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Oppartment of the Tressury Internal Revenue Service

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Do not enter Social Security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public

A	For th	e 2013 calendar year, or tax year beginning and endin	g		
В	Check it spplicat	C Name of organization		D Employer identifi	cation number
	Addr chun   Nami	AMERICAN DOCUMENTARY INC.		40.0	44555
⊢		Doing Business As			447752
	Territ	~ 20 JAY STREET 940		E Telephone number (212	, ) 989-8121
ᆫ	Amer	UIV Of IOWN, STRIP Of Drovince, country, and ZIP of foreign coefel code		G Gross receipts \$	4,240,190.
<u> </u>	Appli tion pend	BROOKLYN, NY 11201		H(a) is this a group re	etum
	perc	F Name and address of principal officer: DIMUM RILIMUKKY		for subordinates	? Yes 🛣 No
		32 BRODWAY 14TH FLOOR, NEW YORK, NY 10004	4	H(b) Are all subordinates in	
		empt status: 🗶 501(c)(3) 🔲 501(c) ( ) ◀ (insert no.) 🔲 4947(a)(1) or	527	If "No," attach a	list. (see instructions)
_		te: HTTP://WWW.AMDOC.ORG		H(c) Group exemption	n number 🕨
		organization: X Corporation Trust Association Other L	Year of	formation: 1987 M	State of legal domicile: DC
Pi	art I	Summary			
2	1	Briefly describe the organization's mission or most significant activities: AMERICAN	N DC	CUMENTARY	IS A
Activities & Governance		NONPROFIT MEDIA ARTS ORGANIZATION THAT PRODU			
Ę	2	Check this box  Hit the organization discontinued its operations or disposed of	more t	han 25% of its net as	sets.
Š	3	Number of voting members of the governing body (Part VI, fine 1a)	·· ··· ···	3	10
4	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	10
2		Total number of individuals employed in calendar year 2013 (Part V, line 2a)	• • • • • • • • • • • • • • • • • • • •	5	18
Ĭ		Total number of volunteers (estimate if necessary)		6	0
¥	78	Total unrelated business revenue from Part VIII; column (C), line 12			0.
_	Ь	Net unrelated business taxable income from Form 990. Line 34/FD		7b	0.
	l			Prior Year	Current Year
9	8	Contributions and grants (Part VIII, line 1H)		1,388,030.	1,565,839.
Ē		. regram sorrice revenue (r ant vini, and Egr		2,347,893.	2,662,747.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		8,085.	11,604.
		Other revenue (Part VIII, column (A), lines 5, 6d, 60, 60, 10c, and 11e)		0.	0.
_		Total revenue - add lines 6 through 11 (must equal Part VIII, column (A), line 12)		3,744,008.	4,240,190.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
8	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,158,882.	1,207,196.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.
홄	Ь	Total fundralsing expenses (Part IX, column (D), line 25)	<u> </u>		
_	11	Outer expenses (Fart IX, Column (PX, IIIes 118-110, 111-240)	7	2,229,562.	2,428,341.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u></u>	3,388,444.	3,635,537.
<del></del> W	19	Revenue less expenses. Subtract line 18 from line 12	<u> </u>	355,564.	604,653.
els or				naing of Current Year	End of Year
		Total assets (Part X, line 16)	<u> </u>	2,635,456.	3,577,355.
et Ass	21	Total liabilities (Part X, line 26)		404,233.	738,905.
Feet	22	Net assets or fund balances. Subtract line 21 from line 20	<u> </u>	2,231,223.	2,838,450.
		Signature Block			
		ties of perimy declare that I have examined this return, including accompanying schedules and st			knowledge and belief, it is
true,	COLLEC	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	parer na	is any knowledge.	// / ///
		Signakule of officer		Dale /	12014
Sigr				Odio /	
Hen	B	SIMON KILMURRY, EXECUTIVE DIRECTOR Type or print name and title			
			I Oal	e Insul I	TI PTIN
0-14	ı	Print/Type preparer's name  Preparer's expressure  Preparer's expressure			<b></b> 1
Paid		GERMAN RODRIGUEZ  Firm's name N. CHENG & CO. CPA, PC	<u> </u>	/10/14 per-employee	P00367209 13-3516375
Prep Use		Firm's name N. CHENG & CO. CPA, PC Firm's address 40 EXCHANGE PLACE, SUITE 1206		Firm's EIN	T3-33T0313
UEC	omy	NEW YORK, NY 10005		Dho 21 2	2-785-0100
14-	AL - 45			Priore no. Z 1 Z	
		RS discuss this return with the preparer shown above? (see instructions)		., ,	Yes No Form 990 (2013)
33200	11 10-2 S	e-13 LHA For Paperwork Reduction Act Notice, see the separate instructions. EE SCHEDULE O FOR ORGANIZATION MISSION STATE	MEN	T CONTINUAT	

	1990 (2013) AMERICAN DOCUMENTARY INC.	13-3447752	Page 2
Pa	rt III, Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:	***************************************	
•	AMERICAN DOCUMENTARY PRODUCES THE AWARD-WINNING POV SERI	ממת מחם ספו	
	MODES AND SUBSTITUTE IN THE ANALYSIS IN ANALYSIS IN SERVICE IN THE ANALYSIS IN	LES FOR PES,	
	WORKS TO SUPPORT THE WORK OF INDEPENDENT DOCUMENTARY MAR		
	PRODUCTION SUPPORT, BROADCAST, OUTREACH, ONLINE, MARKETI	ING AD	
	EDUCATIONAL SERVICES AND MATERIALS.		
2	Did the organization undertake any significant program services during the year which were not listed on		
-	M 1 # 000 000 mm	<b>—</b>	X No
	***************************************	Yes	NO LAJ
	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	
	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		_
•			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses, a	and ·
	revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ 3,211,183 · including grants of \$ ) (Revenue	s 2,672,	348.1
	POV PROGRAMMING AND PRODUCTION SUPPOR		,
	ODUCTION AND BROADCAST OF INDEPENDENT DOCUMENTARIES ON F	TIDE TO	
		OBPIC	
	TELEVISION.		
		<del></del>	
4b	(Code: ) (Expenses \$ Including grants of \$ ) (Revenue		
40			<del></del> ,
	POV COMMUNICATIONS PROVIDES PROMOTION, MARKETING AND COM	MUNICATIONS	
	SERVICES FOR POV PROGRAMS.		-
		<del></del>	
			<del></del>
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue		)
	POV COMMUNITY ENGAGEMENT PRODUCES EDUCATIONAL MATERIALS	AND ORGANIZI	es
	COMMUNITY SCREENINGS NATIONWIDE OF POV PROGRAMS.		
		<del></del>	
		<u>.</u>	
4d	Other program services (Describe in Schedule O.)		
	· ·	1	
	2 2 1 1 2 2		
<u>4e</u>	Total program service expenses ► 5, 211, 183.		
		Form 95	90 (2013)
332002 10-29-			,
·~-«»	2		
	4		

Form 990 (2013) AMERICAN DOCUMENTARY INC.
Part, IV | Checklist of Required Schedules

			Yes	Nο
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2_	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			,
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable,			
8	Did the organization report an amount for land, buildings, and equipment in Part X, tine 107 if "Yes," complete Schedule D,		_	
_	Part VI	118	X	
Ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			-
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
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			x
_	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	110		<u> </u>
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	110		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	110	X	<del></del>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f ]	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	x	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	- 1	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	148		X
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	_	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV			
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	aan (	2013)

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Part IV, Checklist	of Required Schedules (continued)	
		Yes No

			168	740
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			•
~	government on Part IX, column (A), tine 17 if "Yes," complete Schedule I, Parts i and ii	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part iX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	-	-	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	240		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	_	
	Section 501(c)(3) and 601(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	244		
	disqualified person during the year? If *Yes, * complete Schedule L, Part I	25a		x
ь	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	2.00		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? // "Yes," complete Schedule L, Part /	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or		$\vdash$	
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	-		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1 1		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV		678V	45F 7
	instructions for applicable filing thresholds, conditions, and exceptions):	3		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
- c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? if "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	l	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
35a		35a		$\overline{\mathbf{x}}$
	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	35b		
36	Section 501(o)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<del></del> -
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	] ]	_ ]	
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	<b>990</b> a	20131

	Check if Schedule O contains a response or note to any line in this Part V					
			***********	*****	Yes	No
18	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1-1	153	-	165	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- If not applicable	1b				ł
C	Did the organization comply with backup withholding rules for reportable payments to vendors and rules		bia gaming			İ
_	(gambling) winnings to prize winners?			1c	X	
28	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements.		***************************************			
	filed for the calendar year ending with or within the year covered by this return	2a	18			i
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ليصنب		2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					
3a	Bid the constant of the consta		***************************************	38		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial		•	48		X
þ	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial /	Accour	nts.		1 1	ĺ
5a	Was the organization a party to a prohibited tax shalter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transe			5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?		***************************************	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut		•			
	were not tax deductible?	••••	••••••••	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
8	Old the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a		X
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					l
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7 <u>d</u>				
•	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			<u>7e</u>		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			71		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			79		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		•	7h		<b></b>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di				١٠	
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any um	e curing the year?	8		
9	Sponsoring organizations maintaining donor advised funds.					
8	Did the organization make any taxable distributions under section 4966?			9a		
10	Did the organization make a distribution to a donor, donor advisor, or related person?	•••••		9b		
,,,		10a			. [	
-	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				ļ
11	Section 501(c)(12) organizations. Enter:	100	<del></del>	, }	i	ļ,
	Gross income from members or shareholders	118			<i>!</i> .	<u> </u> *
	Gross income from other sources (Do not net amounts due or paid to other sources against					:
	amounts due or received from them.)	110		l		ı
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in Ileu of Form			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	14.5				
	Is the organization (censed to issue qualified health plans in more than one state?			13a		-
-	Note. See the instructions for additional information the organization must report on Schedule O.	********				
ь	Enter the amount of reserves the organization is required to maintain by the states in which the					l
_	organization is licensed to issue qualified health plans	13b			.	
C	Enter the amount of reserves on hand	13c			_	
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0		14b		
				Form	990	2013

Form 990 (2013)

AMERICAN DOCUMENTARY INC.

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Page
Part VI: Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI	*******				X
Sec	tion A. Governing Body and Management					
					Yes	No
18	Enter the number of voting members of the governing body at the end of the tax year	18		10		
	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.				1.	
Þ	Enter the number of voting members included in line 1a, above, who are independent	1ь		10	i	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh		any other		1	
_	officer, director, trustee, or key employee?	•	•	2	4	X
3	Did the organization delegate control over management duties customarily performed by or under the	o dina	et eunanielaa	··· ├	<del> </del>	
•	of officers, directors, or trustees, or key employees to a management company or other person?			3	i	x
4	Did the organization make any significant changes to its governing documents since the prior Form				+	X
5	Did the organization become aware during the year of a significant diversion of the organization's as				╀──	X
					$\vdash$	X
6	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or a			6	$\vdash$	<del>  ^</del>
78				1	l .	
•-	more mambers of the governing body?		***************************************	<u>7a</u>	₩	X
В	Are any governance decisions of the organization reserved to (or subject to approval by) members,				ľ	l
_	persons other than the governing body?			7b	-	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye					· '
8	The governing body?		• • • • • • • • • • • • • • • • • • • •		X	<u> </u>
Ь	Each committee with authority to act on behalf of the governing body?			<u>  86</u>	X	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be res	ched	at the			l
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		<u>X</u>
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the internal R	evenu	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	•••••		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ci	hapter	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befo	re filing the form	? 11a	X	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			W. Mar v		,
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es, " de	escribe			
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?				X	
14	Did the organization have a written document retention and destruction policy?			14	X	
	Did the process for determining compensation of the following persons include a review and approve			···	~~~	ī
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•	•	i		
a	The organization's CEO, Executive Director, or top management official			15a	X	, ,
	Other officers or key employees of the organization	••••••	••••••••	15b	X	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					[
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a		:	. ;
_	taxable entity during the year?			16a		X
b	if "Yes," did the organization follow a written policy or procedure requiring the organization to evalua		articipation	···		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			,		
	exempt status with respect to such arrangements?			16b	~	1
Sect	ion C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filed ▶NY					
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Secti	on 501(c)(3)s on	lv) availat	le	
	for public inspection. Indicate how you made these available. Check all that apply.	,				
	Own website Another's website X Upon request Other (explain	In Sch	edule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co		•	and fina	ncial	
	statements available to the public during the tax year.					
	State the name, physical address, and telephone number of the person who possesses the books ar	nd rece	ords of the arear	nization:	•	
	BETTY CORDERO - (212)9898121					
	32 BROADWAY, NEW YORK, NY 10004					
332004	10-29-13		<del></del>	Forn	990	(2013)
	6					,

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

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

(A)	(B)			ا Pos	C) :Hicc	,		(D)	(E)	(F)
Name and Title	Average	(de	not c	heck	more	then	one	Reportable	Reportable	Estimated
	hours per week					is bot		compensation from	compensation from related	amount of other
	(list any	B				Π		the	organizations	compensation
	hours for	e director	_			2		organization	(W-2/1099-MISC)	from the
	related	Į	Ortal Please	ŀ	_			(W-2/1099-MISC)		organization
	organizations below	1	Ĭ		퇕	1 E				and related
	line)	Individual trustes		Officer	ley employee	Highest compensa	1			organizations
(1) TAMMY ROBINSON	3.00	1					_	-		
CHA IRMAN		X						0.	0.	0
(2) JOHN EASTMAN	3.00	Γ								
Treasurer		X						0.	0.	0
(3) HENRY P. BECTON, JR.	3.00	]								
SECRETARY		X	<u> </u>			L		0.	0.	0
(4) JON ABBOTT	3.00	١			1	1	1	_ [	_	
BOARD MEMBER		X	L.		_	ㄴ	<u> </u>	0.	0.	0
(5) JOHN BOLAND	3.00	۱.,								_
BOARD MEMBER	3 00	X	_		<u> </u>	<b>!</b>	_	0.	0.	0
(6) MARGARET DRAIN	3.00	X	li							•
BOARD NEMBER (7) NICHABL ISIP	3.00	<u> </u>	H		_	<b>—</b>	_	0.	0.	0
BOARD HEMBER	3.00	x			١.		ĺ	0.	0.	0
(8) STEPHEN SEGALLER	3.00	<b> </b>	$\vdash$		-	-		0.		
BOARD HEMBER	3.00	X						٥.	0.	0
(9) NEAL SHAPIRO	3.00	-	$\vdash$		_	Н		0.		
BOARD MEMBER	3700	x						0.	0.	0
(10) ANN TENENBAUM	3.00	<del>                                     </del>	Н		$\vdash$	Н				
BOARD MEMBER		x						0.	0.	0
(11) SIMON RILMURRY	40.00									
EXECUTIVE DIRECTOR		1		X		İ		96,778.	0.	0
(12) CYNTHIA LOPEZ	40.00									
EXECUTIVE VICE PRESIDENT				X				93,290.	0.	0
(13) CHRISTOPHER WHITE	40.00									
DIRECTOR PRODUCTION		L		X				75,889.	0.	0
		<u> </u>	Ш			Щ	L			
	<b></b>									
	<del></del>	├	Н	$\blacksquare$	H	-	_			
	<b></b>	1								
	+	┢╌	-			$\vdash$				
	<u> </u>	Į	1			l l				

332007 10-29-13

Part VIII	2013) AMERICA Section A. Officers, Directors, T	N DOCUME	NTA	W.	904	NC.	-		Compensated Employe	13-34	47752	<u> </u>	ag
<u>:                                  </u>	(A) Name and title	(B) Average hours per	(do	not c	(C Posit heck n se pen	i) tion nore t son t	then o	ne i an	(D) Reportable compensation	(E) Reportable compensation	_	(F) stimat	
		(list any hours for related organizations below line)	te or director	historioszi traste			Hohest compensated entployee	•	from the organization (W-2/10 <del>99-M</del> ISC)	from related organizations (W-2/1099-MIS	C) (i on ar	other npensifrom the ganiza nd rela panizat	et le tk
<del>-</del> .													
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,												
					_								
				_									
						$\perp$		_					
							$\downarrow$						
c Total	total from continuation sheets to Part (add lines 1b and 1c)	VII, Section A	•• ••••	••••	•••••			•	265,957. 0. 265,957.		0. 0.	··	
2 Total	number of individuals (including bu	it not limited to th	ose i	liste	d abo	ove)	who	o red			<u> </u>		
-	e organization list any former offic		stee	, key	/ em;	ploy	ee, e	or hi	ighest compensated er	nolovee on		Yes	
line 1a	a? If "Yes," complete Schedule J for ny individual listed on line 1a, is the	er such individual							*************************	************************	3	\ <b>'</b>	-
and re	elated organizations greater than \$ ny person listed on line 1a receive (	150,000? /f "Yes, '	• сол	nple	te Sc	hec	tule	J fo	r such individual	****	4	1	
rende	red to the organization? If "Yes," co										. 5		
1 Comp	lete this table for your five highest ganization. Report compensation (										ensation i	irom	
	(A) Name and busine	_	NO:			<u> </u>	*****	T	(B) Description of se		(C Compe	;) nsatio	
								T					
								┸					
			<del></del>										
													_
	number of independent contractor 000 of compensation from the orga		ot lim	ulted	to th	hose 0	e fist	ed a	above) who received me	ore than	Form		

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete

Sect	tion 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		<u> </u>		
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in	"			
	the United States. See Part IV, line 22			!	
3	Grants and other assistance to governments,				77.44
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compansation of current officers, directors,	265 255	000 405		
_	trustees, and key employees	265,957.	208,487.	31,011.	26,459
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	599,603.	465 050	74 304	EA 254
7	Other salaries and wages	. 200,555	465,858.	74,394.	59,351.
8	Pension plan accruats and contributions (include				
_	section 401(k) and 403(b) employer contributions)	269,936.	215.786.	26,994.	27 155
9	Other employee benefits	71,700.	56,207.	8,360.	27,156, 7,133,
10 11	Payroll taxes Fees for services (non-employees):	,1,,00.	30,207.	0,300.	/,133
	, , , ,				
_	Management				
b	Legal	29,005.	26,268.	873.	1,864.
d	Lobbying	25,005.	20,200.	073.	1,004.
_	Professional fundraising services. See Part IV, line 17	····		-	
•	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	-	*		
•	column (A) amount, list line 11g expenses on Sch O.)	171,718.	155,517.	5,171.	11,030.
12	Advertising and promotion	46,249.	46,249.	3,2.50	
13	Office expenses	29,168.	25,634.	876.	2,658.
14	Information technology	·			
15	Royalties	-			·-
16	Occupancy	221,970.	177,576.	22,197.	22,197.
17	Travel	125,145.	118,453.	360.	6,332.
18	Payments of travel or entertainment expenses		· · · · · · · · · · · · · · · · · · ·		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,251.	7,141.		110.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	69,319.		69,319.	
23	Insurance	34,845.	32,241.	1,302.	1,302.
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 0.)				
8	FILM ACQUISITION AND LI	862,253.	862,253.		
ь	PACKAGES AND CAPTIONING	339,509.	339,509.		
C	PRESS KITS	83,147.	83,147.		
d	EQUIPMENT REPAIR AND MA	45,941.	39,138.	3,372.	3,431.
	All other expenses	362,821.	351,719.	2,160.	8,942.
25	Total functional expenses. Add lines 1 through 24e	3,635,537.	3,211,183.	246,389.	177,965.
26	Joint costs. Complete this line only if the organization				-
	reported in column (B) joint costs from a combined			İ	
	educational campaign and fundraising solicitation.		i	ļ	
	Check here It following SOP 98-2 (ASC 958-720)				
332010	0 10-29-13				Form <b>990</b> (2013)

332010 10-29-13

Balance	

				(A)		(B)
	*			Beginning of year		End of year
1	Cash - non-interest-bearing	••••		161,142	11	472,864
2	Savings and temporary cash investments	•••••		4 666 684	2	* *** <del>****</del>
3	Pledges and grants receivable, net		<u> </u>	1,839,870		2,308,081
4	Accounts receivable, net	•••••			4	
5	Loans and other receivables from current and f		-,			
	trustees, key employees, and highest compens			<del></del>	J  .	
	Part II of Schedule L				5	
6	Loans and other receivables from other disqual	•	•		.] -[	
	section 4958(f)(1)), persons described in section				1: 1	
1	employers and sponsoring organizations of sec				·  -	
۱.	employees' beneficiary organizations (see instr)				6	
7	Notes and loans receivable, net	••••••		2 002	7	<u>^                              </u>
8	Inventories for sale or use	•••••	······	3,082		2,441
9	Prepaid expenses and deferred charges	······	·····	254,108	9	264,443
102	Land, buildings, and equipment: cost or other	اما	811,235.		1 1	
Ι.	basis. Complete Part VI of Schedule D	108	394,432.	247,613.	<u> </u>	
	Less: accumulated depreciation			247,013	+	416,803
11 12	Investments - publicly traded securities			129,641.	11	110 709
13	Investments - other securities. See Part IV, line			145,041	<del>                                     </del>	112,723
14	Investments - program-related. See Part IV, line		<del></del>	13	<del></del>	
15	Intangible assets				14	<del></del>
16	Other assets. See Part IV, line 11			2,635,456.	15	3,577,359
17	Accounts payable and accrued expenses	ai ine 34)		319,324.		170,944
18		313,344	<del></del> -	170,344		
19	Grants payable	······		18	<del></del>	
20	Deferred revenue	••••••			19	
21	Tax-exempt bond flabilities  Escrow or custodial account flability. Complete		about to B		20	
22	Loans and other payables to current and former			<del>-</del>	21	
**	key employees, highest compensated employee	•			1 1	
1	Complete Part II of Schedule L			~		
23	Secured mortgages and notes payable to unrela				22	<del></del>
24	Unsecured notes and loans payable to unrelate				23	
25	Other liabilities (including federal income tax, pa			<u>.                                </u>	24	·- <u>-</u>
-	parties, and other itabilities not included on lines	_				
1	Cabadala D	-	1	84,909.	05	567,961
26	Total liabilities. Add lines 17 through 25	• • • • • • • • • • • • • • • • • • • •		404,233.	20	738,905
+=-	Organizations that follow SFAS 117 (ASC 958	) check b	X and	40412331	28	730,303
1	complete lines 27 through 29, and lines 33 an		ا مان المحاد	!		
27	Unrestricted net assets		<u> </u> -	715,503.	27	730,570
28	Temporarily restricted net assets			1,515,720.		2,107,880
29					29	2,207,000
	Organizations that do not follow SFAS 117 (A	SC 0591 o	hack here 🔊	<del> </del>	20	
	and complete lines 30 through 34.	30 830 <sub>1</sub> , 0	HOCK HOLD			
30	Capital stock or trust principal, or current funds				30	
31	Paid-in or capital surplus, or land, building, or eq				31	· · · · · · · · · · · · · · · · · · ·
32	Retained earnings, endowment, accumulated in				32	
1	Total net assets or fund balances			2,231,223.	33	2,838,450
33						

	1990 (2013) AMERICAN DOCUMENTARY INC.	13-344	7752	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
	Table and the same of the same		4 946	100
1	Total revenue (must equal Part VIII, column (A), line 12)			190.
2	Total expenses (must equal Part IX, column (A), fine 25)			,537.
3	Revenue less expenses. Subtract line 2 from line 1	3		, 653.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			.,223.
5	Net unrealized gains (losses) on investments	5		,574.
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	<b>.</b> .		
n-	column (B))	10	<u>2,838</u>	450.
Pa	rt XIII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	·····		<u> </u>
				Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule		<u> </u>	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		28	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a	li 1 <sup>-</sup>	
	separate basis, consolidated basis, or both:		1 1.	
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	if "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	1	
	consolidated basis, or both:		1 1	
	X Separate basis Consolidated basis Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th		<u> </u>	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O.	1,	
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir		1	
	Act and OMB Circular A-133?		3a	X
b	if "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	90 (2013)

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Name of the organization Employer identification number AMERICAN DOCUMENTARY INC. 13-3447752 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 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.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170/bl(1)(Al/iv), (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4), 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. b Type II c Type III - Functionally Integrated d Type III - Non-functionally integrated 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). 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 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. Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(li) (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s). (vi) is the organization in col. (i) organized in the U.S.? (iv) is the organization (v) Old you notify the (I) Name of supported (II) EIN (Iii) Type of organization (vii) Amount of monetary n col. (i) listed in your organization in col. organization (described on lines 1-9 support governing document? (i) of your support? above or IRC section (see instructions)) No Total LHA For Paperwork Reduction Act Notice, see the Instructions for Schedule A (Form 990 or 990-EZ) 2013 Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013 AMERICAN DOCUMENTARY INC. 13-3447752 Page 2
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.)

Se	ction A. Public Support						
Cal	ender year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		}				
	include any "unusual grants.")	700,525.	2020297.	479,587.	1388030.	1565839.	6154278.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to				'		ı
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	700,525.	2020297.	479,587.	1388030.	1565839.	6154278.
5	The portion of total contributions				-	ĭ	
	by each person (other than a		i,	1	J	•	
	governmental unit or publicly	1	}	i			
	supported organization) included	1					
	on line 1 that exceeds 2% of the	ľ	,	ì	ţ.	1	
	amount shown on line 11,			;			
	column (f)		1		1		2675076.
6	Public support. Subtract line 5 from line 4.						3479202.
	ction B. Total Support					<u> </u>	
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	700,525.	2020297.	479,587.	1388030.	1565839.	6154278.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	45,288.	23,795.	-1,870.	17,026.	7,670.	91,909.
9	Net income from unrelated business						
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
••	or loss from the sale of capital						
	assets (Explain in Part IV.)					ł	
11	Total support. Add lines 7 through 10				- <u> </u>		6246187.
	Gross receipts from related activities,	etc. (see instruction	ons)			12 11	,011,135.
	First five years. If the Form 990 is for	•	• •••••••••••				, , , , , , , , , , , , , , , , , , , ,
	organization, check this box and stor				-		▶□
Sec	tion C. Computation of Publ		rcentage			***********************	<u> </u>
14	Public support percentage for 2013 (	line 6, column (i) di	vided by line 11, c	olumn (f))		14	55.70 %
	Public support percentage from 2012					15	70.06 %
	33 1/3% support test - 2013. If the d						
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>▶</b> 🛣
Ь	33 1/3% support test - 2012. If the d						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			▶□
178	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	•					
	meets the "facts-and-circumstances"						
Þ	10% -facts-and-circumstances tes						
-	more, and if the organization meets the	_					<del>-</del>
	organization meets the "facts-and-circ		•		•		
18	Private foundation. If the organization						
						tule A (Form 990	
						,	

	Camplete achitican challen	_		=			
	(Complete only if you checked qualify under the tests listed it			rganization tailed	to quality under Pa	ert II. II the organiz	ation fails to
Se	ction A. Public Support	Alow, plaase com	piete Part II.)				·
_	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and	10/1500	(6)2515	10,2011	(0)2012	(6)2013	(I) TOTAL
•	mambership fees received. (Do not	ľ	i	1	ł	İ	
	include any "unusual grants.")						
2	Gross receipts from admissions.	<del> </del>		<del>                                     </del>			
_	merchandise sold or services per- formed, or facilities furnished in			ļ			
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						1
	are not an unrelated trade or bus-				İ		1
	iness under section 513		<u> </u>		<u> </u>		<u></u> _
4	Tax revenues levied for the organ-				1		
	ization's benefit and either paid to						l .
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to				]		
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and				1	1	
	3 received from disqualified persons						
t	Amounts included on Snes 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	smount on line 13 for the year			<b>,</b>		<b>{</b>	
	Add lines 7a and 7b						<del></del>
	Public support (Subtractions ?c from fine 6.)						
	ction B. Total Support						<del></del>
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10e	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income		<del></del>				<del></del>
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b					· ·	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is						
40	regularly carried on Other income, Do not include gain						ļ
12	or loss from the sale of capital			ì '			
	assets (Explain in Part IV.)			· · · · · · · · · · · · · · · · · · ·			
	Total support. (Add lines 9, 10c, 11, and 12)		<u> </u>	L			L
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or lifth ta	ax year as a sectio	n 501(c)(3) organiz	eation,
Se	check this box and stop here ction C. Computation of Publ		rcentage			***************************************	<u>-</u>
	Public support percentage for 2013 (			column (f))		15	%
	Public support percentage from 2012					16	<u>%</u>
	ction D. Computation of Inve						
	Investment income percentage for 20			ne 13. column (f)		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2013. If the						
	more than 33 1/3%, check this box a	-					
	33 1/3% support tests - 2012. If the						
•	line 18 is not more than 33 1/3%, che	_			•	-	
20	Private foundation. If the organization		-	•	• • • • •	•	
	23 09-25-13	TOTAL HOL CHOCK &	OI IIIO 14, 18	a, w 100, Criock II			0 or 990-EZ) 2013
-+44	Pa aa.Eq. 19				GCII	-aris v li mili sa	

checule A (I	orm 990 or 990-EZ) 2013 AM	ERICAN DOCUMENTARY INC.	13-3447752 Pag
Part IV	Supplemental Informati	On- 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).	
	<del>"- "</del>		<u> </u>
·····	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		
	Mathematical Control of the Control		
	<del></del>		
			·
	<del>_</del>		
24 09-25-13			Schedule A (Form 990 or 990-EZ) 2
64 ma-50-13		16	
	751751 178	2013.04030 AMERICAN DOCUMEN	TARY INC. 178

### SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

OMR No. 1545-0047

Open to Public inspection

Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990 Internal Revenue Service Name of the organization **Employer Identification number** AMERICAN DOCUMENTARY INC. 13-3447752 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 Total number at end of year \_\_\_\_\_ Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year ..... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, fine 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2я b Total acreage restricted by conservation easements 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear -Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year > Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation essement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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 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

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

b Assets included in Form 990, Part X

Schedule D (Form 990) 2013

Sche		N DOCUMENT			_			<u>13-34</u>	47752	Page 2
Pa	rt III. Organizations Maintaining (	Collections of A	rt, His	storical T	reasures,	or Othe	r Simil	ar Asse	ts(contin	ued)
3		ion, and other recon	ds, che	ck any of th	e following th	at are a si	gnificant	use of its	collection	items
	(check all that apply):			_						
8	Public exhibition		• <u> </u>	Loan or ex	change progr	rams				
ь	Scholarly research		, $\square$	Other						
c	Preservation for future generations									
4	Provide a description of the organization's of	cilections and expla	in how	they further	the organizal	tion's exer	npt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit	or receive donations	of art, I	historical tre	asures, or oti	her similar	Assets			
	to be sold to raise funds rather than to be m	aintained as part of	the org	anization's o	collection?			<u> </u>	Yes	☐ No
Pa	rt IV Escrow and Custodial Arrar	ngements. Compl	ete if th	e organizati	on answered	'Yes' to i	orm 990	), Part IV,	line 9, or	
	reported an amount on Form 990, Pa	ırt X, line 21.								
18	is the organization an agent, trustee, custod	lian or other Interme	dlary fo	r contributio	ons or other a	ssets not	included			
	on Form 990, Part X?			**********		•••••		□	] Yes	□ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:						
									Amount	
C	Beginning balance		•••••	******			. 1c			
d	Additions during the year									
•	Distributions during the year									
f	Ending balance			•••••			. 11			
	Did the organization include an amount on F	form 990, Part X, line	217	····			•••••		Yes	No.
b	If "Yes," explain the arrangement in Part XIII	. Check here if the e	xplanat	ion has bee	n provided in	Part XIII				
Pa	t V Endowment Funds. Complete	if the organization ar	nswered	'Yes' to F	om 990, Pari	IV, line 10	).			
		(a) Current year	(b) (	Prior year	(c) Two year	rs back (	d) Three y	/ears back	(e) Four	years back
18	Beginning of year balance									
þ	Contributions									
C	Net investment earnings, gains, and losses								<u> </u>	
d	Grants or scholarships				<u> </u>					
•	Other expenditures for facilities		1							
	and programs				<u> </u>				<u> </u>	
f	Administrative expenses				<u> </u>					
8	End of year balance		<u> </u>							
2	Provide the estimated percentage of the cur		enii) e:	1g, column (	(a)) held as:					
a	Board designated or quasi-endowment		_%							
þ	Permanent endowment >	%								
C	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c show	-								
За	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held	and administr	ered for th	e organiz	zation	_	
	by:								$\overline{}$	Yes No
	(i) unrelated organizations				,				3a(i)	
	(ii) related organizations						••••••••		3a(ii)	
b	If "Yes" to 3a(ii), are the related organization:						•••••		3b	
4	Describe in Part XIII the intended uses of the		wment	funds.						
Par	t VIA Land, Buildings, and Equipm									
	Complete if the organization answere			· · · · ·						
	Description of property	(a) Cost or o		1 ''	t or other		cumulate	,	(d) Book	value
		basis (Investr	nent)	Dasis	(other)		reclation			
18	Land			<del></del>		H. A.				
þ	Buildings			ļ	77 642	-	<u> </u>	<del></del>	~~7-	478
C	Leasehold improvements			4	74,518.		29,3		<u> </u>	,142.
d	Equipment			1 33	36,717.	2	65,0	<u> </u>		,661.
	Other			<del></del> _				<del></del>	777	007
Total	. Add lines 1a through 1e. (Column (d) must e	iqual Form 990, Part	X, colu	mn (B), lin <del>a</del>	10(c).)				416	,803.

Schedule D (Form 990) 2013

332053 09-25-13

Complete if the organization answered "Yes" to Form 990, Part IV, line 1				
Total revenue, gains, and other support per audited financial statements		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	4,242,764
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	0 584	i ,	•
a Net unrealized gains on investments	2a	2,574.	1	
b Donated services and use of facilities	<u>2</u> 5			
c Recoverles of prior year grants	2c			
d Other (Describe in Part XIII.)				0.574
Add lines 2a through 2d     Subharat line 2a face line 4			20	2,574 4,240,190
3 Subtract line 2e from line 1 4 Amounts Included on Form 990, Part VIII, line 12, but not on line 1:		······································	3	4,240,190
• • •	1 4- 1		!	
a investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)		<del></del>	;	
			I	^
	*** *** *** *********		4c	4,240,190
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial State	ements With	Expenses per	Potu	9,240,130
Complete if the organization answered "Yes" to Form 990, Part IV, line 1	_			11 0 0 0
1 Total expenses and losses per audited financial statements			1	3,635,537
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a			
b Prior year adjustments	2b		i	
c Other losses	2c			
d Other (Describe in Part XIII.)	2d			
e Add lines 2a through 2d			20	0
3 Subtract line 2e from line 1		.,,.,,	3	3,635,537
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		ľ		
a Investment expenses not included on Form 990, Part VIII, line 7b			- 1	
b Other (Describe in Part XIII.)				
c Add lines 4a and 4b	·· ···· ····		4c	0
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,635,537
Part XIII Supplemental Information.	<del></del>			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P			; Part	X, line 2; Part XI,
nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	idditional informa	ition.		
			-	
PART X, LINE 2:				
PART X, LINE 2: UNCERTAINTY IN INCOME TAXES	. NEDIC	2.37		
ART A, BIND 2. UNCERTAINT IN INCOME TAKES	. AMERIC	AN		
OCCUMENTARY APPLIES THE PROVISION OF FASE A	SC 740,	INCOME TAX	KES.	•
MANAGEMENT HAS CONSIDERED POSSIBLE AREAS OF	UNCERTA	IN TAX POS	SIT	IONS AND
and marger win but on which so hissor				
POSSIBLE AREAS OF RISK TO ITS TAX-EXEMPT ST	ATUS. MA	NAGEMENT I	IAS	CONCLUDED
THAT ORGANIZATION HAS NO UNCERTAIN TAX POSI	TIONS AN	D THAT ITS	5 T2	AX EXEMPT
STATUS WOULD SUSTAIN EXAMINATION. TAX YEARS	FOR 201	2, AND 201	13 I	REMAIN OPEN
AND ARE SUBJECT TO EXAMINATION.				
MA THE CONTROL TO BUILDING!				
				·
72054				·

### **SCHEDULE 0** (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

CMB No. 1545-0047

Open to Public

► Attach to Form 990 or 990-EZ. Department of the Tressury Internal Revenue Service Inspection Land Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.ire.gov/form990 Name of the organization Employer identification number AMERICAN DOCUMENTARY INC. 13-3447752 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FILM SERIES POV AS WELL AS EDUCATIONAL, ONLINE AND OUTREACH TOOLS TO ENCOURAGE THE USE OF DOCUMENTARY, AND SPECIAL DOCUMENTARY INITIATIVES AND PARTNERSHIPS. WE ARE PLAYING A MORE ACTIVE ROLE IN THE GRANT OVERSIGHT AND PRODUCTION OF FILMS. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: POV DIGITAL - PRODUCES SPECIAL WEB FEATURES AND WEBSITE FOR ALL POV PROGRAMS. FORM 990, PART VI, SECTION B, LINE 11: COPIES OF THE FORM 990 ARE PROVIDED TO AMDOC'S EXECUTIVE COMMITTEE PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: EMPLOYEES ARE REQUIRED TO READ, UNDERSTAND AND TO AGREE WITH A CONFLICT OF INTEREST POLICY UPON HIRING BY PROVIDING AN APPROVAL SIGNATURE. THIS POLICY IS PERIODICALLY REVIEWED AND REDISTRIBUTED TO ALL EMPLOYEES TO ENSURE THE COMPLIANCE. FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR THE EXECUTIVE DIRECTOR AND VICE PRESIDENT IS SET THROUGH AMDOC'S ANNUAL BUDGETING PROCESS. DRAFT BUDGETS ARE PRESENTED AND REVIEWED BY THE BOARD OF DIRECTORS. THE BOARD WILL NORMALLY GO IN TO EXECUTIVE SESSION TO CONSIDER THE COMPENSATION LEVELS FOR EXECUTIVE LEVEL

Schedule O (Form 990 or 990-EZ) (2013)

EMPLOYEES AND THEIR DECISION THEN COMMUNICATED TO MANAGEMENT BY THE BOARD

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

332211 09-04-13

Scriedule O (Form 990 or 990-EZ] (2013)		<u> Page 2</u>
Name of the organization  AMERICAN DOCUMENTARY INC.	Employer identification 13-3447752	number
CHAIR. THE SALARIES ARE INCLUDED IN THE BUDGET DOCUMENTAT	ION PRESENTED	TO
THE BOARD.		
FORM 990, PART VI, SECTION C, LINE 19:		
FORM 990 IS MADE AVAILABLE ON GUIDESTAR AND THE CONFLICT	OF	
INTEREST POLICY, ORGANIZATION'S GOVERNING DOCUMENTS, AND	FINANCIAL	
STATEMENTS ARE AVAILABLE FOR PUBLIC INSPECTION IN ORGANIZ	ATION'S OFFICE	<u> </u>
UPON REQUEST.		
FORM 990, LINE B, AMENDED RETURN		
2012 AUDIT AND FINANCIAL REPORTS WERE COMPLETED AND	-	
RELEASED IN JULY 2013.		
1-OCCUPANCY EXPENSES INCREASED BY \$46,797		
2-DEFERRED RENT PAYABLE RECORDED FOR \$46,797		
3-FUNCTIONAL EXPENSES SCHEDULE CHANGED DUE TO INCREASE IN	OCCUPANCY	
EXPENSES		
4- NET ASSET CHANGED DUE TO INCREASE IN OCCUPANCY EXPENSE	<u> </u>	

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Form 8868 (Rev. 1-2014)						Page 2	
● If you are filing for an Additional (Not Automa	tic) 3-Month Exter	nsion, c	omplete only Part II and check this	box		<b>X</b>	
Note. Only complete Part II if you have already b							
If you are filing for an Automatic 3-Month Ext	_						
			of Time. Only file the origina	al (no co	poies neede	<u>d).</u>	
	,					e instructions	
Type or Name of exempt organization or other	e files see jostoscti	one				number (EIN) or	
, ,	n ilier, see mauucin	Uris.		шпрюуы	Mentineaton (	ioniba (Lity or	
print File by the AMERICAN DOCUMENTAR	Y TNC.				13-344	7752	
the date for Number, street, and room or suite no		Inchase	iona	Coolel an			
return. See 20 JAY STREET, NO.		insuuci	ions.	SOCIAL SE	curity number	,55N)	
City, town or post office, state, and ZIP code. For a foreign address, see instructions.  BROOKLYN, NY 11201							
Enter the Return code for the return that this app	dication is for (file a	separat	e application for each return)		*** * **** *******	01	
Application		Return	Application			Return	
ls For		Code	ls For			Code	
Form 990 or Form 990-EZ		01					
Form 990-BL		02	Form 1041-A			08	
Form 4720 (individual)	<u> </u>	03	Form 4720 (other than individual)	÷	***************************************	09	
Form 990-PF		04	Form 5227	10			
Form 990-T (sec. 401(a) or 408(a) trust)	1	05	Form 6069	11			
Form 990-T (trust other than above)		06	Form 8870 1				
STOP! Do not complete Part II if you were not	already granted at			lously file	d Form 8868.		
	CORDERO						
• The books are in the care of ▶ 32 BRO		EW YO	ORK. NY 10004				
Telephone No. ► (212)9898121			Fax No. ▶	-			
If the organization does not have an office or	nlace of business in	n the Un					
If this is for a Group Return, enter the organize						up check this	
box ▶ ☐ . If it is for part of the group, check	. —		ch a list with the names and EINs of		_		
4 I request an additional 3-month extension	5.00		SER 15, 2014				
5 For calendar year 2013, or other tax ye			, and ending	,			
6 If the tax year entered in line 5 is for less the		ck reasy		Final r	etum	<del></del>	
Change in accounting period	iai iz monais, olo	on rous	on made rotarn		0.0111		
7 State in detail why you need the extension							
AUDIT OF FINANCIAL RE	CORDS IS I	IN PI	OCESS, THE INFORM	ATION	NEEDED	TO	
PREPARE A COMPLETE AN			TURN IS BEING COMP				
8a If this application is for Forms 990-BL, 990	DE DOOT 4720 or	r 6060 /	enter the tentative tay less any	1			
nonrefundable credits. See instructions.	*FF, 350*1, 4720, 00	, 6003, (	anter the tentauve tax, less any	8a	s	0.	
b If this application is for Forms 990-PF, 990	T 4720 or 6080 a	enter on	refundable credits and actimated	- 100	<u> </u>		
tax payments made. Include any prior yea		•					
• • • • • • • • • • • • • • • • • • • •	Overbayment allow	meu as e	Credit and any amount paid	8b	•	0.	
previously with Form 8868.  C Balance due, Subtract line 8b from line 8s	. Jack de		Laborate and the second	- 00	\$	<del></del>	
			n this form, it required, by using	_		0.	
EFTPS (Electronic Federal Tax Payment S			t he completed for Bort II a	8c	\$	<u>_</u>	
			st be completed for Part II o	-	familiano:to-d==	and hallof	
Under penalties of perjury, I declare that I have examin it is true, correct, and complete, and that parpauthorize	ed to prepare this form	g accomp n.	anying schedules and statements, and to	i ine dest o	i my knowiecge	and Devet,	
			7/11 % \$ 1/17)		- 7/2-	1.1	
Signature	Title > AC	COOL	A.T.W.T.	Date		14	
					Form <b>8</b> 86	38 (Rev. 1-2014)	

Form 8868 (Rev. January 2014)

Department of the Treasury

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Internal Revenue Service	Information about Form 886	8 and its	instructions is at www.irs.gov/tom	· 8368				
If you are fling for an Automatic 3-Month Extension, complete only Part I and check this box								
<ul> <li>If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).</li> </ul>								
Do not complete Part II unless You	thave already been granted a	n autom	stic 3-month extension on a previous	lly filed Fo	orm 8888.			
Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation								
required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 6868 to request an extension								
	of time to file any of the forms listed in Part I or Part II with the exception of Form 5870, Information Fleturn (or Transfers Associated With Certain							
	Personal Benefit Contracts, which must be sent to the IRS in paper formst (see instructions). For more details on the electronic sting of this form,							
	telt www.irs.gov/elile and click on e-file for Cheritles & Nonprofits.  Part 1 Automatic 3-Month Extension of Time. Only submit original (no copies needed).							
A corporation required to file Form 9	· -			•				
Part I only				***********		. 🗀		
All other corporations (including 112 to file income tax returns.	0-C filers), pertnerships, REM	iCa, and t	rusts must use Form 7004 to reques	it an exter	nsion of time			
					er's identifying nur			
•• • • •	tation or other filer, see instru	ctions.		Employe	r Identification numi	per (EIN) or		
print NAME TO A TOO	TRANSPORTE				40 04466	- ~		
	UMENTARY INC.				13-344775			
fing your 20 JAY STREE	m or suite no. Il a P.O. box, se	se instruc	tions.	Social se	icuitty number (88)	9		
ntim les								
BROOKLYN, NY	state, and ZIP code. For a for 11201	neign acc	ireas, 500 mistructions.					
DROUBLIN, MI	22202							
Enter the Return code for the return	that this englishten is for /file		to another the each estimate			011		
Surar are Ucrant code for the Latest	ner and abharanan as inclina	a sohere	ra abbacarou iot escu iarmul	-4	**********	الماليا.		
Application	······································	Return	Application			0.0		
la For		Code	ts For			Return Code		
Form 990 or Form 990-EZ		01						
Form 990-BL		02	Form 990-T (corporation)					
Form 4720 (Individual)		03	Form 4720 (other then Individual)			08		
Form 990-PF		04	Form 5227					
Form 990-T (sec. 401(a) or 408(a) tru		05	Form 6069			10		
Form 990-T (trust other than above)	=	08	Form 8870			11		
FORM SECT (BUSINESS BIRET ECOVE)	BETTY CORDERO	- 00	rumbero			12		
• The books are in the care of		IEW Y	ORK. NY 10004					
Telephone No. ► (212)98			Fax No. >		**************************************			
If the organization does not have	an office or place of business	in the Lic	nited States, check this box					
If this is for a Group Return, enter	the organization's four cligit (	Brown Exe	emption Number (GEN)	I this is fo	r the whole armon a	hark ibb		
box > . If it is for part of the o	roup, check this hox	and alte	ch a list with the names and EiNs of	ell memb	r und whole group, c	ine		
			to file Form 990-T) extension of time		And the Outputsion of	144.		
AUGUST 15, 20			tion return for the organization name		The extension			
is for the organization's return					THE CALCULATION OF			
► X calendar year 2013								
tax year beginning	,	. an	d ending					
		• -			<b>-</b> '			
2 If the tax year entered in line 1	is for less than 12 months, ci	hack reas	on: 🔲 Initial return 🔲 (	Final retur	n			
Change in accounting p	•				•			
3s If this application is for Forms		or 6069.	enter the tentative tax, less any					
nonrefundable credits. See ins		·	•	3a	s	0.		
b If this application is for Forms		enter an	y refundable credits and					
estimated tax payments made				36	s	0.		
e Balance due. Subtract line 3b				1				
by using EFTPS (Electronic Fe	• • •	-	• •	3c	\$	0.		
Caution. If you are going to make an					nd Form 8879-EO fo			
Instructions.	<del></del>	-						
LHA For Privacy Act and Papers 223441 12-31-13	work Reduction Act Notice,	see instr	uctions.	•	Form <b>8868</b> (Re	ov. 1·2014)		