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· Form, 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ► Do not enter Social Security numbers on this form as it may be made public

OMB No 1545-0047 2013

Open to Public

Inter	nal Revenue	Service			Information	about Form 9	990 and it	s instructions	is at www	v.irs.gc	v/for	m990.			Ins	pection	
A	For the 2	013 calend	dary	year, or tax	year begin	ning Sep	1		, 2013, ar	nd endi	ing	Aug			. 201		
	Check if appl			Name of organiza				Societ	<u>. У</u>				D Employ	er Iden	tification N	lumber	
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				ecca Campbel						78723	4	If 'No,' a	subordinates attach a list (s	see instr	uctions)	□.00	□•
<u> </u>	Tax-exem	•		501(c)(3)	501(c) () <	(insert no	4947	(a)(1) or	527	4						
<u>J</u>	Website	e: ► ww		<u>ustinfi</u>	lm.org	1			 				xemption nu				
K	Form of or			Corporation	Trust	Association	Other	. -	L Yea	r of forma	ition	1986	Ms	tate of I	egal domic	le TX	
Pa		Summar															
	1 Brie	efly describ	be th	e organizatio	n's mission	or most sig	gnificant	activities	See	<u>Sta</u>	teme	e <u>nt</u> 1	<u>4</u>				
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Revenue				e (Part VIII, d art VIII, colum							-		17,0	14.		4,	251. 916.
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	l										_		399,4	56.		391,	017.
	14 Benefits paid to or for members (Part IX, column (A), line 4)											010	- A A				
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nse	16a Pro	fessional f	fundr	raising fees (Part IX, col	umn (A), lın	e 11e)				•		14,2	50.			
Expenses	b Tot	al fundrais	sing e	expenses (Pa	art IX, colun	nn (D), line	25) ►		169	,755	.				, -		
, m	17 Oth	ner expens	ses (F	Part IX, colur	nn (A). lines	s 11a-11d.	11f-24e)					1	,573,6	85.		,774,	400.
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Net Assets of Fund Balances	20 Tot	al assets /	(Part	X, line 16) .									,139,4			,069,	
AB	21 Tot	•	•	art X, line 26)							. Ի		564,9		ļ · · · · · · ·		872.
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	e Only	Firm's addre	ress	► 2525 W	Valling	wood Dr		Builgin	g 1, 9	Suite	20	0	Firm s EIN	74	-2902	2112	
	-			Austir			(TX	78746				Phone no	(51	<u>2) 4</u> 4	2-038	0
Ma	v the IRS	discuss thi	is ret	turn with the		own above	? (See.ir	structions)							. X	/es	No
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		PO: *** * 1															

Forn	n 990 (2013) The Austin Film Society	74-2433823	Page 2
	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		
	See Statement A		
	_		
			
2	Did the organization undertake any significant program services during the year which were not listed on the pr	lor	
	Form 990 or 990-EZ?	🗍 ነ	∕es X 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 X 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 exp	enses
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of others, the total expenses, and revenue, if any, for each program service reported.	f grants and alloca	itions to
	others, the total expenses, and revenue, it any, for each program service reported.		
			0.000
4 8	a (Code) (Expenses \$ 1,045,341. including grants of \$ 0.) (Re		977,326.)
	Austin Studios exists through a lease agreement between the Austi		
	Film Society and the City of Austin for the public purpose of dev		
	ment and diversification of the state and local economy, encourag		
	growth of the local film industry, and promoting Austin as a favo	<u>rable</u>	
	venue in which to make motion pictures and television shows. The		
	20-acre facility includes two soundstages, three flexible warehou	ses	
	and several offices for production and support of media creation.		
			_
41	b (Code) (Expenses \$ 572,975. including grants of \$ 0.) (Re	venue \$	177,037.)
	Texas Film Hall of Fame: The annual high-profile event recognizes		,
	films made by and in Texas as well as outstanding Texans in film,		
	television and multimedia. In doing so, AFS increases awareness o		
	the important role Texas plays in creative media production, which		
	turn strengthens the engagement of the community statewide in the		
	work we do year-round.		_ ` _
		_	
		 _	
		_	
4 0	c (Code) (Expenses \$ 499, 346. including grants of \$ 397, 017.) (Re	venue \$	58,224.)
	Artists Services: AFS facilitates a learning and peer support		
	community of emerging artists through services that include fisca		
	sponsorship, advice and referrals, works-in-progress screenings a		
	workshops. Through the AFS Grant, AFS raises and distributes		
	approximately \$100,000 per year to an average of 20 emerging Texa		
	artists whose work shows skill, promise and creativity as determi		
	by an independent panel of established professionals.		
			
4	d Other program services (Describe in Schedule O)		
	(Expenses \$ 591, 321. including grants of \$ 0.) (Revenue \$		0.)
4	e Total program service expenses ▶ 2,708,983.		

Pa	rt IV	Checklist of Required Schedules			
	•			Yes	No
1	Is the Sched	organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete full A	1	×	
2	Is the	organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did th for pu	e organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates blic office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section in effe	on 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election ect during the tax year? If 'Yes,' complete Schedule C, Part II	4		х
5	Is the asses	organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, sments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		х
6	to pro	e organization maintain any donor advised funds or any similar funds or accounts for which donors have the right vide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D,	6		x
7		e organization receive or hold a conservation easement, including easements to preserve open space, the inment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8		e organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' ete Schedule D, Part III	8		х
9	for am	e organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian nounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation es? If 'Yes,' complete Schedule D, Part IV	9		x
10	Did the perma	e organization, directly or through a related organization, hold assets in temporarily restricted endowments, inent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	Х	
11	If the o	organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, s applicable			
á	Did the D, Pai	e organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule of VI	11 a	х	
ı	Did the assets	e organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total s reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		x
(Did the assets	e organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total s reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c	х	
(Did the	e organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported t X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		х
(Did th	e organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X	
1	Did the or	e organization's separate or consolidated financial statements for the tax year include a footnote that addresses ganization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		x
12 8	Did th Sched	e organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete dule D, Parts XI, and XII	12a	Х	
	if the o	he organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		х
		organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did th	e organization maintain an office, employees, or agents outside of the United States?	14a	-	Х
1	busine	e organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, eas, investment, and program service activities outside the United States, or aggregate foreign investments valued 10,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		X
15	Did th foreigi	e organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any n organization? If 'Yes,' complete Schedule F, Parts II and IV	15		х
16	Did th or for	e organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to foreign individuals? If Yes,' complete Schedule F, Parts III and IV	16		x
17	Did th colum	e organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, in (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		×
18	lines 1	e organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, Ic and 8a? If 'Yes,' complete Schedule G, Part II	18	х	
19	comp	e organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' lete Schedule G, Part III	19		X
		e organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20	ļ	X
1	b If 'Yes	s' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	L	<u>L</u>

_	n 990 (2013) The Austin Film Society	74-2433823	F	Page 4
Pa	rt IV Checklist of Required Schedules (continued)		V	Al-
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States of IX, column (A), line 2° If Yes, complete Schedule I, Parts I and III	n Part 22	x	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization' and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' comple Schedule J	s current te		х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,00 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			Х
ı	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24	5	
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to a any tax-exempt bonds?	defease		
,	d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24	3	
	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction disqualified person during the year? If 'Yes,' complete Schedule L, Part I	with a	4	х
1	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior y that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' coi Schedule L, Part I	rear, and mplete	5	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any curre former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	nt or 26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substant contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family m of any of these persons? If 'Yes,' complete Schedule L, Part III.	ember		X
28	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	28	a	X
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28	b	х
,	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) w officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	as an 28	c	х
29	D. Lill.		X	
30	- the second sec	rvation		х
31	D. I. I		+	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete	·		х
33	2007 C. Lind and the control of the			
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV	′,	-	X
	and V, line 1		_	X
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35	a	X
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlle entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	ed	ь	х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	d <u>36</u>	1	х
`37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization a treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	and that is		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 1 Note. All Form 990 filers are required to complete Schedule O	19? 38	х	

	* Check if Schedule O contains a response or note to any line in this Part V			. [
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	- <u>x</u>	
2 a	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 2 a 16			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	x	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
	If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 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)?	4 a		Х
b	If 'Yes,' enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	İ		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6 a		Х
_	solicit any contributions that were not tax deductible as charitable contributions?	- O a		
	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	- X	
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	Х	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
	If 'Yes,' indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		Х
r	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		Х
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9 a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		X
	Section 501(c)(7) organizations. Enter			ŀ
	Initiation fees and capital contributions included on Part VIII, line 12			}
t	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	11			
	Gross income from members or shareholders			1
	against amounts due or received from them)			ļ <u>-</u>
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	42.	-	
8	Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	Note. See the instructions for additional information the organization must report on Schedule O			
t	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
•	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		

74-2433823

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		<u> </u>	. X
Sec	ction A. Governing Body and Management			
			Yes	No
1 :	a Enter the number of voting members of the governing body at the end of the tax year			
	of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			1
	authority to an executive committee or similar committee, explain in Schedule O	.		
	b Enter the number of voting members included in line 1a, above, who are independent 1b 20			ĺ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7 :	a 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?	7 a		X
ı	b Are any governance decisions of the organization reserved to (or subject to approval by) members,			l
	stockholders, or other persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	a The governing body?	8 a	X	_
1	b Each committee with authority to act on behalf of the governing body?	8 b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10 :	a Did the organization have local chapters, branches, or affiliates?	10 a		Х
ı	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?	10 b		
11 8	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a		X
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12:	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 · · · · · · · · · · · · · · · · · ·	12 a	Х	
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	х	
•	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14		14	х	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	a The organization's CEO, Executive Director, or top management official	15 a	X	
	b Other officers of key employees of the organization	15 b	$\frac{\hat{x}}{x}$	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)	-35	$\stackrel{\wedge}{\longrightarrow}$	
46.	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104	taxable entity during the year?	16 a	-	х
	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 taken steps to safeguard the organization's exempt status with respect to such arrangements?	16 b	-	
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available inspection. Indicate how you make these available. Check all that apply.	for pu	blic	
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available public during the lax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization			
	Rebecca Campbell 1901 E. Sist Street Austin, TX 78723	2) 3	22-0	<u>)145</u>

Crieck in Schedule Contains a response of fue to any fine in this Park Vi

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

- 1 a 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 organization compensated any current officer, director, or trustee											
	1			(C	;)						
(A) Name and Title	(B) Average hours per week (list	offic	on (do ix, uni cer an	d a di	heck erson rector	more that is both r/trustee	an an)	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation	
	any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations	
(1) Chris Adams	1.00										
Director		Х						0.	0.	0.	
(2) Louis Black	1.00										
Director]	X_						0.	0.	0.	
(3) Sam Decker	1.00										
Director		Х						0.	0.	0.	
(4) Rodney Gibbs	1.00								,		
Director		Х						0.	0.	0.	
(5) Kevin Dartt	1.00										
Director		X						0.	0.	0.	
(6) Eric DeJernett	1.00										
Director		Х						0.	0.	0.	
(7) Nicolas Gonda	1.00								,		
Director		Х						0.	0.	0.	
(8) Philip Hardage	1.00										
Director		Х						0.	0.	0.	
_(9) Jordan Levin	1.00]									
Director		Х				_		0.	0.	0.	
(10) Charles Ramirez Berg	1.00										
Director		Х						0.	0.	0.	
(11) Bryan Poyser	1.00]									
Director		Х						0.	0.	0.	
(12) Beth Sepko	1.00] .									
Director		Х						0.	0.	0.	
(13) Rick Triplett	1.00	[
Director		Х						0.	0.	0.	
(14) Jann Baskett	1.00										
Director		Х			<u> </u>			0.	0.	0.	

Part VII Section A. Officers, Directors, T	(B)	l l			0 <u>ye</u> C)	es,	aiii	Tilgliest Coll	iperisated Emp	loyee	5 (COIII	mueuj
(A) Name and title	Average hours per week	box	ı, unle	ss pe	rson i	than o s both or/trust	an ee)	(D) Reportable compensation from	(E) Reportable compensation from	amou	(F) stimated int of oth	ner
	(list any hours for related organiza - lions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	fr org: and	pensatio om the anization d related anization	n t
(15) Abe Zımmerman Dırector	1.00	Х						0.	0.			0.
(16) Richard Linklater Artistic Director	1.00	x						0.	0.			0.
(17) Gloria Castro Secretary	1.00			Х				0.	0.		_	0.
(18) Gary_Newsom Treasurer	1.00			Х				0.	0.			0.
(19) Suzanne Weinert Vice President	1.00			Х				0.	0.			0.
(20) Mike Blızzard Presıdent	6.00			х				0.	0.			0.
(21) Rebecca Campbell Executive Director	40.00			Х				74,465.	0.		7,4	<u>478.</u>
(22) Chale Nafus Director of Programming	40.00			х			_	29,267.	0.			0.
(23)												
(24)												
(25)										,		
1 b Sub-total	tion A						>	103,732.	0.		7,4	478.
d Total (add lines 1b and 1c)						· ·	eive	103,732. d more than \$100,0	0. 000 of reportable con	npensa		478.
from the organization >											Yes	No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such					ee,	-	ghes	st compensated en	nployee	. 3		Х
For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	r than \$150,	mpe 000?	nsa If 'Y	tion :	and com	other	r coi Sch	mpensation from hedule J for		. 4		x
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,										. 5		Х
Section B. Independent Contractors 1 Complete this table for your five highest compens	sated indepe	nden	it co	ntrad	ctors	that	rec	eived more than \$1	100,000 of			
compensation from the organization. Report com (A) Name and business add		r the	cale	nda	r yea	ar en	aing	(B) Description of)		C)	
Nume and business au								Besonption		-		
Total number of independent contractors (including the contractors)	ng but not lin	nited	to th	nose	liste	ed ab	ove) who received mo	re than			
\$100,000 of compensation from the organization												

Form 990 (2013) 74-2433823 The Austin Film Society Page 9 Part VIII Statement of Revenue (A) Total revenue (B) (C) (D) Revenue excluded from tax Related or Unrelated exempt business under sections 512-514 function revenue revenue 1 a Federated campaigns PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS **b** Membership dues 1 b 96,121 1 c c Fundraising events 65,391 d Related organizations 1 d e Government grants (contributions) . . 1 e 364,205 f All other contributions, gifts, grants, and similar amounts not included above 158,122 g Noncash contributions included in lines 1a-1f 82,265 h Total. Add lines 1a-1f 683,839 Business Code 2a Admissions _ 711110 177,037 177,037 0 0. 711110 58,224 0 0. Fees for services 58,224 850,317 0 0 711110 850,317 Rental fees _____ 127,009 127,009 0 Tenant Reimbursements f All other program service revenue . . g Total. Add lines 2a-2f 1,212,587 Investment income (including dividends, interest and other similar amounts) 4,251 4,251 Income from investment of tax-exempt bond proceeds . . . Royalties..... (ı) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) . . d Net rental income or (loss) . . (II) Other (i) Securities 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses . . . c Gain or (loss) d Net gain or (loss).... . <u>.</u> . . . **.** 8 a Gross income from fundraising events **OTHER REVENUE** (not including \$ 65,391. of contributions reported on line 1c) See Part IV, line 18. **b** Less direct expenses c Net income or (loss) from fundraising events ▶ 9 a Gross income from gaming activities See Part IV, line 19. b **b** Less direct expenses c Net income or (loss) from gaming activities : 10 a Gross sales of inventory, less returns **b** Less cost of goods sold

c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11a Miscellaneous Income 916 990009 916 d All other revenue . . e Total. Add lines 11a-11d . . . 916

2,901,

593

213,503

4,251

Total revenue. See instructions

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 or note to any line in this Part IX.

Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 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 United States See Part IV, line 21	297,017.	297,017.							
2	Grants and other assistance to individuals in the United States See Part IV, line 22	100,000.	100,000.							
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16									
4 5	Benefits paid to or for members Compensation of current officers, directors,									
•	trustees, and key employees	80,000.	58,527.	7,975.	13,498.					
6	disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	603,074.	441,199.	60,118.	101,757.					
8	Pension plan accruals and contributions									
Ů	(include section 401(k) and 403(b) employer contributions)	16,175.	11,835.	1,611.	2,729.					
9	Other employee benefits	53,595.	39,209.	5,343.	9,043.					
10	Payroll taxes	57,700.	42,212.	5,752.	9,736.					
11	Fees for services (non-employees)									
	Management									
ı	begal									
	Accounting									
	d Lobbying									
(Professional fundraising services See Part IV, line 17 .									
	f Investment management fees									
	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	286,616.	278,659.	6,760.	1,197.					
12	Advertising and promotion	91,031.	65,570.	2,703.	22,758.					
13	Office expenses	95 , 985.	90,307.	3,154.	2,524.					
14	Information technology									
15	Royalties									
16	Occupancy	757,011.	750,570.	4,914.	1,527.					
17 18	Travel	98,804.	96,473.	504.	1,827.					
19	Conferences, conventions, and meetings									
20	Interest	15,252.	14,372.	270.	610.					
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	223,417.	221,176.	2,115.	126.					
23 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)	47,141.	46,066.	1,015.	60.					
	Special event expenses	105,310.	105,064.	36.	210.					
	Miscellaneous	53,833.	50,727.	953.	2,153.					
	e All other expenses				·					
25	· · · · · · · · · · · · · · · · · · ·	2,981,961.	2,708,983.	103,223.	169,755.					
26		2,301,301.	2,700,303.	1937223.						
BAA	SOP 98-2 (ASC 958-720)	TEEA0110 11/0			Form 990 (2013)					

Form 990 (2013) The Austin Film Society

Part X Balance Sheet

 	Check if Schedule O contains a response or note to any line in this Part X		· ·	
		(A) Beginning of year		(B) End of year
1	Cash – non-interest-bearing	324,388.	1	470,689.
2	Savings and temporary cash investments	124,959.	2	124,982.
3	Pledges and grants receivable, net	127,125.	3	38,750.
4	Accounts receivable, net	49,978.	4	26,811.
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	
8 7 8	Notes and loans receivable, net		7	
S 7 S 8 T 0	Inventories for sale or use		8	
T 9	Prepaid expenses and deferred charges	35,206.	9	18,383.
1	Land huldings and aguinment past or other basis			
10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
	Less accumulated depreciation	1,265,920.	10 c	1,129,281.
11	Investments — publicly traded securities	1,200,020.	11	1,125,201.
12	Investments — other securities See Part IV, line 11		12	
1	Investments – program-related See Part IV, line 11	211 920	13	260,557.
13	Intangible assets	211,829.	14	260,337.
14	Other assets See Part IV, line 11	 		
15	Part of the second of the seco		15	0.060.450
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,139,405.	16	2,069,453.
17	Accounts payable and accrued expenses	190,604.	17	94,266.
18	Grants payable	6 270	18	92,500.
19	Tax-exempt bond liabilities	6,372.	19	
լ 20	· · · · · · · · · · · · · · · · · · ·		20	
A 21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
22 L	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	<u>.</u>
23	Secured mortgages and notes payable to unrelated third parties		23	
รี 24	Unsecured notes and loans payable to unrelated third parties	331,230.	24	271,149.
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.	36,759.	25	72,957.
26	Total liabilities. Add lines 17 through 25	564,965.	26	530,872.
N E T	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete			
	lines 27 through 29, and lines 33 and 34.			
S 27 E 28	Unrestricted net assets	1,323,933.	27	1,291,629.
	Temporarily restricted net assets	53,830.	28	50,275.
S 29	Permanently restricted net assets	196,677.	29	196,677.
P F	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.	_		
5 30	Capital stock or trust principal, or current funds		30	
В 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
L 32	Retained earnings, endowment, accumulated income, or other funds		32	
	Total net assets or fund balances	1,574,440.	33	1,538,581.
N 33	Total liabilities and net assets/fund balances	2,139,405.	34	2,069,453.
S 34 BAA	Total national and not appoint and paramood 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4,133,403.	1 7 7	Form 990 (2013)

orm=	990 (2013) The Austin Film Society	2433823		Pa	ge 12						
Par	t XI Reconciliation of Net Assets										
	Check if Schedule O contains a response or note to any line in this Part XI				. X						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,90)1,5	93.						
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,98	31,9	61.						
3	Revenue less expenses Subtract line 2 from line 1										
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,5		40.						
5	Net unrealized gains (losses) on investments	5			09.						
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									
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)).	10	1,5	38.5	81.						
Par	t XII Financial Statements and Reporting	 -	1,5.	<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>						
<u> </u>											
	Check if Schedule O contains a response or note to any line in this Part XII		· · ·	Yes	No						
1				res	NO						
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		-		4						
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X						
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both			~-	_						
	Separate basis Consolidated basis Both consolidated and separate basis				ŀ						
ь	Were the organization's financial statements audited by an independent accountant?		2 b	Х	ł						
	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										
	X Separate basis Consolidated basis Both consolidated and separate basis										
c	s If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audireview, or compilation of its financial statements and selection of an independent accountant?	t, 	2 c	Х							
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O										
3 a	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?		3 a		х						
r	of 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required at	udit									
•	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 ь								

BAA

Form 990 (2013)

SCHEDULE A (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.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

Open to Public Inspection

Employer Identification number

The Austin Film Society 74-2433823 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.) 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). 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 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 Type III - Functionally integrated Type III - Non-functionally integrated Type I Type II d C 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 If the organization received a written determination from the IRS that 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? Yes A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11 g (i) A family member of a person described in (i) above? 11 g (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11 a (iii) Provide the following information about the supported organization(s). h (v) Did you notify the organization in column (i) of your support? (II) EIN (III) Type of organization (described on lines 1-9 above or IRC section (vi) is the organization in column (i) (vii) Amount of monetary (i) Name of supported (Iv) is the organization in organization column (i) listed in your governing document? (see instructions)) organized in the Yes No Yes No Yes No (A) (B) (C) (D) (E) Total Schedule A (Form 990 or 990-EZ) 2013

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

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

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

Sec	tion A. Public Support						·
begu	ndar year (or fiscal year nning ìn) ►	(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')	1,245,636.	1,432,350.	1,396,863.	1,660,353.	1,683,839.	7,419,041.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				,		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,245,636.	1,432,350.	1,396,863.	1,660,353.	1,683,839.	7,419,041.
5	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)						40,523.
6	Public support. Subtract line 5 from line 4						7,378,518.
Sec	tion B. Total Support						
Cale: begi:	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	1,245,636.	1,432,350.	1,396,863.	1,660,353.	1,683,839.	7,419,041.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,007.	3,570.	3,766.	17,014.	4,251.	36,608.
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)					916.	916.
11	Total support. Add lines 7 through 10						7,456,565.
12	Gross receipts from related activiti	ies, etc (see instru	ctions)			12	3,756,234.
13	First five years. If the Form 990 is organization, check this box and s				· ·		
Sec	tion C. Computation of Pu	blic Support F	Percentage				
14		3 (line 6, column (f	divided by line 1	1, column (f))		14	
15	Public support percentage from 20	012 Schedule A, Pa	art II, line 14			15	96.91 %
16 a	33-1/3% support test — 2013. If and stop here. The organization of	the organization di qualifies as a public	d not check the book	ox on line 13, and t nization	he line 14 is 33-1/3	3% or more, check	this box
b	33-1/3% support test — 2012. If t and stop here. The organization	the organization did qualifies as a publi	d not check a box of cly supported orga	on line 13 or 16a, a inization	and line 15 is 33-1/	3% or more, chec	k this box
17 a	10%-facts-and-circumstances to or more, and if the organization m the organization meets the 'facts-a	eets the 'facts-and	-circumstances' te	st_check this box a	and stop here. Exc	olain in Part IV ho	<i>,</i> –
	10%-facts-and-circumstances to or more, and if the organization m organization meets the 'facts-and-	eets the 'facts-and -circumstances' tes	-circumstances' te it. The organization	st, check this box a n qualifies as a put	and stop here. Exp olicly supported org	olain in Part IV how janization	w the · · · · · · · ▶ □
18	Private foundation. If the organiz	zation did not chec	k a box on line 13,	16a, 16b, 17a, or	17b, check this bo	and see instructi	ons · · · · ▶ 📋

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 yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')						
2 Gross receipts from admis-		· · · · · ·			 	·
sions, merchandise sold or services performed, or facilities	j]	
furnished in any activity that is						
related to the organization's tax-exempt purpose						
3 Gross receipts from activities	· · · · · · · · · · · · · · · · · · ·				 	
that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and		<u></u>				
either paid to or expended on						
its behalf						
facilities furnished by a						
governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7 a Amounts included on lines 1,						
2, and 3 received from disqualified persons						
b Amounts included on lines 2					† · · · · · ·	
and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or						
1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line						
7c from line 6)						
Section B. Total Support						
Calendar year (or fiscal yr beginning in) >	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10 a Gross income from interest, dividends, payments received						
on securities loans, rents,						
royalties and income from similar sources						
b Unrelated business taxable		 -				
income (less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b,					1	
whether or not the business is						
regularly carried on					ļ	
12 Other income Do not include gain or loss from the sale of						
čapital assets (Explain in Part IV)				1		
13 Total Support. (Add Ins 9,10c, 11 and 12)						
14 First five years. If the Form 990 is organization, check this box and s	s for the organization	on's first, second, t	third, fourth, or fifth	tax year as a sec	tion 501(c)(3)	
Section C. Computation of Pu						
15 Public support percentage for 201			3. column (f))		15	*
16 Public support percentage from 20						ક્ર
Section D. Computation of Inv						
17 Investment income percentage for))	17	
18 Investment income percentage fro						ક
19 a 33-1/3% support tests - 2013. If	the organization di	d not check the b	ox on line 14, and i	line 15 is more tha	in 33-1/3%, and line	17
is not more than 33-1/3%, check to	his box and stop h	ere. The organiza	tion qualifies as a f	publicly supported	organization	
b 33-1/3% support tests — 2012. If line 18 is not more than 33-1/3%,	the organization di	id not check a box	on line 14 or line	19a, and line 16 is is as a publicly sui	more than 33-1/3%	s, and n ▶ □
20 Private foundation. If the organiz						 H
To Trivate roundation. It the organiz	THE PROPERTY OF THE PROPERTY O		. 55, 57, 155, 6166		abadula A /Farm Of	

Schedule A (Form 990 or 990-EZ) 2013

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2013

m990. Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

	Austin Film Society		74-2433823
Par	organizations Maintaining Donor Advised Funds or	Other Simila	r Funds or Accounts.
	Complete if the organization answered 'Yes' to Form 990), Part IV, line	e 6.
	(a) Donor advis	ed funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (dunng year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the are the organization's property, subject to the organization's exclusive legal of		
6	Did the organization inform all grantees, donors, and donor advisors in writin for charitable purposes and not for the benefit of the donor or donor advisor, impermissible private benefit?	ng that grant fun or for any other	ds can be used only purpose conferringYes No
Par	, ,		
rar	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 the		
•	Preservation of land for public use (e.g., recreation or education)		ation of an historically important land area
	Protection of natural habitat		ation of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservatio last day of the tax year	n contribution in	the form of a conservation easement on the
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2 b
c	Number of conservation easements on a certified historic structure included	ın (a)	2 c
c	Number of conservation easements included in (c) acquired after 8/17/06, ai structure listed in the National Register		
3	Number of conservation easements modified, transferred, released, extinguitax year ►	shed, or termina	ated by the organization during the
4	Number of states where property subject to conservation easement is locate	ed ►	
5	Does the organization have a written policy regarding the periodic monitoring	g, inspection, ha	indling of violations,
	and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing c	onservation eas	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conse ► \$	rvation easeme	nts during the year
8	Does each conservation easement reported on line 2(d) above satisfy the re and section $170(h)(4)(B)(ii)^2 \cdot		
9	In Part XIII, describe how the organization reports conservation easements include, if applicable, the text of the footnote to the organization's financial stronger servation easements	tatements that d	escribes the organization's accounting for
Par	Organizations Maintaining Collections of Art, Histori Complete if the organization answered 'Yes' to Form 990	cal Treasure), Part IV, line	es, or Other Similar Assets. e 8.
1 a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to art, historical treasures, or other similar assets held for public exhibition, edu in Part XIII, the text of the footnote to its financial statements that describes	ication, or resea	nue statement and balance sheet works of rch in furtherance of public service, provide,
t	if the organization elected, as permitted under SFAS 116 (ASC 958), to report historical treasures, or other similar assets held for public exhibition, educating following amounts relating to these items	ort in its revenue on, or research	statement and balance sheet works of art, in furtherance of public service, provide the
	(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 amounts required to be reported under SFAS 116 (ASC 958) relating to these	r similar assets t se items	for financial gain, provide the following
	Revenues included in Form 990, Part VIII, line 1		
t	Assets included in Form 990, Part X		

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Part III Organizations Mainta	ining Collections	<u>of Art, Historic</u>	al Treasures, or	Other Similar Ass	ets (contir	iued)
3 Using the organization's acquisition items (check all that apply)	n, accession, and other	records, check any	of the following that a	ire a significant use of its	collection	
a Public exhibition		d Loan or ex	change programs			
b Scholarly research		e Other	··-··			
c Preservation for future genera	itions					
4 Provide a description of the organ Part XIII		•	· ·	,		
5 During the year, did the organizati to be sold to raise funds rather that	in to be maintained as pa	art of the organization	on's collection?	· · · · · · · · · · · · · · · · · · ·	Yes	No
Part IV Escrow and Custodia line 9, or reported an a				vered 'Yes' to Form	990, Part I	V,
1 a Is the organization an agent, truston on Form 990, Part X?	· · · · · · · · · · · · · · · · · · ·	• • • • • • •	ributions or other ass	ets not included	Yes	No
b If 'Yes,' explain the arrangement in	n Part XIII and complete	the following table				
					Amount	
c Beginning balance				1 c		
d Additions during the year				1 d		
e Distributions during the year				. 1e		
• • •				· [1f]	T.,	1 3
2 a Did the organization include an an b If 'Yes,' explain the arrangement in	•	•		· · · · · · · · · · · [Yes 	No
Part V Endowment Funds. C	Complete if the orga	nization answer	ed 'Yes' to Form	990, Part IV, line 10).	
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four ye	ars back
1 a Beginning of year balance	234,828.	232,506	255,902	. 263,727.	262	2,400.
b Contributions						
c Net investment earnings, gains, and losses	1,793.	2,322	1,604	1,075.	1	,327.
d Grants or scholarships	·					
e Other expenditures for facilities and programs			25,000	8,900.		
f Administrative expenses						
g End of year balance	236,621.	234,828	232,506	255,902.	263	3,727.
2 Provide the estimated percentage	of the current year end	palance (line 1g, co	lumn (a)) held as			
a Board designated or quasi-endow	ment ►					
b Permanent endowment ►	96					
c Temporarily restricted endowment	▶	ું				
The percentages in lines 2a, 2b, a	•					
3 a Are there endowment funds not in organization by	the possession of the or	ganization that are	held and administere	d for the	Yes	No
(i) unrelated organizations					3a(i)	X
(ii) related organizations					. 3a(ii)	 ^
b If 'Yes' to 3a(ii), are the related org					3b	 ^
4 Describe in Part XIII the intended						
Part VI Land, Buildings, and		3 CHOWINGIR IGHG	<u></u>			
Complete if the organi		es' to Form 990,	Part IV, line 11a	. See Form 990, Pa	rt X, line 1	0.
Description of property		or other basis estment)	b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value
1 a Land						
b Buildings	· · · · · · · · .					
c Leasehold improvements			1,970,298.	900,760.	1,06	9 <u>,538.</u>
d Equipment			445,452.	385,709.	5	9,743.
e Other			190,939.	190,939.		0.
Total. Add lines 1a through 1e (Column	(d) must equal Form 99	0, Part X, column (1,12	9,281.
BAA					ule D (Form 9	

\		Part IV, line 11b. 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
Financial derivatives		
Closely-held equity interests		
	·	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
) 		
(Column (b) must equal Form 990, Part X, column (B) line 12)		
rt VIII Investments - Program Related.		
		Part IV, line 11c. 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 val
) Permanently Restricted Mutual Funds		Cost
Note: 2) Unrestricted Mutual Funds	63,880.	Cost
3)		
5)		
5)		
., 7)		
3)	-	
3)		
		l
0)		
0) lal (Column (b) must equal Form 990, Part X, column (B) line 13) . ▶	260,557.	
al (Column (b) must equal Form 990, Part X, column (B) line 13) . •	·	
at (Column (b) must equal Form 990, Part X, column (B) line 13)  Other Assets.  Complete if the organization answered	Yes' to Form 990, P	Part IV, line 11d. See Form 990, Part X, line 15.
at (Column (b) must equal Form 990, Part X, column (B) line 13)  Other Assets.  Complete if the organization answered (a) De	·	
at   Column (b) must equal Form 990, Part X, column (B) line 13) . • art   X   Other Assets.  Complete if the organization answered (a) De (1)	Yes' to Form 990, P	Part IV, line 11d. See Form 990, Part X, line 15.
al (Column (b) must equal Form 990, Part X, column (B) line 13)  Art IX Other Assets.  Complete if the organization answered (a) De 1)  2)	Yes' to Form 990, P	
al (Column (b) must equal Form 990, Part X, column (B) line 13)  Art IX Other Assets.  Complete if the organization answered (a) De (1)  2)  3)	Yes' to Form 990, P	
al (Column (b) must equal Form 990, Part X, column (B) line 13)  art IX Other Assets. Complete if the organization answered (a) De (a) De (b) Complete (b) Complete (c) Comple	Yes' to Form 990, P	
al (Column (b) must equal Form 990, Part X, column (B) line 13) .   Art IX Other Assets.  Complete if the organization answered (a) De (1)  2)  3)  4)  5)  6)	Yes' to Form 990, P	
al (Column (b) must equal Form 990, Part X, column (B) line 13)  Int IX Other Assets.  Complete if the organization answered (a) De (b)  (a) De (c)  (b) Must equal Form 990, Part X, column (B) line 13)  (a) De (c)  (b) Must equal Form 990, Part X, column (B) line 13)  (a) De (c) De	Yes' to Form 990, P	
al (Column (b) must equal Form 990, Part X, column (B) line 13) . Int IX Other Assets.  Complete if the organization answered (a) December 13.	Yes' to Form 990, P	
Al (Column (b) must equal Form 990, Part X, column (B) line 13) . Int IX Other Assets.  Complete if the organization answered (a) Dec. (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Yes' to Form 990, P	
at (Column (b) must equal Form 990, Part X, column (B) line 13) . •  Int IX Other Assets.  Complete if the organization answered (a) De (1)  2)  3)  4)  5)  6)  7)  8)  9)	Yes' to Form 990, Fescription	(b) Book valu
at (Column (b) must equal Form 990, Part X, column (B) line 13)  art IX Other Assets. Complete if the organization answered (a) De (a) De (b) De (b) De (c)	Yes' to Form 990, Fescription	(b) Book valu
al (Column (b) must equal Form 990, Part X, column (B) line 13)  Int IX Other Assets.  Complete if the organization answered (a) De (a) De (b)  Other Assets.  (a) De (b) De (c)	Yes' to Form 990, Fescription	(b) Book valu
at (Column (b) must equal Form 990, Part X, column (B) line 13)  art IX Other Assets. Complete if the organization answered (a) De (a) De (b)  1)  2)  3)  4)  5)  6)  7)  8)  9)  0)  tal. (Column (b) must equal Form 990, Part X, column (B), art X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability	Yes' to Form 990, Fescription	(b) Book valu
at (Column (b) must equal Form 990, Part X, column (B) line 13)  Art IX Other Assets. Complete if the organization answered (a) De (a) De (b)  1)  2)  3)  4)  5)  6)  7)  8)  9)  0)  tal. (Column (b) must equal Form 990, Part X, column (B), art X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability  1) Federal income taxes	Yes' to Form 990, Fescription  line 15)	(b) Book valu
at (Column (b) must equal Form 990, Part X, column (B) line 13)  Int IX Other Assets. Complete if the organization answered (a) De (a) De (b)  Other Assets.  Complete if the organization answered (b) De (c) De (c	Yes' to Form 990, Fescription	(b) Book valu
at (Column (b) must equal Form 990, Part X, column (B) line 13)  Art IX Other Assets. Complete if the organization answered (a) De (b)  (a) De (c)  (b) Must equal Form 990, Part X, column (B), Column (b) must equal Form 990, Part X, column (B), Complete if the organization answered 'Yes' to F (a) Description of liability  1) Federal income taxes 2) Security Deposits 3)	Yes' to Form 990, Fescription  line 15)	(b) Book valu
at (Column (b) must equal Form 990, Part X, column (B) line 13)  Tother Assets.  Complete if the organization answered (a) De (b)  (a) De (c)  Column (b) must equal Form 990, Part X, column (B), art X Other Liabilities.  Complete if the organization answered 'Yes' to F (a) Description of liability  Federal income taxes  Security Deposits  (4)	Yes' to Form 990, Fescription  line 15)	(b) Book valu
at (Column (b) must equal Form 990, Part X, column (B) line 13)  Tother Assets.  Complete if the organization answered (a) De (b)  (a) De (c)  Column (b) must equal Form 990, Part X, column (B), art X Other Liabilities.  Complete if the organization answered 'Yes' to F (a) Description of liability  Federal income taxes  Security Deposits  (4)  (5)	Yes' to Form 990, Fescription  line 15)	(b) Book valu
at (Column (b) must equal Form 990, Part X, column (B) line 13)  The IX Other Assets.  Complete if the organization answered (a) Defined (a) Description of liability  1) Federal income taxes  2) Security Deposits  3)  4) 55 66	Yes' to Form 990, Fescription  line 15)	(b) Book valu
al (Column (b) must equal Form 990, Part X, column (B) line 13)  The complete if the organization answered (a) Defined (b) Defined (c) Description of liability  1) Federal income taxes  2) Security Deposits  3)  4)  5)  6)  7)	Yes' to Form 990, Fescription  line 15)	(b) Book valu
at (Column (b) must equal Form 990, Part X, column (B) line 13)  Art IX Other Assets.  Complete if the organization answered (a) Defined (a) Description of liability  1) Federal income taxes 2) Security Deposits 3) 4) 5) 6) 7) 8) 9)	Yes' to Form 990, Fescription  line 15)	(b) Book valu
art IX Other Assets. Complete if the organization answered (a) Defined (b) must equal Form 990, Part X, column (B) line 13)  (a) Defined (b) Defined (c) Defined (	Yes' to Form 990, Fescription  line 15)	(b) Book valu
at (Column (b) must equal Form 990, Part X, column (B) line 13)  Tother Assets.  Complete if the organization answered (a) Dec.  (a) Dec.  (b) Column (b) must equal Form 990, Part X, column (B), and (Column (b) must equal Form 990, Part X, column (B), and (Column (b) must equal Form 990, Part X, column (B), and (Column (b) must equal Form 990, Part X, column (B), and (Column (b) must equal Form 990, Part X, column (B), and (Column (b) must equal Form 990, Part X, column (B), and (Column (b) must equal Form 990, Part X, column (B), and (Column (b) must equal Form 990, Part X, column (B), and (Column (b) must equal Form 990, Part X, column (B), and (Column (b) must equal Form 990, Part X, column (B), and (Column (b) must equal Form 990, Part X, column (B), and (Column (b) must equal Form 990, Part X, column (B), and (Column (b) must equal Form 990, Part X, column (B), and (Column (b) must equal Form 990, Part X, column (B), and (Column (b) must equal Form 990, Part X, column (B), and (Column (b) must equal Form 990, Part X, column (B), and (Column (b) must equal Form 990, Part X, column (B), and (Column (b) must equal Form 990, Part X, column (B), and (Column (b) must equal Form 990, Part X, column (B), and (Column (b) must equal Form 990, Part X, column (B), and (Column (b) must equal Form 990, Part X, column (B), and (Column (b) must equal Form 990, Part X, column (B), and (Column (b) must equal Form 990, Part X, column (B), and (Column (b) must equal Form 990, Part X, column (B), and (Column (b) must equal Form 990, Part X, column (B), and (Column (b) must equal Form 990, Part X, column (B), and (Column (b) must equal Form 990, Part X, column (B), and (Column (b) must equal Form 990, Part X, column (B), and (Column (b) must equal Form 990, Part X, column (B), and (Column (b) must equal Form 990, Part X, column (B), and (Column (b) must equal Form 990, Part X, column (B), and (Column (b) must equal Form 990, Part X, column (B), and (Column (b) must equal Form 990, Part X, column (B), and (Column (b) must equal	Ves' to Form 990, Fescription  line 15)	(b) Book valu

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	iturn.	
1 Total revenue, gains, and other support per audited financial statements	1	3,063,112.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments		1
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII )		
e Add lines 2a through 2d	2 e	161,519.
3 Subtract line 2e from line 1	3	2,901,593.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII )		
c Add lines 4a and 4b	4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,901,593.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.	•
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	3,098,971.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25.		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII )		
e Add lines 2a through 2d	2 e	117,010.
3 Subtract line 2e from line 1	3	2,981,961.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII )		
c Add lines 4a and 4b		
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	2,981,961.
Part XIII Supplemental Information.		
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 addition		ation
BAA	Schedule	D (Form 990) 2013
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### 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.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer Identification number The Austin Film Society 74-2433823 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 Indicate whether the organization raised funds through any of the following activities. Check all that apply а Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants b Phone solicitations c Special fundraising events g d In-person solicitations 2 a 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? 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 (ii) Activity (iv) Gross receipts (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser or entity (fundraiser) from activity (or retained by) (or retained by) have custody or control of contributions? fundraiser listed in organization column (i) Yes No 1 2 3 4 5 6 7 8 9 10 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.

Schedule G (Form 990 or 990-EZ) 2013 The Austin Film Society 74-2433823 Page 2 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. (d) Total events (add column (a) (c) Other events (a) Event #1 (b) Event #2 Auction through column (c)) REVENUE (event type) (event type) (total number) Gross receipts 65,391 65,391. 2 Less Chantable contributions 65,391. 65,391. Gross income (line 1 minus line 2). . . . . 0 0. Cash prizes . . . . . . . . . . . . . Noncash prizes . . DIRECT Rent/facility costs . Food and beverages EXPERSES Entertainment . . . Other direct expenses. 0. Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/Instant (c) Other gaming (d) Total gaming (a) Bingo アロンロスフロ (add column (a) bingo/progressive through column (c)) bingo Gross revenue . 2 Cash prizes EXPERSES DIRECT Noncash prizes Rent/facility costs . Other direct expenses. . . . . . Yes Yes Yes Volunteer labor . . . . . No No No Direct expense summary. Add lines 2 through 5 in column (d) . . . . . . . Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . . . 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? . . . . . . b If 'No,' explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' explain

Sche	edule <b>G</b> (Form 990 or 990-EZ) 2013 The Austin Film Society 74-24	33823	Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes	No
12	1s 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
	<b>,</b>	<u> </u>	<del></del>
	Indicate the percentage of gaming activity operated in		•
	a The organization's facility		<del>8</del>
	An outside facility	1	<del></del>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •	<del></del> -	<b>-</b> -
	Address •		
15 a	a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	□Yes	□No
	o If 'Yes,' enter the amount of gaming revenue received by the organization \( \bar{\sigma} \) \( \bar{\sigma} \) and the amo		٠٠٠٠
	of gaming revenue retained by the third party   \$		
c	or If 'Yes,' enter name and address of the third party.		
	- · · · · · · · · · · · · · · · · · · ·		
	Name •	<del>-</del> -	
	Address •	· – – – <del>-</del>	- <b></b> -
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?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	Yes	No
	organization's own exempt activities during the tax year		
Par	rt IV   Supplemental Information. Provide the explanations required by Part I, line 2b, columns (i	ii) and (v).	
<u> </u>	and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition information (see instructions).	iál	
			<del></del>

SCHEDULE 1		D	ants and Oth	er Assistance t	Grants and Other Assistance to Organizations,	S,		OMB No 1545-0047
		Comple	ete if the organization	on answered 'Yes' to Fon	CONCENTIONEY, AND MICHARDS IN THE CONCENT CONCENT CONTROL CONTROL COMPLETE IN THE ORGANIZATION ABSENCE OF 22. THE ORGANIZATION A METCH OF FORM 990	ates 1 or 22.		2013
Department of the Treasury Internal Revenue Service		► Information	1 about Schedule 1 (	Form 990) and its instr	Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	10v/form990.		Open to Public Inspection
Name of the organization							Employer identification number	ation number
The Austin Film Society	Society						74-2433823	2
Part I General Information on Grants and Assistance	ormation on Gra	ints and Assist	ance					
1 Does the organizati the selection criteria 2 Describe in Part IV is	Does the organization maintain records to substantiate the amount of the the selection criteria used to award the grants or assistance? Oescribe in Part IV the organization's procedures for monitoring the use o	substantiate the an ants or assistance?	nount of the grants o	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees the selection criteria used to award the grants or assistance?	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?	s or assistance, and	Yes	X Yes No
Part II Grants and Other Assistance to Governments and Form 990, Part IV, line 21 for any recipient that receive	Other Assistance	ce to Governme	ents and Organi at received more	zations in the Unit than \$5,000. Part I	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.	ete if the organizati	on answered 'Yes	o, to
1 (a) Name and address of organization or government	s of organization ment	(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) Laura Dunn Productions LL 4801 Fawn Run	oductions LL							

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) Laura Dunn Productions LL 4801 Fawn Run	74-3012017		168,036.				Sponsored Prol
(i)   (i)	45-4475595		.000.35				
	45-0835008		25,438.				Sponsored Proj
tions LLC Pass	22-8660810		18,875.	·			
ions	55-0904879		14,384.				Sponsored Prol
Ω							
(8)							
<ul> <li>Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li> <li>Enter total number of other organizations listed in the line 1 table</li> </ul>	and government orgar so listed in the line 1 ta	nzations listed in the	line 1 table				3 1
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instructions	s for Form 990.		TEEA3901	07/12/13	Schedu	Schedule I (Form 990) (2013)

74-2433823 The Austin Film Society

Page 2 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. Schedule I (Form 990) (2013)

Part III Grants and Ot

(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 Sponsored Projects	15	297,017.			
2 Grants to artists	34	100,000.			
8					
4					
S					
9					
7					
Part IV Supplemental Information. Provide the information	ide the information	in required in Part I, line	ne 2, Part III, column (b),	and	any other additional information.
Pt_I_Line_2Austin_Film_So	Film_Society_AFS_Gran	ant			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Pt_I_Line_2PROGRAM_OVERVIEW	IEW	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Pt_L Line_2The_AFS_Grant_makes_annual	.1	grants to emerging	film and	video artists in .	
Pt_L_bine_2the_state_of_T	TexasAwards	of up to \$15,000 are provided	100 are provide	d to artists whose	
Pt_I_Line_2work_shows_promise.	_sk <u>ill</u> ,_	and_creativity.	 		
AFS staff tour	the state	giving_informational	nal workshops on the	on the Fund and	
grant-writing	guidelines	Workshops are g	gıven in conjun	conjunction with regional	al
<u>film festivals</u>	festivals, conferences	Land with co-p	co-presenting media	a arts organizations	ons.
Applicants_are_	also encour	aged to make preliminary review	<u>lımınary revie</u>	w consultations with	1th
	or to the dead	AFS	staff_reviews_the_applications	applications and	
See Schedule I (Form 990) - Part IV - Supplemental Information (Continuation Sheet) BAA	formation (Continuation	Sheet)			Schedule I (Form 990) (2013)

### **SCHEDULE M** (Form 990).

**Noncash Contributions** 

Employer identification number

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

The	Austin Film Society			74-	2433823			
Par	t 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	Method noncash d	(d) d of de contrib	etermini	ng nounts
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							
13	Qualified conservation contribution — Historic structures							
14	Qualified conservation contribution — Other							
15	Real estate – Residential		<del></del>					
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	-1						
24	Archeological artifacts		· • · · · · · · · · · · · · · · · · · ·					
25	Other (Texas Film Awards Equipment).	Х	9	82,265.	FMV			
26	Other ()			35,				
27	Other • ()							
28	Other ().					-	· · · · · ·	
29		during the ta Acknowledge	x year for contributions	for which the	29			
							Yes	No
20-	During the user and the expension receive by cent	Inhutian anu n	reporty reported in Bor	t Lines 1 29 that it mus				
sva	During the year, did the organization receive by confidence hold for at least three years from the date of the initial purposes for the entire holding period?	al contribution	i, and which is not requi	red to be used for exemp	pt	30 a		Х
b	If 'Yes,' describe the arrangement in Part II				Γ			
31	Does the organization have a gift acceptance policy	that requires	the review of any non-s	tandard contributions?	<i>.</i> [	31	Х	
32a	Does the organization hire or use third parties or relations and contributions?					32 a		х
b	If 'Yes,' describe in Part II.				Γ			
33	If the organization did not report an amount in colum describe in Part II	nn (c) for a typ	e of property for which	column (a) is checked,				

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

Schedule M (Form 990) 2013

### SCHEDULE O (Form 990 or.990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 2013

Open to Public Inspection

Employer Identification number

Information about Schedule O (Form 990 or 990-EZ) and its instructions is Department of the Treasury Internal Revenue Service at www.irs.gov/form990. Name of the organization

74-2433823 The Austin Film Society Pt_VI, Line 11b Form 990 is reviewed by the Finance Committee of the Board <u>of Directors. A pdf copy is emailed to the Finance Committee</u> for review prior to filing Form 990. Pt_VI, Line 12c _ The conflict of interest policy is contained in the employee _ _ _ _ handbook which every employee is issued and must sign _____ _in_acknowledgement. Also, a conflict of interest policy__ is distributed to each board member at the first board meeting of the fiscal year. They must turn in __ signed acknowledgements. Pt VI, Line 15a The Executive Director is given a job performance review annually by the Pt VI, Line 15b Board of Directors, all of which are independent. The Board uses data of comparable compensation for similarly qualified persons in comparable positions at similar organizations in the salary determination of the Executive Director. The annual review is documented. Staff salaries are determined by the Executive Director. Pt VI, Line 19 The Financial Statements are given to the City of Austin. All other documents are available upon request. Page 12, Part XI, Line 5 Other changes in Net Assets: Unrealized gains on investment not included \$23,576

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4d (continued)

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.

Code:	Description	Exhibition: AFS selects more than 250 films to
Expenses	255,184.	showcase in a cultural context each year, from a
Grants Of	0.	wide variety of genres, eras and cultures. AFS
Revenue	0.	utilizes original program notes, scholarly intro
		ductions and visiting artists to enhance the edu
		cational and aesthetic value for the audience.
Code	Description	Community Education: Programs include free after-
Expenses	183,435.	school programs at 13 under-resourced schools;
Grants Of	0.	
Revenue.	0.	after-school participants; Moviemaker Dialogues;
_		an internship program with workshops, hands-on
		training and a job referral component; tours of
		Austin Studios and the online journal AFS Viewfinders.
Code [,]	Description:	Premieres:
Expenses	100,567.	AFS holds regional premieres with directors and
Grants Of	0.	cast members in attendance with proceeds to benefit
Revenue.	0.	all programs and services.
Code	Description:	Marchesa: AFS partnered with the Marchesa Hall and Theater in 2013.
Expenses	52,135.	This arrangement affords AFS the opportunity to screen approximately 21
Grants Of	0.	films per month at the Marchesa. In lieu of paying space rental fees, AFS
Revenue	0	purchased upgraded projection equipment and improved the theater's lobby
		area. AFS held a series of fundraisers to generate funds for
		the Marchesa improvements.

Schedule I (Form 990) - Part IV - Supplemental Information (continued)
Schedule I (Form 990) - Part IV - Supplemental Information (Continuation Sheet)

•	provides reedback, offering suggestions for improvement. Frome apportunients
	are available for out-of-town applicants.
	Applications are processed and reviewed for completeness. They are then split
	for preliminary review with a mix of narrative, documentary, animation, and experimental
	applications going to each evaluator. The top-scoring applications (roughly one-third)
	are reviewed at full panel session in Austin. Fahelists make funding decisions regarding
	the final recipents and the amount awarded.
	PROGRAM GUIDELINES
	Eligibility and restrictions
	* Application must be made by the creative author of the final work.
	* Applicant must have resided in Texas for at least 1 year prior to the application date.
	* All genres of film or video are given equal consideration AFS is unable to consider multimedia projects.
	* Projects must be "independent productions", meaning under the artistic, budgetary and
	editorial control of the individual owning copyright. No consideration will be given to industrial or
	promotional pieces or "works-for-hire".
	* Application must be for the production, post-production or distribution stages. No consideration
	will be given for applications requesting pre-production or development funds.
	* AFS staff and Board Members and current AFS interns are ineligible to apply.
	CRITERIA FOR REVIEW
	Essential factors considered by panelists include:
	* The quality of the proposed work based on the description, realistic budget,
	and supporting materials
	* The likelihood that the work will be completed.
	* The applicant's demonstrated ability and creativity as seen in the representational
	work (film video, or script) submitted.
	APPLICATION PROCESS
	Applicants are asked to submit:
	* Application form and budget
	* Project description (1-3 pages)
	* Project timeline (1 page)
	* Optional support material (no more than five pages)
	* Proof of TX residency
	* Video sample
	* Treatment or script (optional)
	Applications are submitted online.