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**Return of Organization Exempt From Income Tax**

Under section 513(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

**2012****Open to Public Inspection****A For the 2012 calendar year, or tax year beginning 09/01/12, and ending 08/31/13****B** Check if applicable:☐ Address change☐ Name change☐ Initial return☐ Terminated☐ Amended return☐ Application pending**C** Name of organization**SUNDANCE INSTITUTE**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

**P.O. BOX 684429**

Room/suite

City, town or post office, state, and ZIP code

**PARK CITY****UT 84068****F** Name and address of principal officer**KERITH PUTNAM  
SAME AS C ABOVE****D** Employer identification number**87-0361394****E** Telephone number**435-658-3456****G** Gross receipts \$ **26,803,089****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website **WWW.SUNDANCE.ORG****H(c)** Group exemption number ▶**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation **1981****M** State of legal domicile **UT****Part I Summary**

Activities &amp; Governance

**1** Briefly describe the organization's mission or most significant activities**SUNDANCE INSTITUTE IS A NONPROFIT ORGANIZATION DEDICATED TO THE DISCOVERY AND DEVELOPMENT OF INDEPENDENT ARTISTS AND AUDIENCES. THROUGH ITS PROGRAMS, THE INSTITUTE SEEKS TO - CONTINUED IN GENERAL FOOTNOTE #1****2** 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) **22****4** Number of independent voting members of the governing body (Part VI, line 1b) **22****5** Total number of individuals employed in calendar year 2012 (Part VII, line 2a) **491****6** Total number of volunteers (estimate if necessary) **1600****7a** Total unrelated business revenue from Part VIII, column (C), line 12 **182,850****b** Net unrelated business taxable income from Form 990-T, line 34 **-37,021**

Revenue

Expenses

Net Assets or Fund Balances

**8** Contributions and grants (Part VIII, line 1h) **15,976,831****9** Program service revenue (Part VIII, line 2g) **14,724,730****10** Investment income (Part VIII, column (A), lines 3, 4, and 7d) **9,249,197****11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) **938,011****12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) **664,312****13** Grants and similar amounts paid (Part IX, column (A), lines 1-3) **582,609****14** Benefits paid to or for members (Part IX, column (A), line 4) **26,702,678****15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) **26,026,189****16a** Professional fundraising fees (Part IX, column (A), line 11e) **1,978,560****b** Total fundraising expenses (Part IX, column (D), line 25) ▶ **1,921,350****17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) **12,165,913****18** Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) **13,206,139****19** Revenue less expenses Subtract line 18 from line 12 **20,000****20** Total assets (Part X, line 16) **39,000****21** Total liabilities (Part X, line 26) **13,764,754****22** Net assets or fund balances Subtract line 21 from line 20 **14,027,438****23** Total net assets or fund balances **27,929,227****24** Net assets or fund balances **29,147,746****25** Revenue less expenses **-1,226,549****26** Total assets **-3,121,557****27** Total liabilities **37,587,431****28** Net assets or fund balances **36,057,497****29** Total net assets or fund balances **3,440,021****30** Net assets or fund balances **34,147,410****31** Revenue less expenses **32,129,022****Part II Signature Block**

Under penalties of perjury, 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.

**Sign Here**

Signature of officer

Date

Type or print name and title

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if

PTIN

self-employed

P00080310

**DAVID L. CRANDALL****Firm's name ▶ LARSON & COMPANY, PC****Firm's EIN ▶ 87-0516083****9065 SOUTH 1300 EAST****Firm's address ▶ SANDY, UT 84094****Phone no 801-313-1900**

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions

**Part III** Statement of Program Service Accomplishments

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

☒**1** Briefly describe the organization's mission

**SUNDANCE INSTITUTE IS A NONPROFIT ORGANIZATION DEDICATED TO THE DISCOVERY AND DEVELOPMENT OF INDEPENDENT ARTISTS AND AUDIENCES. THROUGH ITS PROGRAMS, THE INSTITUTE SEEKS TO - CONTINUED IN GENERAL FOOTNOTE #1**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ **12,518,134** including grants of \$ ) (Revenue \$ **8,928,776** )  
**SUNDANCE FILM FESTIVAL PROGRAM**

**THE 2013 SUNDANCE FILM FESTIVAL PRESENTED 119 FEATURE-LENGTH FILMS, REPRESENTING 32 COUNTRIES BY 51 FIRST-TIME FILMMAKERS, INCLUDING 27 IN COMPETITION. THESE FILMS WERE SELECTED FROM 4,044 FEATURE-LENGTH FILM SUBMISSIONS COMPOSED OF 2,070 U.S. AND 1,974 INTERNATIONAL FEATURE-LENGTH FILMS. 103 FILMS AT THE FESTIVAL WERE WORLD PREMIERES. THE SHORT FILM PROGRAM WAS COMPRISED OF 65 SHORT FILMS SELECTED FROM A RECORD 8,102 SUBMISSIONS.**

**4b** (Code ) (Expenses \$ **3,506,597** including grants of \$ **1,522,500** ) (Revenue \$ **87,500** )  
**DOCUMENTARY FILM PROGRAM**

**THROUGH GRANTS FROM THE SUNDANCE INSTITUTE DOCUMENTARY FILM FUND, A SERIES OF RESIDENTIAL ARTIST SUPPORT PROGRAMS AND INTERNATIONAL CREATIVE PARTNERSHIPS, THE PROGRAM PROVIDES SUPPORT FOR NONFICTION FILMMAKERS FROM AROUND THE WORLD WHOSE FILMS ARE CENTERED ON THE TOPICS OF HUMAN RIGHTS, SOCIAL JUSTICE AND FREEDOM OF EXPRESSION.**

**4c** (Code ) (Expenses \$ **2,816,036** including grants of \$ **319,269** ) (Revenue \$ **227,945** )  
**FEATURE FILM PROGRAM**

**THIS PROGRAM HAS SUPPORTED ALMOST 1,000 FILMMAKERS IN THE U.S. AND THROUGHOUT THE WORLD OVER THE PAST 33 YEARS THROUGH SCREENWRITERS, DIRECTORS, PRODUCING AND NEW FRONTIER STORY LABS, ONGOING CREATIVE AND TACTICAL ADVICE, A POST-PRODUCTION INITIATIVE, AND FINANCIAL SUPPORT THROUGH FELLOWSHIP OPPORTUNITIES.**

**4d** Other program services (Describe in Schedule O )

(Expenses \$ **4,049,087** including grants of \$ **33,400** ) (Revenue \$ **622,722** )

**4e** Total program service expenses **22,889,854**

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>X</b>	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>X</b>	
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		<b>X</b>
4 <b>Section 501(c)(3) organizations.</b> 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		<b>X</b>
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		<b>X</b>
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		<b>X</b>
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		<b>X</b>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
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		<b>X</b>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<b>X</b>	
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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>X</b>	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		<b>X</b>
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		<b>X</b>
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		<b>X</b>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		<b>X</b>
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	<b>X</b>	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>X</b>	
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		<b>X</b>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
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	<b>X</b>	
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	<b>X</b>	
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	<b>X</b>	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<b>X</b>	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<b>X</b>	
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		<b>X</b>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<b>X</b>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<b>X</b>	
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	<b>X</b>	
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	<b>X</b>	
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		<b>X</b>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<b>X</b>
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<b>X</b>
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		<b>X</b>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		<b>X</b>
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<b>X</b>	
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	<b>X</b>	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<b>X</b>	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
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		<b>X</b>
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1	<b>X</b>	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>X</b>	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		<b>X</b>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	<b>X</b>	

**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	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	<b>1a</b> 350		
<b>1b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	X	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	<b>2a</b> 491		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	<b>3b</b>	X	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	X	
<b>b</b> If "Yes," enter the name of the foreign country <b>CAYMAN ISLANDS</b> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> 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?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year.	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		X
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		X
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>		X
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?	<b>9a</b>		X
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		X
<b>10 Section 501(c)(7) organizations.</b> Enter			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12.	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter			
<b>a</b> Gross income from members or shareholders.	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</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.	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand.	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<b>14b</b>		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI ☒

### Section A. Governing Body and Management

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year. 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 O.	22	
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent.	22	
<b>2</b> 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?		<input checked="" type="checkbox"/>
<b>3</b> 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?		<input checked="" type="checkbox"/>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
<b>6</b> Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
<b>7a</b> 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?		<input checked="" type="checkbox"/>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	<input checked="" type="checkbox"/>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		<input checked="" type="checkbox"/>

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
<b>b</b> 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?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13.	<input checked="" type="checkbox"/>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	<input checked="" type="checkbox"/>	
<b>13</b> Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
<b>14</b> Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
<b>b</b> Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<input checked="" type="checkbox"/>	
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
<b>b</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?		

### Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed: **CA, NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ 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, and financial 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: **BROOKE MCAFFEE**

P.O. BOX 684429

PARK CITY

UT 84068

435-658-3456

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>ROBERT REDFORD</b>	8.00									
<b>PRESIDENT</b>	0.00	X		X				0	0	0
(2) <b>WALLY WEISMAN</b>	4.00									
<b>CHAIRMAN</b>	0.00	X		X				0	0	0
(3) <b>PAT MITCHELL</b>	3.00									
<b>VICE CHAIRMAN</b>	0.00	X		X				0	0	0
(4) <b>JACK FERRARO</b>	3.00									
<b>TREASURER/TRUSTEE</b>	0.00	X		X				0	0	0
(5) <b>JEANNE DONOVAN FISHER</b>	3.00									
<b>SECRETARY/TRUSTEE</b>	0.00	X		X				0	0	0
(6) <b>SEAN BAILEY</b>	1.00									
<b>TRUSTEE</b>	0.00	X						0	0	0
(7) <b>KENNETH COLE</b>	1.00									
<b>TRUSTEE</b>	0.00	X						0	0	0
(8) <b>AVA DUVERNAY</b>	1.00									
<b>TRUSTEE</b>	0.00	X						0	0	0
(9) <b>ROB EPSTEIN</b>	1.00									
<b>TRUSTEE</b>	0.00	X						0	0	0
(10) <b>BOB FRANKENBERG</b>	3.00									
<b>TRUSTEE</b>	0.00	X						0	0	0
(11) <b>MELLODY HOBSON</b>	2.00									
<b>TRUSTEE</b>	0.00	X						0	0	0



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) CINDY HORN	1.00									
TRUSTEE	0.00	X						0	0	0
(13) SHEILA JOHNSON	1.00									
TRUSTEE	0.00	X						0	0	0
(14) CHRISTINE LAHTI	2.00									
TRUSTEE	0.00	X						0	0	0
(15) LYN DAVIS LEAR	2.00									
TRUSTEE	0.00	X						0	0	0
(16) ANAND MAHINDRA	1.00									
TRUSTEE	0.00	X						0	0	0
(17) GEOFF SANDS	3.00									
TRUSTEE	0.00	X						0	0	0
(18) NADINE SCHIFF	1.00									
TRUSTEE	0.00	X						0	0	0
(19) JIM SWARTZ	1.00									
TRUSTEE	0.00	X						0	0	0
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>								2,438,379		336,992
<b>d Total (add lines 1b and 1c)</b>								2,438,379		336,992

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **13**

- 3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
BOSTON LIGHT & SOUND BOSTON MA 02135	290 NORTH BEACON STREET LIGHT & SOUND	429,435
OASIS STAGE WERKS SALT LAKE CITY UT 84110	P.O. BOX 3762 STAGING SERVICE	280,296
HILL TOP PRODUCTIONS SANTA FE NM 87508	14 POLLITO ROAD PROJECTION SERV	181,485
EXECUTIVE SERVICES GROUP HOLDINGS SALT LAKE CITY UT 84123	995 LEVOY DR. TRANSPORTATION	109,360

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **4**

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>LIESL TOMMY</b>										
<b>TRUSTEE</b>	1.00 0.00	X						0	0	0
(13) <b>JOHN WARNOCK</b>										
<b>TRUSTEE</b>	2.00 0.00	X						0	0	0
(14) <b>JACKI ZEHNER</b>										
<b>TRUSTEE</b>	1.00 0.00	X						0	0	0
(15) <b>KERITH PUTNAM</b>										
<b>EXECUTIVE DIR.</b>	40.00 0.00			X				402,675	0	49,568
(16) <b>JILL MILLER</b>										
<b>MANAGING DIR.</b>	40.00 0.00			X				257,695	0	26,768
(17) <b>JENNIFER ARCENEUX</b>										
<b>DIR EXTERNAL RELATIO</b>	40.00 0.00				X			211,730	0	29,558
(18) <b>JOHN COOPER</b>										
<b>DIR SUNDANCE FILM FE</b>	40.00 0.00				X			206,570	0	16,020
(19) <b>MICHELLE SATTER</b>										
<b>DIR FEATURE FILM PRO</b>	40.00 0.00				X			197,617	0	32,697
<b>1b Sub-total</b>								1,276,287		154,611
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization

- 3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		
4		
5		

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) SCOTT WIBIRT	40.00									
DIR TECHNOLOGY SERVI	0.00				X			197,364	0	20,813
(13) PHILIP HIMBERG	40.00									
ARTISTIC DIRECTOR	0.00				X			189,581	0	35,002
(14) CARA MERTES	40.00									
DIR DOCUMENTARY PROG	0.00				X			185,706	0	35,928
(15) TREVOR GROTH	40.00									
DIRECTOR	0.00					X		129,125	0	28,770
(16) SARAH EATON	40.00									
DIR MEDIA RELATIONS	0.00					X		119,046	0	19,775
(17) JULIE FREESTONE	40.00									
DIR HUMAN RESOURCES	0.00					X		115,443	0	8,491
(18) LAURIE HOPKINS	40.00									
CO-MANAGING DIR	0.00					X		115,146	0	11,336
(19) SARAH PEARCE	40.00									
CO-MANAGING DIR	0.00					X		110,681	0	22,266
1b Sub-total								1,162,092		182,381
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization

- 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		
4		
5		

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

**Part VIII** **Statement of Revenue**Check if Schedule O contains a response to any question in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a Federated campaigns	1a				
	b Membership dues	1b	154,735			
	c Fundraising events	1c	718,700			
	d Related organizations	1d				
	e Government grants (contributions)	1e	1,738,726			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	12,112,569			
	g Noncash contributions included in lines 1a-1f	\$	222,295			
	<b>h Total. Add lines 1a-1f</b>		<b>14,724,730</b>			
<b>Program Service Revenue</b>	2a FILM FESTIVAL	Busn Code	8,659,822	8,659,822		
	b OTHER PROGRAM REVENUE		622,722	622,722		
	c FEATURE FILM		227,945	227,945		
	d SUNDANCE FILM FESTIVAL CATA	541800	182,850		182,850	
	e DOCUMENTARY FILM		87,500	87,500		
	f All other program service revenue					
	<b>g Total. Add lines 2a-2f</b>		<b>9,780,839</b>			
	<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		643,012		
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross rents		(i) Real 100,519				
b Less rental exps						
c Rental inc or (loss)		100,519				
d Net rental income or (loss)			100,519			100,519
7a Gross amount from sales of assets other than inventory		(i) Securities 284,999	(ii) Other 24,891			
b Less cost or other basis & sales exps			14,891			
c Gain or (loss)		284,999	10,000			
d Net gain or (loss)			294,999	284,999		10,000
8a Gross income from fundraising events (not including \$ 718,700 of contributions reported on line 1c) See Part IV, line 18		a	388,711			
b Less direct expenses		b	388,711			
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19		a				
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a	655,252				
b Less cost of goods sold	b	373,298				
c Net income or (loss) from sales of inventory		281,954			281,954	
Miscellaneous Revenue		Busn Code				
11a OTHER REVENUE		200,136			200,136	
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		200,136				
<b>12 Total revenue. See instructions</b>		<b>26,026,189</b>	<b>9,882,988</b>	<b>182,850</b>	<b>1,235,621</b>	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,086,595	1,086,595		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	305,164	305,164		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	483,410	483,410		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,095,290	2,095,290		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	8,729,353	5,546,566	2,021,289	1,161,498
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	546,388	381,053	97,219	68,116
9 Other employee benefits	963,761	630,007	223,409	110,345
10 Payroll taxes	871,347	621,214	162,356	87,777
11 Fees for services (non-employees)				
a Management				
b Legal	30,108	-4,081	34,189	
c Accounting	43,404	5,500	37,904	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	39,000			39,000
f Investment management fees	35,072		35,072	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,910,360	2,491,207	343,631	75,522
12 Advertising and promotion	144,480	117,677	22,430	4,373
13 Office expenses	512,694	399,394	103,820	9,480
14 Information technology	154,521	7,011	147,510	
15 Royalties				
16 Occupancy	4,421,621	4,080,824	212,405	128,392
17 Travel	1,983,396	1,544,977	333,450	104,969
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	262,948	262,948		
23 Insurance	120,853	98,282	16,415	6,156
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.)				
a <b>EQUIPMENT EXPENSE</b>	1,300,799	959,295	340,917	587
b <b>PROGRAM MEALS</b>	677,732	662,046	8,936	6,750
c <b>RECEPTIONS</b>	529,115	437,186	28,587	63,342
d <b>PRODUCTION EXPENSE</b>	414,926	411,766	2,013	1,147
e All other expenses	485,409	266,523	164,990	53,896
25 <b>Total functional expenses.</b> Add lines 1 through 24e	29,147,746	22,889,854	4,336,542	1,921,350
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest bearing	1,000	1	1,500
	2 Savings and temporary cash investments	12,829,585	2	3,577,525
	3 Pledges and grants receivable, net	7,736,796	3	3,859,883
	4 Accounts receivable, net	62,980	4	147,780
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	510,368	9	367,580
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 3,117,578		
	b Less accumulated depreciation	10b 2,158,444	10c	959,134
	11 Investments—publicly traded securities	15,238,429	11	26,621,547
	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	502,348	15	522,548
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	37,587,431	16	36,057,497	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	2,693,175	17	2,895,627
	18 Grants payable		18	
	19 Deferred revenue	746,846	19	1,032,848
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	3,440,021	26	3,928,475
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	7,087,800	27	7,336,411
	28 Temporarily restricted net assets	16,805,907	28	14,504,624
	29 Permanently restricted net assets	10,253,703	29	10,287,987
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	34,147,410	33	32,129,022
34 <b>Total liabilities and net assets/fund balances</b>	37,587,431	34	36,057,497	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>26,026,189</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>29,147,746</b>
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	<b>-3,121,557</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>34,147,410</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>1,086,767</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	<b>16,402</b>
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>32,129,022</b>

**Part 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 ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
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?  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
☒ 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 audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		<b>X</b>
<b>2b</b>	<b>X</b>	
<b>2c</b>	<b>X</b>	
<b>3a</b>	<b>X</b>	
<b>3b</b>	<b>X</b>	

Form **990** (2012)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**
**Public Charity Status and Public Support**

OMB No 1545-0047

**2012**
**Open to Public  
Inspection**

 Department of the Treasury  
 Internal Revenue Service

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.

Name of the organization

**SUNDANCE INSTITUTE**

Employer identification number

**87-0361394**
**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state.
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III—Functionally integrated      d ☐ Type III—Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2012



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	17,654,257	10,224,889	17,575,737	15,976,831	14,724,730	76,156,444
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	17,654,257	10,224,889	17,575,737	15,976,831	14,724,730	76,156,444
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						76,156,444

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4	17,654,257	10,224,889	17,575,737	15,976,831	14,724,730	76,156,444
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	690,682	528,892	657,815	754,489	643,012	3,274,890
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on	351,771	417,806	602,137	614,175	544,588	2,530,477
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						81,961,811
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	9,986,700
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	92.92 %
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14	<b>15</b>	80.81 %
<b>16a 33 1/3% support test—2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> <b>Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8</b> <b>Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13</b> <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17	<b>18</b>	%

**19a** **33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**b** **33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**20** **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information (See instructions)

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**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

**2012****Open to Public  
Inspection**

Name of the organization

Employer identification number

**SUNDANCE INSTITUTE****87-0361394****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	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 is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

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)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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 conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	► \$
(ii) Assets included in Form 990, Part X	► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	► \$

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

- c Beginning balance  
 d Additions during the year  
 e Distributions during the year  
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	15,756,281	15,016,380	13,606,646	12,985,998	14,616,518
b Contributions	34,284	15,411	63,994	34,360	50,108
c Net investment earnings, gains, and losses	1,976,089	1,207,292	1,700,304	739,964	-1,644,703
d Grants or scholarships					
e Other expenditures for facilities and programs	593,520	482,802	354,564	153,676	35,925
f Administrative expenses					
g End of year balance	17,173,134	15,756,281	15,016,380	13,606,646	12,985,998

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ %  
 b Permanent endowment ▶ 100.00 %  
 c Temporarily restricted endowment ▶ %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations  
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		132,172	25,081	107,091
d Equipment		2,985,406	2,133,363	852,043
e Other				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) )				959,134

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 )		

**Part IX Other Assets.** See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (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 ☐

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	30,746,550
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	1,086,767
b	Donated services and use of facilities	2b	3,652,263
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	16,403
e	Add lines 2a through 2d	2e	4,755,433
3	Subtract line 2e from line 1	3	25,991,117
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	35,072
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	35,072
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	26,026,189

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	32,764,937
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	3,652,263
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	3,652,263
3	Subtract line 2e from line 1	3	29,112,674
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	35,072
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	35,072
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	29,147,746

**Part XIII Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X - FIN 48 FOOTNOTE**

THE INSTITUTE ADOPTED THE PROVISIONS OF FASB 740-10-25, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ("ASC 740-10-25" FORMERLY FASB INTERPRETATION NO. 48 ("FIN 48")), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES) ON SEPTEMBER 1, 2009. ASC 740-10-25 PROVIDES THAT A TAX BENEFIT FROM AN UNCERTAIN TAX POSITION MAY BE RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT THE POSTITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTIONS OR ANY REALATED APPEALS OR LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS. INCOME TAX POSITIONS MUST MEET A MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD AT THE EFFECTIVE DATE TO BE RECOGNIZED UPON THE ADOPTION OF ASC 740-10-25 AND IN SUBSEQUENT PERIODS. THE INSTITUTE ANALYZED TAX POSITIONS FOR ALL APPLICABLE TAX JURISDICTIONS FOR WHICH THE STATUTE OF LIMITATIONS REMAINED OPEN FOR THE YEARS ENDED AUGUST 31, 2009 THROUGH AUGUST 31, 2011 AND DETERMINED THERE WERE NO MATERIAL UNRECOGNIZED TAX BENEFITS AS OF THE DATE OF ADOPTION. IN ADDITION, THERE HAVE BEEN NO MATERIAL CHANGES IN

**Part XIII** Supplemental Information (continued)

UNRECOGNIZED BENEFITS FOR THE RELATED TAX JURISDICTIONS SINCE SEPTEMBER 1, 2011 AND IT IS NOT EXPECTED THAT THERE WILL BE A MATERIAL CHANGE IN THE 12 MONTHS FOLLOWING THE TAX YEAR ENDED AUGUST 31, 2013.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

APPRECIATION OF LIFE INSURANCE	\$	16,403
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**SCHEDULE F  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**

- Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2012**Open to Public  
Inspection

Name of the organization

**SUNDANCE INSTITUTE**

Employer identification number

**87-0361394****Part I**

**General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to  
Form 990, Part IV, line 14b

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

- 3 Activities per Region** (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
<b>EAST ASIA &amp; THE PACIFIC</b>					
(1) <b>EUROPE</b>			<b>GRANTMAKING</b>		<b>100,000</b>
(2) <b>MIDDLE EAST &amp; NORTH AFRICA</b>			<b>GRANTMAKING</b>		<b>204,500</b>
(3) <b>NORTH AMERICA</b>			<b>GRANTMAKING</b>		<b>48,710</b>
(4) <b>SOUTH AMERICA</b>			<b>GRANTMAKING</b>		<b>40,000</b>
(5) <b>SOUTH ASIA</b>			<b>GRANTMAKING</b>		<b>27,000</b>
(6) <b>SUB-SUHANAN AFRICA</b>			<b>GRANTMAKING</b>		<b>30,000</b>
(7)			<b>GRANTMAKING</b>		<b>28,200</b>
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a Sub-total</b>					<b>478,410</b>
<b>b Total from continuation sheets to Part I</b>					
<b>c Totals (add lines 3a and 3b)</b>					<b>478,410</b>

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

Schedule F (Form 990) 2012

87-0361394

SUNDANCE INSTITUTE

Page 2

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA	FILMS	44,000	WIRE TRANS			
(2)			EUROPE	FILMS	175,000	WIRE TRANS			
(3)			MIDDLE EAST & NORTH AFRICA	FILMS	12,500	WIRE TRANS			
(4)			NORTH AMERICA	FILMS	40,000	WIRE TRANS			
(5)			SUB-SAHARAN AFRICA	FILMS	10,000	WIRE TRANS			
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

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Schedule F (Form 990) 2012

87-0361394

SUNDANCE INSTITUTE

Page 3

Schedule F (Form 990) 2012

**Part III** Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16  
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) FILMMAKING GRANT	EAST ASIA & THE PACIFIC	3	56,000	WIRE TRANS			
(2) FILMMAKING GRANT	EUROPE	2	24,500	WIRE TRANS			
(3) FILMMAKING GRANT	MIDDLE EAST & NORTH AFRICA	1	30,000	WIRE TRANS			
(4) FILMMAKING GRANT	NORTH AMERICA	1	5,000	WIRE TRANS			
(5) FILMMAKING GRANT	SOUTH AMERICA	3	27,000	WIRE TRANS			
(6) FILMMAKING GRANT	SUB-SAHARAN AFRICA	2	18,200	WIRE TRANS			
(7) FILMMAKING GRANT	SOUTH ASIA	2	30,000	WIRE TRANS			
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2012

**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A) ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471) ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U S Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865) ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713) ☒ Yes ☐ No

Schedule F (Form 990) 2012

**Part V Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

**PART I, LINE 3 - ACTIVITIES PER REGION**

REGION	EXPENDITURES	INVESTMENTS
EAST ASIA & THE PACIFIC	\$ 100,000	\$ 0
EUROPE	\$ 204,500	\$ 0
MIDDLE EAST & NORTH AFRICA	\$ 48,710	\$ 0
NORTH AMERICA	\$ 40,000	\$ 0
SOUTH AMERICA	\$ 27,000	\$ 0
SOUTH ASIA	\$ 30,000	\$ 0
SUB-SUCHARAN AFRICA	\$ 28,200	\$ 0

**PART V - ADDITIONAL INFORMATION****SCHEDULE F****PART I, LINE 2**

THE SUNDANCE INSTITUTE MONITORS ITS GRANT RECIPIENTS THROUGH DETAILED GRANT CONTRACTS AND DELIVERABLES AS OUTLINED BELOW:

1. RECIPIENT AGREES TO HAVE THE PROJECT AS THE PRIMARY FOCUS OF THEIR WORK EFFORTS DURING THE GRANT PERIOD.
2. RECIPIENT AGREES TO SUBMIT WRITTEN REPORTS ON DESIGNATED DATES. REPORTS ARE TO INCLUDE CURRENT STATUS OF THE FILM, AN EXPLANATION OF HOW THE FUNDS WERE USED, PLANS FOR FUTURE INSTALLMENTS (IF APPLICABLE), AND PLANS FOR DISTRIBUTION, OUTREACH AND IMPACT CAMPAIGNS. THE RECIPIENT MUST ADVISE THE INSTITUTE OF FILM SCREENINGS, BROADCASTS, MAJOR AWARDS, AND REVIEWS.
3. RECIPIENT AGREES TO SUBMIT FILM FOR FORMAL FEEDBACK AND NOTES AT THE

**Part V****Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region); Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions)

DEVELOPMENT, ROUGH CUT, AND FINAL STAGES.

4. SUBSTANTIAL CHANGES TO PROJECT CONTENT OR CREATIVE TEAM

(PRODUCER/DIRECTOR) MUST BE APPROVED IN WRITING WITHIN 30 DAYS. IF MATERIAL CHANGES WERE MADE WITHOUT APPROVAL, ANY UNUSED FUNDS MUST BE RETURNED, AND NO FURTHER GRANT PAYMENTS WILL BE MADE.

5. GRANT FUNDS ARE TO BE USED SOLELY FOR THE PURPOSE STATED, AND IN ACCORDANCE WITH THE SUNDANCE APPROVED BUDGET. FUNDS MAY NOT BE USED TO PURCHASE EQUIPMENT OVER \$2,500, FOR FILM PRINT TRANSFERS, OR FOR LOBBYING ACTIVITIES.

6. THE SUNDANCE INSTITUTE RESERVES THE RIGHT TO TERMINATE THE GRANT IF IT DETERMINES THAT THE RECIPIENT IS NOT COMPLYING WITH OR FULFILLING THE TERMS OF PURPOSE OF THE GRANT.

7. AN ACKNOWLEDGEMENT OF SUNDANCE INSTITUTE'S SUPPORT IS FREQUENTLY REQUIRED TO APPEAR IN THE END CREDITS OF THE FILM, ALL PRESS MATERIALS, AND ANY FILM SPECIFIC WEBSITE FOR THE PROJECT.

8. UPON COMPLETION, THE RECIPIENT AGREES TO PROVIDE SUNDANCE INSTITUTE WITH COPIES OF MATERIALS (DVDS, PROMOTIONAL MATERIALS, ETC.) PRODUCED IN CONNECTION WITH THE GRANT.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information Regarding**  
**Fundraising or Gaming Activities**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the  
organization entered more than \$15,000 on Form 990-EZ, line 6a  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2012**Open to Public  
Inspection

Name of the organization

**SUNDANCE INSTITUTE**

Employer identification number

**87-0361394****Part I****Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17  
Form 990-EZ filers are not required to complete this part**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations  
b ☐ Internet and email solicitations  
c ☐ Phone solicitations  
d ☐ In-person solicitations  
e ☐ Solicitation of non-government grants  
f ☐ Solicitation of government grants  
g ☒ Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees  
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?☒ **Yes** ☐ **No****b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be  
compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>HOLMAN GROUP</b> <b>1 1854 N. DOHENY DR.</b> <b>WEST HOLLYWOOD CA 90069</b>	<b>CORP SALE</b>		<b>X</b>	<b>120,000</b>	<b>39,000</b>	<b>81,000</b>
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b>				<b>120,000</b>	<b>39,000</b>	<b>81,000</b>

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from  
registration or licensing**ALL STATES**

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	<u>LA GALA</u> (event type)	<u>SFF GALA</u> (event type)	<u>1</u> (total number)	(add col (a) through col (c))
<b>Revenue</b>				
1 Gross receipts	644,709	293,089	169,613	1,107,411
2 Less Contributions	403,900	217,800	97,000	718,700
3 Gross income (line 1 minus line 2)	240,809	75,289	72,613	388,711
<b>Direct Expenses</b>				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs		7,200	20,360	27,560
7 Food and beverages	96,952	7,941	23,912	128,805
8 Entertainment	10,350	6,920	2,645	19,915
9 Other direct expenses	133,508	53,228	25,695	212,431
10 Direct expense summary Add lines 4 through 9 in column (d)				388,711
11 Net income summary Combine line 3, column (d), and line 10				

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<b>Revenue</b>				
1 Gross revenue				
<b>Direct Expenses</b>				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	
7 Direct expense summary Add lines 2 through 5 in column (d)				
8 Net gaming income summary Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states?

☐ Yes ☐ No

b If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If "Yes," explain



- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in
- |   |                             |     |   |
|---|-----------------------------|-----|---|
| a | The organization's facility | 13a | % |
| b | An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$
- c If "Yes," enter name and address of the third party

Name ►

Address ►

## 16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer
 ☐ Employee
 ☐ Independent contractor

## 17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**SUNDANCE INSTITUTE**

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	25 TO LIFE FILMS LLC 34 LEFFERTS PLACE #2A BROOKLYN NY 11238	27-1101820		8,000				FILMMAKING
(2)	7TH EMPIRE MEDIA INC. 221 EAST 18TH STREET #3C BROOKLYN NY 11226	20-4052706		30,000				FILMMAKING
(3)	99 PERCENT, LLC 20 FILLMORE PLACE #2 BROOKLYN NY 11211	45-4100422		20,000				FILMMAKING
(4)	BACKBONE MEDIA 330 DUNCAN ST. SAN FRANCISCO CA 94131	94-3288989		25,000				FILMMAKING
(5)	BERKELEY FILM, INC. ONE RICHDELE AVE CAMBRIDGE MA 02140	27-3138579		30,000				FILMMAKING
(6)	CALAVERA USA LLC 210 HUMBOLDT ST. #28 BROOKLYN NY 11206	27-4288013		10,000				FILMMAKING
(7)	CALLE FILMS, INC. 11 EMBARCADERO W STE. 140 OAKLAND CA 94607	45-5045613		25,000				FILMMAKING
(8)	CANIVALESQUE FILMS PO BOX 2400 MARBLEDALE CT 06777	20-4496189		15,000				FILMMAKING
(9)	CENTER FOR INDEPENDENT DOCUMENTARY 680 SOUTH MAIN STREET SHARON MA 02067	04-2738458		15,000				FILMMAKING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

DAA

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

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

► Attach to Form 990.

OMB No. 1545-0047

**2012**

Open to Public Inspection

Employer identification number

**87-0361394**

☒ Yes

☐ No

►

► 55

Schedule I (Form 990) (2012)

**SCHEDULE I  
(Form 990)**

 Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

OMB No. 1545-0047

**2012**
**Open to Public  
Inspection**

Name of the organization

Employer identification number

**87-0361394**
**SUNDANCE INSTITUTE**
**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	CINE QUA NON, INC. 1025 PURCHASE ST. PURCHASE NY 10507	13-3807091		12,500				FILMMAKING
(2)	CIVIC BAKERY, INC. 45 MAIN STREET, SUITE 547 BROOKLYN, NY 11201-1099	27-3086855		20,000				FILMMAKING
(3)	COHEN MEDIA GROUP 750 LESINGTON AVENUE, 5TH FLOOR NEW YORK NY 10022	20-8450931		10,000				FILMMAKING
(4)	DAY IN COURT LLC 517 MUSKINGUM PLACE PACIFIC PALISADES CA 90272	46-1079408		15,000				FILMMAKING
(5)	DIGITAL DIVIDE DATA 115 WEST 30TH STREET, SUITE 400 NEW YORK NY 10001	20-1148462		18,000				FILMMAKING
(6)	DINKY PICTURES, LLC 604 ALMAR AVE PACIFIC PALISADES CA 90272	45-4632530		45,000				FILMMAKING
(7)	DOCUMENTRESS FILMS, INC. 21 DUNNINGS DRIVE TARRYTOWN NY 10591	30-0358318		15,000				FILMMAKING
(8)	EVERGREEN STUDIO, INC. 2417 MCKINLEY AVE. VENICE CA 90291	46-1926385		15,000				FILMMAKING
(9)	F/8 FILMWORKS LTD. 2261 5TH ST BERKELEY CA 94710	46-0578159		20,000				FILMMAKING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

DAA

Schedule I (Form 990) (2012)

**SCHEDULE I  
(Form 990)**

 Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990

OMB No. 1545-0047

**2012**
**Open to Public  
Inspection**

Employer identification number

**87-0361394**
**SUNDANCE INSTITUTE**
**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	GOOD WEAVE USA 2001 S STREET NY SUITE 510 WASHINGTON DC 20009	52-2042014		20,000				FILMMAKING
(2)	HELIANTHUS MEDIA DBA REVOLUTIONARY 95 PALMER LANE PORTOLA VALLEY CA 94028	94-3279893		22,500				FILMMAKING
(3)	HUNGRY 144 FRANKLIN ST. 6F NEW YORK NY 10013	45-2102277		22,500				FILMMAKING
(4)	ICONTENT, INC. 149 FIFTH AVE. 11TH FLOOR NEW YORK NY 10010	13-4185761		12,500				FILMMAKING
(5)	INFINITUM PRODUCTIONS INC. 545 W. 110TH ST. #98 NEW YORK NY 10025	45-5169296		10,000				FILMMAKING
(6)	JUBILEE FILMS 15 SPENCER PLACE #3 BROOKLYN NY 11216	26-2468789		30,000				FILMMAKING
(7)	KIRSTEN JOHNSON, INC. 102 BEDFORD AVE #3L BROOKLYN NY 11211	20-3205362		20,000				FILMMAKING
(8)	LA 5, LLC 3000 MARCUS AVENUE, SUITE 1W5 LAKE SUCCESS NY 11042	46-2835651		12,500				FILMMAKING
(9)	MA GEORGE, LLC 177 N. 10TH ST, STE A BROOKLYN NY 11211	27-5274010		10,000				FILMMAKING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

DAA

Schedule I (Form 990) (2012)

**SCHEDULE I**  
**(Form 990)**

 Department of the Treasury  
 Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

OMB No 1545-0047

**2012**

 Open to Public  
 Inspection

Employer identification number

**87-0361394**
**Part I SUNDANCE INSTITUTE**
**General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section number, if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	MAY IN THE SUMMER, LLC PO BOX 5490 BEVERLY HILLS CA 90209	45-5355035		20,695				FILMMAKING
(2)	MILE END FILMS WEST INC. 28 6TH AVE. SAN FRANCISCO CA 94118	45-4065373		25,000				FILMMAKING
(3)	NONFICTION MEDIA, LLC 4408 DELRIDGE WAY SW #405 SEATTLE WA 98106	90-0647953		25,000				FILMMAKING
(4)	NOUJAIM FILMS 86 WALKER ST, 4TH FLOOR NEW YORK NY 10013	13-4139988		20,000				FILMMAKING
(5)	OG PROJECT, LLC 3349 CAHUENGA BLVD, #3 LOS ANGELES CA 90068	45-4538476		10,000				FILMMAKING
(6)	ON THE VERGE ENTERTAINMENT, INC 33 W. 93RD ST APT 4K NEW YORK NY 10025	57-1219978		15,000				FILMMAKING
(7)	ONE ACRE FUND 1742 TATUM STREET FALCON HEIGHTS MN 55113	20-3668110		20,000				FILMMAKING
(8)	PANDORA EDUCATIONAL FILM CENTER, IN REUBEN ATLANT, 258 SOUTH 1ST STREET BROOKLYN NY 11211	13-2984558		15,000				FILMMAKING
(9)	POSSIBILITY ENTERTAINMENT LLC 28 EAST 10TH ST. SUITE PHC NEW YORK NY 10003	45-5400717		25,000				FILMMAKING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

DAA

Schedule I (Form 990) (2012)

**SCHEDULE I  
(Form 990)**

 Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990

OMB No 1545-0047

**2012**
**Open to Public  
Inspection**

Name of the organization

**SUNDANCE INSTITUTE**

Employer identification number

**87-0361394**
**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	POST INDUSTRY PRODUCTIONS, LLC 592 DE SOTO ST. SALT LAKE CITY UT 84103	46-0581947		30,000				FILMMAKING
(2)	PRINCIPLE PICTURES, INC. 535 ALBANY ST, UNIT 2A BOSTON MA 02118	04-3468489		15,000				FILMMAKING
(3)	PROMISED LAND FILM 285 PROSPECT PL, APT 2E BROOKLYN NY 11238	20-4258856		25,000				FILMMAKING
(4)	RADICAL LOVE FILM, LLC 155 WATER ST. BROOKLYN NY 11201	46-1504470		30,000				FILMMAKING
(5)	REEL THING PRODUCTIONS 158 G SOCIETY DR TELLURIDE CO 81435	26-2786499		30,000				FILMMAKING
(6)	RURAL DEVELOPMENT INSTITUTE 1424 4TH AVENUE, SUITE 300 SEATTLE WA 98101	91-1158970		20,000				FILMMAKING
(7)	SHADOW WORLD PRODUCTIONS LLC DILLYWOOD INC MBR, 164 WEST 25TH ST NEW YORK NY 10001	45-2701471		20,000				FILMMAKING
(8)	SLEEPING GIANT 32-22 43RD STREET APT 2 ASTORIA NY 11103	27-0650516		20,000				FILMMAKING
(9)	SMALL AND PINCUS PROJECT, LLC 427 ST. JOHNS PLACE #2A BROOKLYN NY 11238	45-5392070		30,000				FILMMAKING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

DAA

Schedule I (Form 990) (2012)

**SCHEDULE I  
(Form 990)**

 Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

OMB No 1545-0047

**2012**
**Open to Public  
Inspection**

Name of the organization

Employer identification number

**87-0361394**
**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

☐ Yes ☐ No

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	STILL POINT PICTURES 217 EAST 22ND ST. #17 NEW YORK CITY NY 10010	04-3811359		12,500				FILMMAKING
(2)	STORY INTO ACTION LLC 1880 CENTURY PARK E. SUITE 950 LOS ANGELES CA 90067	30-0688235		15,000				FILMMAKING
(3)	TAMAR ROGOFF PERFORMANCE PROJECTS 170 AVE C #19G NEW YORK NY 10009	13-4022249		20,000				FILMMAKING
(4)	THE FIRE THIS TIME THE FILM LLC 112 2ND PLACE, APT 3 BROOKLYN NY 11231	80-0394941		10,000				FILMMAKING
(5)	TRANSIENT PICTURES, LLC 195 GRAND ST. #2A BROOKLYN NY 11211	27-2084206		12,500				FILMMAKING
(6)	TRILOGY FILMS, LLC 8 HILLSIDE AVE, SUITE LL1 MONTCLAIR NJ 07042	26-0706021		10,000				FILMMAKING
(7)	TRUTH AND SOUL PICTURES, LLC 37 W 57TH ST, 2ND FLOOR NEW YORK NY 10019	80-0875978		25,000				FILMMAKING
(8)	WALKING IRIS MEDIA 2263 15TH ST SAN FRANCISCO CA 94114	27-3712050		12,000				FILMMAKING
(9)	YES AND NO PRODUCTIONS 94 SAINT MARKS AVE, APT 2 BROOKLYN NY 11217	45-0976778		30,000				FILMMAKING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2012)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 <b>FILM MAKING GRANT</b>	43	305,164			
2					
3					
4					
5					
6					
7					

**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

**PART IV - ADDITIONAL INFORMATION**

**SCHEDULE I**

**PART I, LINE 2**

THE SUNDANCE INSTITUTE MONITORS ITS GRANT RECIPIENTS THROUGH DETAILED GRANT

CONTRACTS AND DELIVERABLES AS OUTLINED BELOW:

1. RECIPIENT AGREES TO HAVE THE PROJECT AS THE PRIMARY FOCUS OF THEIR WORK  
EFFORTS DURING THE GRANT PERIOD.

2. RECIPIENT AGREES TO SUBMIT WRITTEN REPORTS ON DESIGNATED DATES. REPORTS



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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**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.

ARE TO INCLUDE CURRENT STATUS OF THE FILM, AN EXPLANATION OF HOW THE FUNDS WERE USED, PLANS FOR FUTURE INSTALLMENTS (IF APPLICABLE), AND PLANS FOR DISTRIBUTION, OUTREACH AND IMPACT CAMPAIGNS. THE RECIPIENT MUST ADVISE THE INSTITUTE OF FILM SCREENINGS, BROADCASTS, MAJOR AWARDS, AND REVIEWS.

3. RECIPIENT AGREES TO SUBMIT FILM FOR FORMAL FEEDBACK AND NOTES AT THE DEVELOPMENT, ROUGH CUT, AND FINAL STAGES.

4. SUBSTANTIAL CHANGES TO PROJECT CONTENT OR CREATIVE TEAM (PRODUCER/DIRECTOR) MUST BE APPROVED IN WRITING WITHIN 30 DAYS. IF

87-0361394

Schedule I (Form 990) (2012) **SUNDANCE INSTITUTE**Page **2**

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

**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.

**MATERIAL CHANGES WERE MADE WITHOUT APPROVAL, ANY UNUSED FUNDS MUST BE RETURNED, AND NO FURTHER GRANT PAYMENTS WILL BE MADE.**

**5. GRANT FUNDS ARE TO BE USED SOLELY FOR THE PURPOSE STATED, AND IN ACCORDANCE WITH THE SUNDANCE APPROVED BUDGET. FUNDS MAY NOT BE USED TO PURCHASE EQUIPMENT OVER \$2,500, FOR FILM PRINT TRANSFERS, OR FOR LOBBYING ACTIVITIES.**

**6. THE SUNDANCE INSTITUTE RESERVES THE RIGHT TO TERMINATE THE GRANT IF IT DETERMINES THAT THE RECIPIENT IS NOT COMPLYING WITH OR FULFILLING THE TERMS**

87-0361394

## SUNDANCE INSTITUTE

Schedule I (Form 990) (2012)

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**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.

## OF PURPOSE OF THE GRANT.

7. AN ACKNOWLEDGEMENT OF SUNDANCE INSTITUTE'S SUPPORT IS FREQUENTLY REQUIRED TO APPEAR IN THE END CREDITS OF THE FILM, ALL PRESS MATERIALS, AND ANY FILM SPECIFIC WEBSITE FOR THE PROJECT.

8. UPON COMPLETION, THE RECIPIENT AGREES TO PROVIDE SUNDANCE INSTITUTE WITH COPIES OF MATERIALS (DVDS, PROMOTIONAL MATERIALS, ETC.) PRODUCED IN CONNECTION WITH THE GRANT.

**SCHEDULE J**  
**(Form 990).**

 Department of the Treasury  
 Internal Revenue Service

**Compensation Information**

 For certain Officers, Directors, Trustees, Key Employees, and Highest  
 Compensated Employees

 ► Complete if the organization answered "Yes" to Form 990,  
 Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2012**

 Open to Public  
 Inspection

Name of the organization

**SUNDANCE INSTITUTE**

Employer identification number

**87-0361394**
**Part I Questions Regarding Compensation**

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a Receive a severance payment or change-of-control payment?
- b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.**

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a The organization?
- b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization?
- b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2012

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KERITH PUTNAM EXECUTIVE DIR.	(i) 401,051 (ii) 0	0	1,624	28,577	20,991	452,243	0
2 JILL MILLER MANAGING DIR.	(i) 247,383 (ii) 0	9,920	392	18,194	8,574	284,463	0
3 JENNIFER ARCENEUX DIR EXTERNAL RELATIO	(i) 203,305 (ii) 0	8,240	185	15,112	14,446	241,288	0
4 JOHN COOPER DIR SUNDANCE FILM FE	(i) 198,204 (ii) 0	7,554	812	14,403	1,617	222,590	0
5 MICHELLE SATTER DIR FEATURE FILM PRO	(i) 190,801 (ii) 0	5,718	1,098	14,146	18,551	230,314	0
6 SCOTT WIBIRT DIR TECHNOLOGY SERVI	(i) 195,349 (ii) 0	1,700	315	7,077	13,736	218,177	0
7 PHILIP HIMBERG ARTISTIC DIRECTOR	(i) 183,341 (ii) 0	5,455	785	13,676	21,326	224,583	0
8 CARA MERTES DIR DOCUMENTARY PROG	(i) 179,667 (ii) 0	5,622	417	13,616	22,312	221,634	0
9 TREVOR GROTH DIRECTOR	(i) 124,590 (ii) 0	4,423	112	9,421	19,349	157,895	0
10	(i) (ii)						
11	(i) (ii)						
12	(i) (ii)						
13	(i) (ii)						
14	(i) (ii)						
15	(i) (ii)						
16	(i) (ii)						

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II .  
Also complete this part for any additional information.

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Transactions With Interested Persons**

▶ **Complete if the organization answered**  
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b  
▶ **Attach to Form 990 or Form 990-EZ** ▶ **See separate instructions.**

OMB No 1545-0047

**2012**

**Open To Public  
Inspection**

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**SUNDANCE INSTITUTE**

Employer identification number

**87-0361394**

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

▶ \$

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
<b>Total</b>							▶ \$					

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org revenues?	
				Yes	No
(1) SUNDANCE PARTNERS	PRES OWNS >35%	801,700	CATERING & LODGING		X
(2) SUNDANCE CINEMAS	PRES OWNS 100%	16,300	VENUES & SERVICES		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)



**SCHEDULE M  
(Form 990)****Noncash Contributions**

OMB No 1545-0047

**2012****Open To Public  
Inspection**Department of the Treasury  
Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form

990, Part IV, lines 29 or 30

▶ Attach to Form 990

Name of the organization

**SUNDANCE INSTITUTE**

Employer identification number

**87-0361394****Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous	<b>X</b>	<b>3</b>	<b>60,180</b>	<b>FMV</b>
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( <b>GOODS</b> )	<b>X</b>	<b>7</b>	<b>162,115</b>	<b>COMP SALES</b>
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

**29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		<b>X</b>
31		<b>X</b>
32a		<b>X</b>

**Part II**

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

 Department of the Treasury  
 Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2012**

 Open to Public  
 Inspection

Employer identification number

87-0361394

**SUNDANCE INSTITUTE**
**FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT**

DESCRIPTION	EXPENSES	GRANTS	REVENUE
THEATRE	1,653,701	13,400	45,595
FILM MUSIC	425,912	6,000	19,569
NATIVE PROGRAM	405,728	14,000	0
OTHER	1,563,746	0	557,558

**FORM 990, PART V, LINE 4B - FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES**
**CAYMAN ISLANDS**

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE DIRECTOR OF ACCOUNTING AND CFO FIRST REVIEW THE FORM 990 IN DETAIL. A COPY OF THE FORM 990 IS THEN GIVEN TO THE AUDIT COMMITTEE OF THE BOARD FOR THEIR REVIEW AND APPROVAL PRIOR TO FILING. AFTER APPROVAL BY THE AUDIT COMMITTEE, THE BOARD OF TRUSTEES RECEIVES AND REVIEWS A COPY OF THE FORM 990 BEFORE FILING.

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY**

CONFLICT OF INTEREST POLICY AND STATEMENTS ARE TAKEN ANNUALLY AND REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES. IF ANY MEMBER'S STATUS CHANGES THROUGHOUT THE YEAR, THAT MEMBER IS REQUIRED TO COMPLETE AN UPDATED CONFLICT STATEMENT AND SUBMIT IT TO THE AUDIT COMMITTEE. IF A BOARD MEMBER HAS A CONFLICT REGARDING BUSINESS MATTERS THAT ARE BEING DISCUSSED BY THE BOARD, THE MEMBER WITH THE CONFLICT OF INTEREST IS RECUSED FROM THE MEETING DISCUSSION AND VOTE.

Name of the organization

SUNDANCE INSTITUTE

Employer identification number

87-0361394

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
 THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES CONDUCTS A REVIEW OF TOP  
 OFFICIAL COMPENSATION EVERY TWO YEARS. THE REVIEW INCLUDES LOOKING AT  
 COMPARABLE ORGANIZATIONS' DATA, CHANGES IN THE CONSUMER PRICE INDEX, AND  
 COMPENSATION STUDIES. COMPENSATION DECISIONS ARE MADE BY THE EXECUTIVE  
 COMMITTEE.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS  
 THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES CONDUCTS A REVIEW OF  
 OFFICER COMPENSATION EVERY TWO YEARS. THE REVIEW INCLUDES LOOKING AT  
 COMPARABLE ORGANIZATIONS' DATA, CHANGES IN THE CONSUMER PRICE INDEX, AND  
 COMPENSATION STUDIES. COMPENSATION DECISIONS ARE MADE BY THE EXECUTIVE  
 COMMITTEE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
 ALL STATEMENTS AND FILINGS REQUIRED TO BE AVAILABLE TO THE PUBLIC ARE MADE  
 AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9 - RECONCILIATION OF CHANGES - OTHER  
 APPRECIATION OF LIFE INSURANCE \$ 16,403

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION  
 ROUNDING \$ 1  
 APPRECIATION OF LIFE INSURANCE POLICY.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2012**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**SUNDANCE INSTITUTE**

Employer identification number  
**87-0361394**

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
							Yes No
(1)	SUNDANCE INSTITUTE CALIFORNIA INC 5900 WILSHIRE BLVD LOS ANGELES CA 90036 75-3036001	INACTIVE	CA		11A	N/A	X
(2)	SUNDANCE CHILDREN'S THEATER INC. P.O. BOX 684429 PARK CITY UT 84068 87-0474671	INACTIVE	UT		11A	N/A	X
(3)							
(4)							
(5)							

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

Schedule R (Form 990) 2012

**Part III**

**Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(1) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(1) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) SUNDANCE VILLAGE HOLDINGS, LLC 2180 S. 1300 E. STE. 600 SALT LAKE CITY UT 84106		UT	N/A						X
(2)									
(3)									
(4)									

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part VI** **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(1) Name, address, and EIN of entity	(2) Primary activity	(3) Legal domicile (state or foreign country)	(4) Predominant income (related, unrelated, excluded from tax under section 512-514)	(5) Are all partners section 501(c)(3) organizations?		(6) Share of total income	(7) Share of end-of-year assets	(8) Disproportionate allocations?		(9) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(10) General or managing partner?		(11) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													



**Part VII****Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

**Form 990 - Federal General Footnote****Description**

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GENERAL FOOTNOTE #1 -

FORM 990, PART 1, LINE 1 - MISSION STATEMENT CONTINUED  
DISCOVER, SUPPORT, AND INSPIRE INDEPENDENT FILM AND THEATRE ARTISTS FROM  
THE UNITED STATES AND AROUND THE WORLD, AND INTRODUCE AUDIENCES TO THEIR  
NEW WORK.

Year Ending: August 31, 2013

87-0361394

SUNDANCE INSTITUTE  
SUNDANCE INSTITUTE  
P.O. BOX 684429  
PARK CITY, UT 84068

### **NOL Carryback Election**

Under IRC Section 172(b)(3), the taxpayer elects to relinquish the entire carryback period with respect to any regular tax and AMT net operating loss incurred during the current tax year.

**SFF Gala****Gross receipts**

<u>Description</u>	<u>Amount</u>
	\$ 58,200
GROSS UP	<u>17,089</u>
TOTAL	<u><u>\$ 75,289</u></u>

## NY Gala

Gross receipts

<u>Description</u>	<u>Amount</u>
	\$ 27,500
GROSS UP	<u>45,113</u>
TOTAL	<u><u>\$ 72,613</u></u>

## LA Gala

Gross receipts

<u>Description</u>	<u>Amount</u>
	\$ 102,250
GROSS UP	<u>138,559</u>
TOTAL	<u><u>\$ 240,809</u></u>