or more publicly                   |              |                    |                   |              |                                  | 9(a)(1) or | section 509  | }(a)(2). |              |
| f         | If the organiz   | ation received a wri                      | tten determination from t                   | the IRS th   | at it is a Ty      | pe I, Type        | II, or Type  | e III                            |            |              |          |              |
|           | • • •            | rganization, check t                      |   |              |                    |                   |              |                                  |            |              |          | L            |
| 9         |                  |   | organization accepted ar                    |              |                    |                   |              |                                  |            |              |          |              |
|           | (i) A perso      | n who directly or inc                     | directly controls, either al                | one or tog   | ether with         | persons           | described    | ın (II) and (                    | III) below | I            | Yes      | No           |
|           | _                |   | supported organization?                     |              |                    |                   |              |                                  |            | 11g(i)       |          |              |
|           |                  |   | n described in (i) above?                   |              |                    |                   |              |                                  |            | 11g(ii)      | T        | <del> </del> |
|           | • •              |   | a person described in (i) o                 |              |                    |                   |              |                                  |            | 11g(iii)     | <u> </u> |              |
| h         | Provide the f    | ollowing information                      | about the supported or                      | ganization   | (s).               |                   |              |                                  |            |              |          |              |
| (i) Name  | of supported     | (II) EIN                                  | (iii) Type of organization                  | (iv) is the  | organization       | (v) Did yo        | u notify the | (vi) Is                          | the        | (vii) Amoun  | t of mo  | netarv       |
|           | anization        | (,  | (described on lines 1-9                     |              | sted in your       |                   | tion in col  | organizáti<br>(i) organiz<br>U S | ed in the  | 1 ' '        | port     | •            |
| •         |                  |   | above or IRC section (see instructions))    |              | document?          |                   | r support?   | <u> </u>                         | . ?        |              |          |              |
|           |                  |   | (SEE INSTRUCTIONS))                         | Yes          | No                 | Yes               | No           | Yes                              | No         |              |          |              |
|           |                  |   |   |              |                    |                   |              |                                  |            |              |          |              |
|           |                  |   |   |              | <del> </del>       |                   |              | <del> </del>                     |            |              |          |              |
|           |                  |   |   |              |                    |                   |              |                                  |            |              |          | _            |
|           |                  |   |   |              |                    |                   |              |                                  |            |              |          |              |
|           |                  |   |   |              |                    |                   | <u> </u>     |                                  |            | -            |          |              |
|           |                  |   |   |              | <u> </u>           |                   |              |                                  |            |              |          |              |
|           |                  |   |   |              |                    |                   |              |                                  |            |              |          |              |
|           | <u> </u>         |   |   | -            |                    |                   | _            |                                  |            |              |          |              |
| Total     |                  |   |   | 1            |                    | <u> </u>          |              |                                  | <u> </u>   |              |          |              |

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

LHA For Paperwork Reduction Act Notice, see the Instructions for

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

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

| Sec     | tion A. Public Support   |            |                      |                        |                       |                       |                    |
|---------|--|------------|----------------------|------------------------|-----------------------|-----------------------|--------------------|
| Cale    | ndar year (or fiscal year beginning in) 🕨  | (a) 2008   | <b>(b)</b> 2009      | (c) 2010               | (d) 2011              | (e) 2012              | (f) Total          |
| 1       | Gifts, grants, contributions, and  |            |                      |                        |                       | l'                    |                    |
|         | membership fees received. (Do not  |            |                      |                        |                       |                       |                    |
|         | include any "unusual grants.")   | 1,129,796. | 1,213,351.           | 2,764,054.             | 1,510,204.            | 1,504,236.            | 8,121,641.         |
| 2       | Tax revenues levied for the organ-   |            |                      | 1                      |                       |                       |                    |
|         | ızation's benefit and either paid to   |            |                      |                        |                       |                       |                    |
|         | or expended on its behalf  |            |                      |                        |                       |                       |                    |
| 3       | The value of services or facilities  |            |                      |                        |                       |                       |                    |
|         | furnished by a governmental unit to  |            |                      |                        |                       |                       |                    |
|         | the organization without charge  |            |                      |                        |                       |                       |                    |
| 4       | Total. Add lines 1 through 3   | 1,129,796. | 1,213,351.           | 2,764,054.             | 1,510,204.            | 1,504,236.            | 8,121,641.         |
| 5       | The portion of total contributions   |            |                      |                        |                       |                       |                    |
|         | by each person (other than a   |            |                      |                        |                       |                       |                    |
|         | governmental unit or publicly  |            |                      |                        |                       | İ                     |                    |
|         | supported organization) included   |            |                      |                        | į                     |                       |                    |
|         | on line 1 that exceeds 2% of the   |            |                      |                        |                       |                       |                    |
|         | amount shown on line 11,   |            |                      |                        |                       |                       |                    |
|         | column (f)   |            |                      | .,,,                   | 41-71-11-11-11-11-1-1 |                       | 4,004,250.         |
|         | Public support. Subtract line 5 from line 4  |            |                      |                        |                       |                       | 4,117,391.         |
|         | ction B. Total Support   |            |                      | <del>-</del>           |                       |                       |                    |
| Cale    | ndar year (or fiscal year beginning in) 🕨  | (a) 2008   | (ь) 2009             | (c) 2010               | (d) 2011              | (e) 2012              | (f) Total          |
| 7       | Amounts from line 4  | 1,129,796. | 1,213,351.           | 2,764,054.             | 1,510,204.            | 1,504,236.            | 8,121,641.         |
| 8       | Gross income from interest,  |            |                      |                        |                       |                       |                    |
|         | dividends, payments received on  |            |                      |                        |                       |                       |                    |
|         | securities loans, rents, royalties   |            |                      | 0 565                  | 15 146                | 0 600                 | 40.066             |
|         | and income from similar sources  | 4,022.     | 1,311.               | 9,765.                 | 17,146.               | 8,622.                | 40,866.            |
| 9       | Net income from unrelated business   |            |                      |                        |                       |                       |                    |
|         | activities, whether or not the   |            |                      |                        |                       |                       |                    |
|         | business is regularly carried on   |            |                      |                        |                       |                       |                    |
| 10      | Other income. Do not include gain  |            |                      |                        |                       |                       |                    |
|         | or loss from the sale of capital   |            |                      |                        |                       |                       |                    |
|         | assets (Explain in Part IV.)   |            |                      |                        |                       |                       |                    |
| 11      | Total support. Add lines 7 through 10  |            |                      | 1                      |                       |                       | 8,162,507.         |
| 12      | ·  |            |                      |                        |                       | 12                    | 10,000.            |
| 13      | First five years. If the Form 990 is for   | · ·        | first, second, third | I, fourth, or fifth ta | x year as a section   | n 501(c)(3)           | <b>.</b> —         |
| <u></u> | organization, check this box and stor  |            | roontago             |                        |                       |                       |                    |
|         | ction C. Computation of Publ   |            |                      | -1 (6)                 | -                     | 14                    | 50.44 %            |
|         | Public support percentage for 2012 (   |            |                      | olumn (t))             |                       | 15                    | 50.44 %<br>50.38 % |
|         | Public support percentage from 2011  |            |                      | line 12 and line 1     | 4 10 22 1/204 05 0    | 1                     |                    |
| 102     | 33 1/3% support test - 2012. If the contraction supplifies   |            |                      | ille 13, and line i    | 4 15 33 173 70 01 11  | iore, check this box  | ►X                 |
|         | stop here. The organization qualifies 33 1/3% support test - 2011. If the organization are stopped to the stopped test - 2011. |            |                      | no 13 or 162 and       | line 15 is 33 1/3%    | or more check thi     |                    |
| ľ       | and stop here. The organization qual   |            |                      |                        | e 13 13 03 1/370      | , or more, oneon till | ▶□                 |
| 47-     | and stop nere. The organization qual 10% -facts-and-circumstances tes  | • •        |                      |                        | 13 16a or 16b s       | and line 14 is 10% (  | or more            |
| 1/6     | and if the organization meets the "fac   |            |                      |                        |                       |                       |                    |
|         | meets the "facts-and-circumstances"  |            |                      |                        |                       | C. T HOW THE Organi   | <b>•</b>           |
|         | 10% -facts-and-circumstances tes   | -          | •                    | • • •                  | -                     | 17a, and line 15 is 1 | 0% or              |
|         | more, and if the organization meets to   |            |                      |                        |                       |                       | J / U U .          |
|         | organization meets the "facts-and-cire   |            |                      |                        |                       |                       | ightharpoons       |
| 18      | Private foundation. If the organization  |            |                      |                        |                       |                       |                    |
|         |  |            |                      | ,,                     |                       | dule A (Form 990      |                    |
|         |  |            |                      |                        |                       | -                     | •                  |

## Schedule A (Form 990 or 990-EZ) 2012 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   |                      |                       | <u> </u>               |                     |                                       |           |
|-------|--|----------------------|-----------------------|------------------------|---------------------|---------------------------------------|-----------|
| Caler | ndar year (or fiscal year beginning in) ►  | (a) 2008             | <b>(b)</b> 2009       | (c) 2010               | (d) 2011            | (e) 2012                              | (f) Total |
| 1     | Gifts, grants, contributions, and  |                      |                       |                        |                     |                                       |           |
|       | membership fees received. (Do not  |                      |                       |                        |                     |                                       |           |
|       | include any "unusual grants.")   |                      |                       |                        |                     |                                       |           |
| 2     | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |                      |                       |                        |                     |                                       |           |
| 3     | Gross receipts from activities that  |                      |                       |                        |                     |                                       |           |
|       | are not an unrelated trade or bus-<br>iness under section 513  |                      |                       |                        |                     |                                       |           |
| 4     | Tax revenues levied for the organ-   |                      |                       |                        |                     |                                       |           |
|       | ization's benefit and either paid to or expended on its behalf   |                      |                       |                        |                     |                                       |           |
| 5     | The value of services or facilities  |                      |                       |                        |                     |                                       |           |
|       | furnished by a governmental unit to the organization without charge  |                      |                       |                        |                     |                                       |           |
| 6     | Total. Add lines 1 through 5   |                      |                       |                        |                     |                                       |           |
| 7a    | Amounts included on lines 1, 2, and  |                      | -                     |                        |                     | -                                     |           |
|       | 3 received from disqualified persons   |                      |                       |                        |                     |                                       |           |
| b     | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |                      |                       |                        |                     |                                       |           |
| С     | Add lines 7a and 7b  |                      |                       |                        |                     |                                       |           |
| 8     | Public support (Subtract line 7c from line 6)  | <u>.</u>             |                       |                        | <u> </u>            |                                       |           |
| Sec   | ction B. Total Support   |                      |                       |                        | <del></del>         | · · · · · · · · · · · · · · · · · · · |           |
| Cale  | ndar year (or fiscal year beginning in) 🕨  | (a) 2008             | (b) 2009              | (c) 2010               | (d) 2011            | (e) 2012                              | (f) Total |
| 9     | Amounts from line 6  |                      |                       |                        |                     |                                       |           |
| 10a   | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties<br>and income from similar sources                                  |                      |                       |                        |                     |                                       |           |
| b     | Unrelated business taxable income  |                      |                       |                        |                     |                                       |           |
|       | (less section 511 taxes) from businesses   |                      |                       |                        |                     |                                       |           |
|       | acquired after June 30, 1975   |                      |                       |                        |                     | _                                     |           |
| c     | Add lines 10a and 10b  |                      |                       |                        |                     |                                       |           |
| 11    | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |                      |                       |                        |                     |                                       |           |
| 12    | 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)   |                      |                       | <u> </u>               | <u> </u>            | <u> </u>                              | L         |
| 14    | First five years. If the Form 990 is for   | r the organization   | 's first, second, thi | rd, fourth, or fifth t | tax year as a sect  | ion 501(c)(3) organiz                 | zation,   |
|       | check this box and stop here   |                      |                       |                        |                     |                                       | <u>▶</u>  |
| Se    | ction C. Computation of Publ   | ic Support Pe        | ercentage             |                        |                     |                                       |           |
| 15    | Public support percentage for 2012 (   | line 8, column (f) ( | divided by line 13,   | column (f))            |                     | 15                                    |           |
| 16    | Public support percentage from 2011  | Schedule A, Par      | t III, line 15        |                        |                     | 16                                    | %         |
| Se    | ction D. Computation of Inve   | stment Incon         | ne Percentage         | ·                      |                     |                                       |           |
| 17    | Investment income percentage for 20  | )12 (line 10c, colu  | ımn (f) divided by l  | ne 13, column (f))     |                     | 17                                    | %         |
| 18    | Investment income percentage from  |                      |                       |                        |                     | 18                                    | %         |
|       | 33 1/3% support tests - 2012. If the   |                      |                       | on line 14, and lin    | e 15 is more than   | 33 1/3%, and line                     | 17 is not |
|       | more than 33 1/3%, check this box a  |                      |                       |                        |                     |                                       | ▶ □       |
| ŧ     | 33 1/3% support tests - 2011. If the line 18 is not more than 33 1/3%, che   | organization did     | not check a box o     | n line 14 or line 19   | a, and line 16 is r | nore than 33 1/3%,                    |           |
| ^^    |  |                      |                       |                        |                     |                                       |           |
| 20    | Private foundation. If the organization  | on ala not check a   | a box on line 14, 19  | a, or 190, cneck       | uns oox and see i   | natructions                           |           |

#### **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 Inspection

Name of the organization

MONTHS DICTION INCOME

**Employer identification number** 20 2227001

| Par | * Organizations Maintaining Donor Advised Fund   |  | Accounts Complete of the               |  |  |  |
|-----|--|--|--|--|--|--|
| 1   |  | as of Other Similar Funds of I             | Accounts. Complete if the              |  |  |  |
|     | organization answered "Yes" to Form 990, Part IV, line 6.  | (a) Donor advised funds                    | (b) Funds and other accounts           |  |  |  |
|     | <del></del>  | a) Donor advised fullus                    | (b) Folios and other accounts          |  |  |  |
| 1   | Total number at end of year  |  |  |  |  |  |
| 2   | Aggregate contributions to (during year)   |  |  |  |  |  |
| 3   | Aggregate grants from (during year)  | <del> </del>                               |  |  |  |  |
| 4   | Aggregate value at end of year   |  | <del></del>                            |  |  |  |
| 5   | Did the organization inform all donors and donor advisors in writing the   |  |  |  |  |  |
|     | are the organization's property, subject to the organization's exclusive   | _  | └ Yes                                  |  |  |  |
| 6   | Did the organization inform all grantees, donors, and donor advisors i   |  |  |  |  |  |
|     | for charitable purposes and not for the benefit of the donor or donor  | advisor, or for any other purpose confe    |  |  |  |  |
| -   | Impermissible private benefit?   |  | Yes No                                 |  |  |  |
| Par |  |  | /, line 7                              |  |  |  |
| 1   | Purpose(s) of conservation easements held by the organization (chec  |  |  |  |  |  |
|     | Preservation of land for public use (e.g., recreation or education)  |  |  |  |  |  |
|     | Protection of natural habitat Preservation of a certified historic structure   |  |  |  |  |  |
|     | Preservation of open space   |  |  |  |  |  |
| 2_  | Complete lines 2a through 2d if the organization held a qualified cons   | servation contribution in the form of a c  | 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                                     |  |  |  |
| C   | Number of conservation easements on a certified historic structure in  | * *  | 2c                                     |  |  |  |
| d   |  |  |  |  |  |  |
|     | listed in the National Register  |  | 2d                                     |  |  |  |
| 3   | Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax   |  |  |  |  |  |
|     | year ►   |  |  |  |  |  |
| 4   | Number of states where property subject to conservation easement i   |  |  |  |  |  |
| 5   | Does the organization have a written policy regarding the periodic mo  | onitoring, inspection, handling of         | П., П.,                                |  |  |  |
| _   | violations, and enforcement of the conservation easements it holds?  |  | Yes No                                 |  |  |  |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting, and enfo  |  |  |  |  |  |
| 7   | Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year \$   |  |  |  |  |  |
| 8   | Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(l)  |  |  |  |  |  |
| _   | and section 170(h)(4)(B)(ii)?  |  |  |  |  |  |
| 9   | In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for |  |  |  |  |  |
|     |  | anciai statements that describes the o     | rganization's accounting for           |  |  |  |
| Day | rt III Organizations Maintaining Collections of Art, I   | distorical Treasures or Other              | · Similar Accete                       |  |  |  |
| -   | Complete if the organization answered "Yes" to Form 990, Pai   |  | Olimai 7100010.                        |  |  |  |
| 40  | If the organization elected, as permitted under SFAS 116 (ASC 958),  |  | and balance sheet works of art         |  |  |  |
| ıa  | historical treasures, or other similar assets held for public exhibition,  |  |  |  |  |  |
|     |  |  | public service, provide, in Fait Alli, |  |  |  |
| L   | the text of the footnote to its financial statements that describes thes<br>If the organization elected, as permitted under SFAS 116 (ASC 958),  |  | halance sheet works of art, historical |  |  |  |
| Ь   | treasures, or other similar assets held for public exhibition, education   |  |  |  |  |  |
|     |  | i, or research in furtherance or public s  | ervice, provide the following amounts  |  |  |  |
|     | relating to these items:   |  | ▶ \$                                   |  |  |  |
|     | (i) Revenues included in Form 990, Part VIII, line 1   |  | ► \$<br>► \$                           |  |  |  |
| 0   | (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or   | or other similar assets for financial coin |  |  |  |  |
| 2   | the following amounts required to be reported under SFAS 116 (ASC  |  | i, pioride                             |  |  |  |
| _   | Revenues included in Form 990, Part VIII, line 1   | , 950/ relating to these items.            | <b>&gt;</b> \$                         |  |  |  |
| a   |  |  | <b>&gt;</b> \$                         |  |  |  |
| D   | Assets included in Form 990, Part X  |  | - Ψ                                    |  |  |  |

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

Schedule D (Form 990) 2012

| (6)  |             | II.      |
|--|-------------|----------|
| (6)  |             |          |
| (7)  |             |          |
| (8)  |             |          |
| (9)  |             |          |
| (10)   |             |          |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | <b>&gt;</b> | 700,670. |
| Part Y Other Lightities Con Form 000 Part V line 25                |             |          |

Part X | Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability (b) Book value (1) Federal income taxes (2)(3) (4) (5) (6) (7) (8) (9) (10)(11)▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)

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

| Schedule D (Form 990) 2012 MOVING PICTURE INSTITUT                                     |                                     |                          | 801 Page <b>4</b>     |
|--|-------------------------------------|--------------------------|-----------------------|
| Part XI Reconciliation of Revenue per Audited Financial St                             | atements With Revenue               |                          |                       |
| 1 Total revenue, gains, and other support per audited financial statements             |                                     | 1 1,                     | <u>518,238.</u>       |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:                  |                                     |                          |                       |
| a . Net unrealized gains on investments  | 2a                                  |                          |                       |
| <b>b</b> Donated services and use of facilities  | 2b                                  |                          |                       |
| c Recoveries of prior year grants  | 2c                                  |                          |                       |
| d Other (Describe in Part XIII)  | 2d                                  |                          | _                     |
| e Add lines 2a through 2d  |                                     | 2e                       | 0.                    |
| 3 Subtract line 2e from line 1   |                                     | 3 1,                     | 518,238.              |
| 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                     | 4a                                  |                          |                       |
| <b>b</b> Other (Describe in Part XIII.)  | 4b                                  |                          |                       |
| 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        |                                     |                          | 518,238.              |
| Part XII Reconciliation of Expenses per Audited Financial S                            | tatements With Expens               |                          |                       |
| 1 Total expenses and losses per audited financial statements                           |                                     | 1 1,                     | 627 <b>,</b> 181.     |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25.                    |                                     |                          |                       |
| a Donated services and use of facilities   | 2a                                  |                          |                       |
| <b>b</b> Prior year adjustments  | 2b                                  |                          |                       |
| c Other losses   | 2c                                  |                          |                       |
| d Other (Describe in Part XIII )   | 2d                                  |                          |                       |
| e Add lines 2a through 2d  |                                     | 2e                       | 0.                    |
| -3Subtract line 2e from line 1-  |                                     | <u> </u>                 | 627 <del>,</del> 181. |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:                   |                                     |                          |                       |
| a Investment expenses not included on Form 990, Part VIII, line 7b                     | 4a                                  |                          |                       |
| b Other (Describe in Part XIII.)   | 4b                                  |                          |                       |
| 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 1,                     | 627,181.              |
| 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 I | V, lines 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 X, LINE 2: ACCOUNTING FOR UNCERTAIN   |                                     | XES:                     |                       |
|  |                                     |                          |                       |
| MPI RECOGNIZES THE EFFECT OF INCOME TAX  | POSITIONS ONLY V                    | WHEN THEY AR             | E MORE                |
|  |                                     |                          |                       |
| THAN LIKELY THAN NOT OF BEING SUSTAINED.   | MANAGEMENT HAS                      | DETERMINED               | THAT                  |
| 111111 111111 11111 11111 11111  |                                     |                          |                       |
| MPI HAD NO UNCERTAIN TAX POSITIONS THAT  | WOULD REQUIRE F                     | INANCIAL STA             | TEMENT                |
| RECOGNITION OR DISCLOSURE.   |                                     |                          |                       |
|  |                                     |                          |                       |
|  | / -                                 |                          |                       |
|  |                                     |                          |                       |

**SCHEDULE 1** (Form 990)

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

Open to Public Inspection 2012

Employer identification number 20 - 3237801

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

MOVING PICTURE INSTITUTE

Name of the organization

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

| Part i Gene                                    | General Information on Grants and Assistance  | nd Assistance        |                               |                             |                                   |   |   |                                    |
|--|---|----------------------|-------------------------------|-----------------------------|-----------------------------------|---|---|------------------------------------|
| 1 Does the o                                   | Does the organization maintain records to substantiate the amount of  | o substantiate the   |                               | or assistance, the          | grantees' eligibility             | for the grants or ass                                 | the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection | [                                  |
| criteria use                                   | criteria used to award the grants or assistance?  | stance?              |                               | ;                           |                                   |   |   | X Yes No                           |
| 2 Describe in                                  | Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.   | cedures for monit    | oring the use of grant        | funds in the United         | d 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 | Governments and      | 1 Organizations in the        | United States. C            | omplete if the orga               | ınızatıon answered "Y                                 | 'es" to Form 990, Part  | IV, line 21, for any               |
| recip  | recipient that received more than \$5,000. Part II can be duplicated if additional space is needed  | 55,000. Part II can  | be duplicated if addition     | onal space is need          | Jed                               |   |   |                                    |
| 1 (a) Name a                                   | 1 (a) Name and address of organization or government  | (a)                  | (c) IRC section if applicable | (d) Amount of<br>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 |
| RUMUR INC.                                     |   |                      |                               |                             |                                   |   |   |                                    |
| 164 HALL STREET                                | RET   |                      |                               |                             | ,                                 |   |   | PRODUCTION - BATTLE OF             |
| BROOKLYN, NY 11205                             | 11205   | 13-3967690           | N/A                           | 47,200.                     | 0                                 |   |   | BROOKLYN                           |
| TIBET, LLC                                     | ;   |                      |                               |                             |                                   |   |   |                                    |
| 345 MAPLE DRIVE,                               | O3  |                      |                               | ,                           | ,                                 |   |   | PRODUCTION - STATE OF              |
| BEVERLY HILLS                                  | s, CA 90210   | 90-0388208           | N/A                           | 17,946.                     | 0                                 |   |   | CONTROL                            |
| BOWDON MEDIA,<br>MEDIA - 156 S<br>HOBOKEN NJ C | BOWDON MEDIA, LLC. DBA CHOICE<br>MEDIA - 156 SECOND STREET -<br>HOBOKEN NJ 07030  | 26-3123531           | <b>4/</b> X                   | 213 845.                    | 0                                 |   |   | PRODUCTION - CHOICE MEDIA          |
|  |   |                      |                               |                             |                                   |   |   |                                    |
| 2211 TEQUESTA WAY                              | A WAY   |                      |                               |                             |                                   |   |   | PRODUCTION - MOON IS A             |
| MIAMI, FL 33133                                | 133   | 27-1299396           | N/A                           | 13,800.                     | 0                                 |   |   | HARSH MISTRESS                     |
|  |   |                      |                               |                             |                                   |   |   |                                    |
|  |   |                      |                               |                             |                                   |   |   |                                    |
|  | Enter total number of section 501(c)(3) and government organizations  | nd government or     | lons                          | listed in the line 1 table  |                                   |   |   | 0                                  |
|  | Enter total number of other organizations listed in the line 1 table  | s listed in the line | T table                       |                             |                                   |   |   | •                                  |
| LHA For Pape                                   | For Paperwork Reduction Act Notice, see the Instructions for Form 990.  | , see the instructi  | ions for Form 990.            |                             |                                   |   |   | Schedule I (Form 990) (2012)       |

Schedule I (Form 990) (2012) (f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. THE END OF THE DESIGNATED GRANT PERIOD. THE REPORTS WILL DETAIL ACCOMPLISHMENTS THE FINAL REPORT SHALL INCLUDE FILMS AND COPIES OF WRITTEN MATERIALS SUCH AS THE GRANTOR) ARE SUBJECT TO THE FOLLOWING REPORTING CONDITIONS: THE GRANTEE WILL PROVIDE PROGRESS REPORTS TO MPI HALFWAY THROUGH AND AT PART I, LINE 2: THE GRANTS OF THE MOVING PICTURE INSTITUTE AND INCLUDE COPIES OF MATERIALS PRODUCED AS A RESULT OF THE GRANT OR (d) Amount of non-cash assistance 。 \_0 ۰. 47,541. 66,525, 36,400 (c) Amount of cash grant A DETAILED ACCOUNTING OF HOW THE FUNDS WERE SPENT. ADDITIONAL REPORTS ARE WELCOME. MOVING PICTURE INSTITUTE 14 37 (b) Number of recipients Part III can be duplicated if additional space is needed. FELLOWSHIP INCLUDING DVDS OF (a) Type of grant or assistance INTERNSHIP STIPEND GRANTS Schedule I (Form 990) (2012) SCREENPLAYS. FELLOWSHIP GRANTS PRODUCTION GRANTS SCHEDULE I, ("MPI" OR 232102 12-18-12 Part ##

Page 2

20-3237801

#### 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.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

MOVING PICTURE INSTITUTE

Employer identification number 20-3237801

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

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

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

TRAVEL SCHOLARSHIPS, AWARDS, INTERNSHIPS, TRAINING WORKSHOPS, AND

NETWORKING OPPORTUNITIES.

FORM 990, PART VI, SECTION B, LINE 11: MPI HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT—THE INFORMATION—REPORTED—IS COMPLETE AND—ACCURATE. WHEN THE—FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT'S SUBMITTED ELECTRONICALLY TO MEMBERS OF THE ORGANIZATION'S GOVERNING BODY FOR ANY COMMENTS PRIOR TO ITS

SUBMISSION. THE GOVERNING BODY IS PROVIDED WITH ONE WEEK TO REVIEW THE PREPARED FORM 990 AND PROVIDE THEIR COMMENTS. ANY COMMENTS ARE THEN GROUPED, SUMMARIZED AND PROVIDED TO THE AUDIT COMMITTEE FOR THEIR REVIEW.

EACH ISSUE IS DOCUMENTED AND ADDRESSED UNTIL THE RETURN IS FINALIZED AND APPROVED FOR FILING.

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

ANNUALLY SIGN A CONFLICT OF INTEREST STATEMENT, THE PRESIDENT MONITORS AND

ENFORCES THE ORGANIZATION'S COMPLIANCE WITH ITS CONFLICT OF INTEREST

POLICY.

PRESIDENT'S COMPENSATION USING COMPARABLE DATA AND DETERMINED THAT THE

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012)

232211
01-04-13

| Schedule O (Form 990 or 990-EZ) (2012)                    | Page <b>2</b>                             |
|---|---|
| Name of the organization  MOVING PICTURE INSTITUTE        | Employer identification number 20-3237801 |
|   |   |
| FORM 990, PART VI, SECTION C, LINE 18: MPI MAKES ITS FORM | 990 AVAILABLE                             |
| FOR PUBLIC INSPECTION UPON REQUEST AND IT CAN BE FOUND ON | WWW.GUIDESTAR.ORG                         |
| FORM 990, PART VI, SECTION C, LINE 19: MPI MAKES ITS GOVE | RNING DOCUMENTS,                          |
| CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVA | ILABLE TO THE                             |
| PUBLIC UPON REQUEST.                                      |   |
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#### Form **8868**

(Rev January 2013)

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

| <ul><li>If you a</li></ul>   | re filing for an Automatic 3-Month Extension, complet                      | te only Pa  | rt I and check this box               |               | •                   | ► [X]         |
|--|--|-------------|---------------------------------------|---------------|---------------------|---------------|
| ● If you a   | re filing for an Additional (Not Automatic) 3-Month Ex                     | tension, c  | complete only Part II (on page 2 of   | this form).   |                     |               |
| Do not c   | omplete Part II unless you have already been granted a                     | an automa   | itic 3-month extension on a previous  | ly filed Fo   | rm 8868.            |               |
| Electroni  | c filing (e-file). You can electronically file Form 8868 if y              | ou need a   | 3-month automatic extension of tin    | ne to file (6 | months for a corr   | ooration      |
|  | o file Form 990-T), or an additional (not automatic) 3-moi                 |             |                                       |               |                     |               |
| -  | file any of the forms listed in Part I or Part II with the exc             |             |                                       |               |                     |               |
|  | Benefit Contracts, which must be sent to the IRS in pap                    | •           | •                                     |               |                     |               |
|  | urs gov/efile and click on e-file for Chanties & Nonprofits                |             | (300 matractions). For more actains t | 311 (110 0100 | aromo ming or ano   | 101111,       |
| Part I   | Automatic 3-Month Extension of Time  |             | submit original (no copies ne         | eded)         |                     |               |
|  | ation required to file Form 990-T and requesting an autor                  |             |                                       |               |                     |               |
| •  |  | nauc o mo   | of the extension - check this box and | complete      |                     |               |
| Part I only  |  |             |                                       | .44           |                     | · 🗀           |
|  | corporations (including 1120-C filers), partnerships, REM ome tax returns. | iCs, and ti | rusts must use Form 7004 to reques    | st an exten   | sion of time        |               |
| - III III III III  | <u> </u>   |             |                                       |               |                     |               |
| Type or  | Name of exempt organization or other filer, see instru-                    | ctions.     |                                       | Employe       | dentification num   | iber (EIN) or |
| MOVING PICTURE INSTITUTE   |  |             |                                       |               | 00 00070            | <b>^</b> 1    |
|  |  |             |                                       |               | 20-32378            | 01            |
| filing your 375 GREENWICH STREET   |  |             |                                       |               | curity number (SS   | N)            |
|  |  |             |                                       |               |                     |               |
| return See Instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. |  |             |                                       |               |                     |               |
|  | - NEW-YORK, NY- 10013  |             |                                       |               |                     |               |
|  |  |             |                                       |               |                     |               |
| Enter the  | Return code for the return that this application is for (file              | a separat   | te application for each return)       |               |                     | 0 1           |
|  |  |             |                                       |               |                     |               |
| Applicati  | on   | Return      | Application                           |               |                     | Return        |
| ls For   |  | Code        | Is For                                |               |                     | Code          |
|  | or Form 990-EZ   | 01          | Form 990-T (corporation)              |               |                     |               |
| Form 990   |  | 02          | Form 1041-A                           |               |                     |               |
| Form 4720 (individual)   |  | 03          | Form 4720                             |               |                     |               |
| Form 990-PF  |  | 04          | Form 5227                             |               |                     | 10            |
| Form 990-T (sec 401(a) or 408(a) trust)  |  | 05          | Form 6069                             |               |                     | 11            |
| -  | 1 11 11 11 11 11 11 11 11 11 11 11 11 1                                    | 06          | Form 8870                             |               | -                   | 12            |
| ronn 990   | O-T (trust other than above)   |             | OWEN J. FLANAGAN                      |               |                     | <u>'</u>      |
| • The b  | ooks are in the care of ► 60 EAST 42ND S                                   |             |                                       | 165           |                     |               |
|  |  |             | FAX No. ► (212)-697-                  | 5843          | •                   |               |
|  | none No. ► (212) -682-2783   |             | <del></del>                           | 3043          |                     |               |
|  | organization does not have an office or place of business                  |             |                                       |               |                     |               |
|  | is for a Group Return, enter the organization's four digit                 |             | · · · · · · · · · · · · · · · · · · · |               |                     |               |
| box 🕨  |  |             |                                       |               | ers the extension i | is for.       |
| 1 Ire  | quest an automatic 3-month (6 months for a corporation                     |             |                                       |               |                     |               |
| _  |  | t organiza  | tion return for the organization nam  | ed above      | The extension       |               |
|  | or the organization's return for   |             |                                       |               |                     |               |
|  | $\overline{\mathbf{X}}$ calendar year $\underline{2012}$ or                |             |                                       |               |                     |               |
| <b>&gt;</b>  | tax year beginning   | , an        | id ending                             |               | <u> </u>            |               |
|  |  |             |                                       |               |                     |               |
| 2  f t   | he tax year entered in line 1 is for less than 12 months, o                | heck reas   | on: Initial return                    | Final retur   | 'n                  |               |
|  | Change in accounting period  |             |                                       |               |                     |               |
|  |  |             |                                       |               |                     |               |
| 3a If t  | his application is for Form 990-BL, 990-PF, 990-T, 4720,                   | or 6069, e  | nter the tentative tax, less any      |               |                     |               |
|  | nrefundable credits. See instructions.                                     |             |                                       | 3a            | \$                  | 0.            |
|  | his application is for Form 990-PF, 990-T, 4720, or 6069,                  | enter any   | refundable credits and                |               |                     |               |
|  | imated tax payments made. Include any prior year overp                     |             |                                       | 3ь            | \$                  | 0.            |
|  | lance due. Subtract line 3b from line 3a. Include your pa                  |             |                                       |               |                     |               |
|  | using EFTPS (Electronic Federal Tax Payment System).                       |             |                                       | 3c            | s                   | 0.            |
|  | If you are going to make an electronic fund withdrawal                     |             |                                       |               |                     |               |
|  | or Privacy Act and Paperwork Reduction Act Notice.                         |             |                                       |               |                     | Rev. 1-2013)  |