Form **990**

Return of Organization Exempt From Income Tax

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

2001

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

REST	The Laborator	ME SHAFE						,		-,		,		1113	PECTION
A F	or the	2001 cale	endar ye	ar, or tax ye	ear beginnır	ng NO	VEMBE	ER 1	, 2001, a	and endin	g OCTO	DBER	31 , 2	0 02	
ВС	heck if a	pphoable	Please	C Name of c	rganization							D Emplo	yer identific	cation no	umber
		change	use IRS label or	ANN A	RBOR F	ILM F	ESTIV	AL, I	NC.			38-2	37983	6	
_	lame ch		print or	Number a	nd street (or F	O box if if	all is not di	elivered to s	reet add	ress) R	loom/sulte	E Teleph	one numbe	r	
=	nibal rel		1ype 500	203 E	ANN S	TREET				Į	l l	734-	995~5	356	
=	inal ret		Specific		n state or co								ting method		sh X Accrual
=		d return	instruo- tions	ANN A	RBOR M	I 481	04 - 14	115				_	er (specify)	_	an (XX) voc. oai
≍			- 50	ction 501(c)(3) omenizatio	one and 40	47(a)(1) po	meremot ci	adiable	H	and I are not a				zations
'	финсац	ion pending		ette neusi atta						ı	a) Isthisagro				Yes XNo
G V	Veb site						•			H(b) If "Yes " en	ter numbe	r of affiliates	▶	
											c) Are all affili	ates inclu	ded?	Γ	Yes No
7 0)rganiz	ation type	(check on	nly one) 🕨 🛚 🛚	[] 501(c) (3) ◀ (insei	rt no)	4947(a)(1)	or 📙 !	527			See instruct		
K C	heckhe	ere 🕨 🦳 if	the organ	nization's gross	s receipts are r	normally not	more than !	\$25 000 The	organiza	abon H(d) Isthus a se		-	_	ത.
				e IRS, but if t					n the ma	µt It }			by a group	ruling?	Yes X No
s	hould fi	le a return v	without fin	nancial data S	iome states r	equire a co	implete rei	tum			Enter 4-dig				 _
	roce co	cointe Add	lines 8b	8b, 9b and 16	Oh to line 12 h				2113	21 N			organization 0-EZ or 99		equired to attach
_	irt I						ın Not /				ices (See				page 16)
1 6	T								7 1 (2)1	u Dalai	CES (SEE	Special	II isti uctio	//IS (//	page 10)
	1			gifts, grants	s, and simi	ilar amou	ints rece	elved			40704	,			
		Direct p							<u>1a</u>		4078	"			
		Indirect	-						16			_			
				ontributions					10		5940	2.1			
	d			s 1a throug)	<u>1d</u>	<u></u>		100189
	2	Program	servic	æ revenue	including g	jovernme	ent fees a	and contr	acts (fr	om Part	VII, line 93) 2			95501
	3	Member	ship du	es and as:	sessments							3	<u> </u>		6693
	4	Interest on savings and temporary cash investments								4			815		
	5	5 Dividends and interest from securities							5			257			
	6a	6a Gross rents 6a													
	b	Less re	ntal exp	penses					6b			_] i			
	С	Net rent	al incor	me or (loss) (subtract	line 6b f	rom line	6a)			_	6c			
θn	7			ent income) 7	1		
Revenue	8a	Gross a	mount f	from sales	of assets		(A) Secu	ıntıes		(8) Other				
. ≩	ľ	other tha	an inve	ntory		L_			8a_						
II.	Ь	Less cost	or other	basis and sa	les expenses				86			_			
	С	Gain or	(loss) (attach sch	edule)		8c				_				
•	d	Net gain	or (los	ss) (combir	ne line 8c, i	columns	(A) and	(B))				8d			
•	9	Special	events	and activit	ies (attach	schedul	e)								
١	a			(not includ				of	1 - 1		305	.			
j	[_			eported on	•				9a		785				
			-	penses other		_			9b		3948	_			(21.022)
•	1			(loss) from	•	-				a)	•	9 <u>c</u>	 -		(31633)
•				inventory,	less return	s and all	owances	5	10a		220				
)			_	oods sold					106		232	_			40010
		-	•	s) from sales	_		edule) (sul	btract line 1	mont d0	line 10a)		10c			(2310)
	11			(from Part	-	-	_		_			11_			
	12			(add lines			<u>, 8d, 9c,</u>	100กลคด	学员	(-	-	12			169512
ø	13	-		es (from la			- 1 :		151V	FD	ł	13			131692
Expenses	14	_		nd general	•		mn (1939)				얾	14_			47659
ĕ	15		using (from line 44, column (D)) All MAR 0 9 2003							15	L		18537		
X	16	Paymen	its to af	ffiliates (att	ach sched	ule)	17		- U L	وا دس	Š	16_	ļ		
	17	Total ex	pense	s (add line	s 16 and 4	4, colum	n (A))	000		!	5	17			197888
let Assets	18	Excess	or (defi	at) for the	year (subt	ract line	17 flom.	E DO	LIV.	VΓ	,	18			(28376
8	19			und balanc						ın (A))	4	19			<u> 68656</u>
٧	20			in net assi								20			(817
9	21		_	und haland				-		1 201		21		- -	39463

For Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2001)

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Pai	rt II Statement of	All organizations must	complete	column (A) Columns (B)	(C), and (D) are required	for section 501(c)(3) and (4) organizations and
	<u> </u>	section 4947(a)(1) none	exempt c	hantable trusts but optional	l for others (See Specific	instructions on page 21)	
	Do not include amounts repor		} _]	(A) Total	(B) Program	(C) Management	(D) Fundraising
	6b, 8b, 9b, 10b, or 16 of				services	and general	
22	Grants and allocations (attach sche			J	;	 '	
23	(cash \$noncash \$ Specific assistance to individuals (a		22		 -		
24	Benefits paid to or for members (at	•	24				
25	Compensation of officers, directors,	•	25	52918	22783	13177	16958
26	Other salaries and wages	CIO	26	<u>J</u> 2_J10		13111	10930
27	Pension plan contributions		27				
28	Other employee benefits		28	4130	2065	1239	826
29	Payroll taxes		29	3766	1883	1130	753
30	Professional fundraising fees		30				
31	Accounting fees		31	6949		6949	
32	Legal fees		32				
33	Supplies		33	3907	2128	1779	
34	Telephone		34	6582		6582	
35	Postage and shipping		35	2960	2862	98	
36	Occupancy		36	6000		6000	
37	Equipment rental and maintenance		37	321		321	
38	Printing and publications		38	19177	18962	215	
39	Travel		39	4886	3451	1435	L
40	Conferences, conventions, and mee	tings	40				
41	Interest		41				
42	Depreciation, depletion, etc. (attach		42				
43	Other expenses not covered above (itemize)	a	43a		77550	0734	
b	SEE SCHEDULE		43b	86292	77558	8734	
Ç			43c 43d				
d e			43a			····	
44	Total functional expenses (add lines 22 through 43	\ Opposessione	458	 _			
	completing columns (B) \cdot (D), carry these totals t		44	197888	131692	47659	18537
Join	t Costs. Check ▶ ☐ If you are follow		1.:.1				
	ny joint costs from a combined educational ca		isina so	licitation reported in (B	1) Program services?	>	☐ YesX No
	s," enter (i) the aggregate amount of these joir	_	_	·		am services \$	
	e amount allocated to Management and gene				ount allocated to Fund		,
	t III Statement of Program S		noliel				
	it is the organization's primary exemp		ilbilai	innerits (See Ope	cine manachona (on page 24 /	Program Service
	gamzations must describe their exempt purpos		dear an	d concise manner Stat	te the number of chepts	served publications	Expenses
	d, etc. Discuss achievements that are not mea						(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but
	also enter the amount of grants and allocation					<u> </u>	optional for others)
а	SEE SCHEDULE	_ _					<u> </u>
		(Gra	ants ar	nd allocations :	\$		131692
Ь			- - -				
		(Gra	ants ar	nd allocations	<u>\$</u>		
C							
		(Gra	ants ar	nd allocations	<u> </u>		
d							
	011			nd allocations			 -
	Other program services (attach sche				\$		
f	Total of Program Service Expense	s (should equal	line 4	 column (B), Pro 	ogram services)	_	131692

Pa	irt IV,	Balance Sheets (See Specific Instruc	tions on page 24)			
	Note	Where required, attached schedules and amounts wit column should be for end-of-year amounts only	hin the description	(A) Beginning of year		(B) End of year
	45	Cash — non-interest-bearing		75915	45	34212
	46	Savings and temporary cash investments	-		46	
	1	Accounts receivable	47a			
	b	Less allowance for doubtful accounts	47b		47c	
		Pledges receivable	48a		} }	
	ľ	Less allowance for doubtful accounts	48b	7770	48c	
	49 50	Grants receivable Receivables from officers, directors, trustees, (attach schedule)	and key employees	7700	49 50	16200
	51a	Other notes and loans receivable (attach schedule)	51a 144		30	
ets	Ь	Less allowance for doubtful accounts	51b	0	51c	144
Assets	52	Inventories for sale or use			52	
/	53	Prepaid expenses and deferred charges	Γ	355	53	4116
	54	Investments — secunties (attach schedule)	► Cost X FMV	6031	54	4870
	55a	Investments — land, buildings, and equipment basis	55a			
	ь	Less accumulated depreciation (attach schedule)	55b		55c	
	56	Investments — other (attach schedule)		·—	56	
	57a	Land, buildings, and equipment basis	57a			
	b	Less accumulated depreciation (attach schedule)	57b		57c	
	58	Other assets (describe ► <u>SECURITY DE</u>	POSITS)	500	58	500
	59	Total assets (add lines 45 through 58) (must	equal line 74)	90501	59	60042
	60	Accounts payable and accrued expenses		8145	60	16369
	61	Grants payable	<u> </u>		61	
	62	Deferred revenue	[13700	62	4210
abilities	63	Loans from officers, directors, trustees, and kischedule)	ey employees (attach		63	
ap	64a	Tax-exempt bond liabilities (attach schedule)			64a	
Ĭ	ь	Mortgages and other notes payable (attach so	chedule)	·	64b	
	65	Other liabilities (describe ▶)		65	
	66	Total liabilities (add lines 60 through 65)		21845	66	20579
	Orga	anizations that follow SFAS 117, check here	▶ X and complete			
g		lines 67 through 69 and lines 73 and 74		48656	67	20463
Š	67	Unrestricted	[20000	68	19000
ja ja	68 69	Temporarily restricted Permanently restricted	ţ-	20000	69	15000_
a pun		anizations that do not follow SFAS 117, checomplete lines 70 through 74	ck here ▶ □ and		95	
F	70	Capital stock, trust principal, or current funds	j		70	
9	71	Paid-in or capital surplus, or land, building, as	nd equipment fund		71	
हु	72	Retained earnings, endowment, accumulated			72	
Net Assets or Fund Balances	73	Total net assets or fund balances (add lines lines 70 through 72, column (A) must equal li	s 67 through 69 OR	COCEC		20462
]	must equal line 21)	(-4.1) 00 1-0:	68656		39463
	74	Total liabilities and net assets/fund balance	es (add lines 66 and 73)	90501	74	60042

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Form 990 (2001)									Page 4
Part IV-A Reconciliation of Revenue			Part I	V-B Re	conciliat	ion of Ex	penses	pei	Audited
' Financial Statements with I		•		Fit	nancial S	tatement	with E	Expe	enses per
Return (See Specific Instruct	ions, pag	e 26)	Ļ	Re	turn				
a Total revenue, gains, and other support per		0.1001		•	nses and lo	•			
audited financial statements	a	<u> 211321</u>	7		ancial state		- ▶	а	240514
b Amounts included on line a but not on line 12, Form 990]		1		ncluded on	line a but i	not on		
(1) Net unrealized gains			i	e 17, For				i	
on investments \$				nated se	facilities	S			
(2) Donated services and			1		adjustment	-			
use of facilities \$_					n line 20,		(
(3) Recoveries of prior				rm 990		\$			
year grants \$					orted on				
(4) Other (specify)			1	e 20, Fo		<u>\$</u>	817		
SPECIAL EVENT EXPENSES			1	her (spe				1	
COST OF GOODS SOLD \$ 41809	}	41000	1 -		EVENT EXPE	_	1000	}	
Add amounts on lines (1) through (4) ▶	<u> </u>	41809	J		SOODS SOLI	<u> </u>	1809		42626
a lung a musus liss b		169512	1		nts on lines us line b	(1) inroug	ıı (4) ►	Ь	197888
c Line a minus line b d Amounts included on line 12.	С	103312	⊣ i		us line o nctuded on	line 17	•	С	19/008
Form 990 but not on line a:			1		but not on t	-			
(1) Investment expenses			1		t expenses				
not included on line					d on line			ļ	
6b, Form 990 \$	1		I	, Form 9		\$		1	
(2) Other (specify)			(2) Otl	her (spe	cify)				
			-			•	ļ	1	
Add amounts on lines (1) and (2)	d		Ad	ld amour	nts on lines	. (1) and (2	_	d	
e Total revenue per line 12, Form 990			4		nses per lin	• •	- 1		
(line c plus line d)	e	169512	1	ie c plus		.0, . 0	▶	е	197888
Part V List of Officers, Directors, 1				vees (L	ist each on	e even if n	ot comp	ensa	
Instructions on page 26)									
(A) Name and address		(B) Title an	d average h	ours per	(C) Compen (If not pa		Contributions yee benefit pla		(E) Expense account and other
(A) Hairie and address		week de	woted to po	sition	enter -0		red compens		allowances
SEE SCHEDULE									
		}				}			
		-							
		 							
~		1				1			
		 							
		<u> </u>		_					
			- <u>-</u>				_		
		<u> </u>							
		4		:					
		 							
		†							
		1							
		4			{	{			
	·	 -							
	·	1			<u> </u>				
75 Did any officer, director, trustee, or key employee	receive addin	egate comper	sation of n	nore than t	\$100,000 from	n your omani	zation and	ali	
related organizations, of which more than \$10,000						,			Yes ∑ No
If "Yes," attach schedule see Specific	Instructio	ns on page	27						

	990 (2001)			age 5			
Par	t VI Other Information (See Specific Instructions on page 27)		Yes	No			
76'	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		Χ			
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X			
	If "Yes," attach a conformed copy of the changes						
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		_ X			
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/	Α			
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X			
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership,			1			
	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		<u>X</u>			
b	If "Yes," enter the name of the organization ► N/A						
	and check whether it is exempt OR nonexempt						
	Enter direct or indirect political expenditures. See line 81 instructions. [81a] 0						
	Did the organization file Form 1120-POL for this year?	81Ь		<u>X</u>			
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		<u>x</u>			
þ	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b. N/A						
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Х				
ь	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/	X			
84a	4a Did the organization solicit any contributions or gifts that were not tax deductible?						
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or giff were not tax deductible?						
85	5 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?						
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/	Α			
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year						
C	c Dues, assessments, and similar amounts from members 85c N/A						
	Section 162(e) lobbying and political expenditures 85d N/A						
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A						
	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A	i					
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/	Α			
_	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to						
	its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following			l _			
	tax year?	85h	N/	<u>A</u>			
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 86a N/A			1			
þ	Gross receipts, included on line 12, for public use of club facilities 86b N/A			ĺ			
87	501(c)(12) orgs Enter a Gross income from members or shareholders 87a N/A			ĺ			
b	Gross income from other sources (Do not net amounts due or paid to other						
	sources against amounts due or received from them) 87b N/A						
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-37 If "Yes," complete Part IX	88		Х			
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under						
	section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0						
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		x			
С	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			0			
	List the states with which a copy of this return is filed ➤ MICHIGAN						
	Number of employees employed in the pay period that includes March 12, 2001 (See instructions) 90b			2			
91	The books are in care of ▶ EDIE HERROLD Telephone no ▶ 734-995	5 – 5	356				
	Located at ≥ 203 E ANN STREET, ANN ARBOR, MI ZIP+4 ≥ 48104-1415						
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here			▶ 🔲			
	and enter the amount of tax-exempt interest received or accrued during the tax year			/A			
	Total III	Form	990	(2001)			

Part \	/II Analysis of Income-Producing Ac	tivities (See Specif	ic Instructions on pa	nge 32)		
Note	Enter gross amounts unless otherwise	Unrelated	business Income	Excluded by sec	tion 512 513 or 514	(E)
ındıca		_ (A)	(B)	(C)	(D)	Related or exempt function
93	Program service revenue	Business code	Amount	Exclusion code	Amount	income
	ENTRY FEES	<u></u>	<u> </u>			27900
b	TICKET SALES					29720
C	SPONSERSHIPS	— — — — — — — — — — — — — — — — — — — —		_	· · · · · · · · · · · · · · · · · · ·	22513
	PROGRAM ADVERTISING	—-\ <u></u> _	<u> </u>			8400
_	SILENT AUCTION	<u> </u>				6968
	Medicare/Medicaid payments					
	Fees and contracts from government agencie	\$				
	Membership dues and assessments	<u> </u>	-			6693
	interest on savings and temporary cash investments		<u> </u>	 _	1070	
	Dividends and interest from securities		-	14	1072	
	Net rental income or (loss) from real estate		<u> </u>			
	debt-financed property		<u> </u>			
	not debt-financed property		ļ			
	Net rental income or (loss) from personal property	 	ļ			
	Other investment income				 	
	Gain or (loss) from sales of assets other than inventory		 			
	Net income or (loss) from special events			01	(31633)	
	Gross profit or (loss) from sales of inventory			01	(2310)	
103	Other revenue a		<u> </u>			
b			<u> </u>			
C			ļ	_		
d						
e						
	Subtotal (add columns (B), (D), and (E))		<u> </u>		(32871)	
	Total (add line 104, columns (B), (D), and (E)	-			-	<u>69323</u>
	ine 105 plus line 1d, Part I, should equal the					· · · · · · · · · · · · · · · · · · ·
Part \	VIII Relationship of Activities to the A	ccomplishment	t of Exempt Po	urposes (See S	pecific Instructions	on page 32)
Line l	No. Explain how each activity for which income of the organization's exempt purposes (portantly to the	accomplishment
· · · · · ·	SEE SCHEDULE				±	
	OBB COMBECUE			· · · · · · · · · · · · · · · · · · ·		
				· · · · · ·		
			<u></u>			
Part I	X Information Regarding Taxable S	ubeidiarioe and	Disconarded	Entition (See St	secific Instructions (n nane 33)
I diti	(A)	(B)	(C		(D)	(E)
	Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest	Nature of		Total income	End-of-year assets
N/A	parties stup, or disregarded cristy	%				2550.5
197.1		%				
	· · · · · · · · · · · · · · · · · · ·	%				
						
Don't	V Information Department Transfers		Domonal Bar	afit Conteast	- /Coo Coopin Inst	uelione on page 22 \
Part 2						
	Did the organization, during the year, receive any funds,					」Yes ⊠ No
	Did the organization, during the year, pay pre			personal benefit	contract /	_ Yes [X] No
Note	e: If "Yes" to (b), file Form 8870 and Form 47. Under penalties of perjury I declare that I have exam			hadular and state-	unter and to the boot	of my knowledge and
	bolief it is to a correct and complete Declaration of	uned this return, includi Location (other than of	ng accompanying sci ficer) is based on all i	information of which	preparer has any kno	wiedge
			•	1	2/2/2	
				<u></u>	2/-2/-2	
			cc. C	D.	- 	
		75.	scel			

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information --- (See separate instructions)

OMB No 1545-0047

2001

Department of the Treasury ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ Internal Revenue Senece Name of the organization Employer identification number ANN ARBOR FILM FESTIVAL, INC. 38-2379836 Compensation of the Five Highest Pard Employees Other Than Officers, Directors, and Trustees Part I (See page 1 of the instructions List each one If there are none, enter "None ") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours (c) Compensation account and other mployee benefit plans & per week devoted to position than \$50 000 delerred compensation allowances NONE Total number of other employees paid over \$50,000 Compensation of the Five Highest Paid Independent Contractors for Professional Services Part II (See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation Total number of others receiving over \$50,000 for

professional services

		m 990 or 990-EZ) 2001			Page
Pai	t III)	Statements About Activities (See page 2 of the instructions)		Yes	No
1	attemp or incu	the year, has the organization attempted to influence national, state, or local legislation, including any it to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid ried in connection with the lobbying activities \$	1		х
	Organi organi	zations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other zations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of bying activities.			
2	substa with ar owner,	the year, has the organization, either directly or indirectly, engaged in any of the following acts with any nitial contributors, trustees, directors, officers, creators, key employees, or members of their families, or by taxable organization with which any such person is affiliated as an officer, director, trustee, majority or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining insactions.)			<u> </u>
а	Sale, e	exchange, or leasing of property?	2a		X
b	Lendin	g of money or other extension of credit?	2b	, 	x
С	c Furnishing of goods, services, or facilities? BOOKKEEPING SERVICE				X
d	BOOKKEEPING SERVIC d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?				
е	Transf	er of any part of its income or assets?	2е		x
3		he organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)	3		X
	Attac	have a section 403(b) annuity plan for your employees? In a statement to explain how the organization determines that individuals or organizations receiving that in furtherance of its charitable programs "qualify" to receive payments	4		<u> </u>
Pa	rt IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)			
The		ation is not a private foundation because it is (Please check only ONE applicable box)		_	
5 6	_	hurch, convention of churches, or association of churches. Section 170(b)(1)(A)(i) chool. Section 170(b)(1)(A)(ii). (Also complete Part V.)			
7		iospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)			
8		ederal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)			
9		nedical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the h	ospit	al's n	ame
10	170	organization operated for the benefit of a college or university owned or operated by a government 0(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)			
11a	Se	organization that normally receives a substantial part of its support from a governmental unit or from the ction 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)	e gen	eral p	ublic
11b		community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)	_		
12	rec	organization that normally receives. (1) more than 331/3% of its support from contributions, membership eipts from activities related to its charitable, etc., functions — subject to certain exceptions, and (2) no more support from gross investment income and unrelated business taxable income (less section 511 tax) if	e tha	n 33¹	/3% c
	aco	juired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedi	nı ətr	Part	IV-A
13	des	organization that is not controlled by any disqualified persons (other than foundation managers) and supposition by the section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(3))			
	_	Provide the following information about the supported organizations (See page 5 of the instructions			
		(a) Name(s) of supported organization(s) (b) Line			

14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Par	t IV-A Support Schedule (Complete only if	you checked a b	ox on line 10, 11	, or 12) <i>Use ca</i>	sh method	of a	counting.
	. You may use the worksheet in the instructions t						-
	ndar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 199	7	(e) Total
15	Gifts, grants, and contributions received (Do	97981	49380	40596	360	0.1	224020
40	not include unusual grants See line 28)	10032	12513	40596	368	<u>8</u> T	224838
16	Membership fees received	10032	12313		_		22545
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of						
	facilities in any activity that is related to the	:			ı	-	
	organization's charitable, etc , purpose	82251	109376	77560	752	30	344417
18	Gross income from interest, dividends,						
	amounts received from payments on securities toans (section 512(a)(5)), rents, royalties, and			ll l		-	
	unrelated business taxable income (less					1	
	section 511 taxes) from businesses acquired		_			ľ	
	by the organization after June 30, 1975	1134	244	453	4	66	2297
19	Net income from unrelated business activities not included in line 18						
20	Tax revenues levied for the organization's					- 1	
	benefit and either paid to it or expended on its behalf						
21	The value of services or facilities furnished to						
	the organization by a governmental unit without					1	
	charge Do not include the value of services						
	or facilities generally furnished to the public without charge					ļ	
22	Other income Attach a schedule Do not						
	include gain or (loss) from sale of capital assets						
23	Total of lines 15 through 22	191398	171513	118609	1125		594097
24	Line 23 minus line 17	109147	62137	41049	373		249680
25	Enter 1% of line 23	1914	1715	1186	11	26	
26	Organizations described on lines 10 or 11:		amount in colun	• •	▶	26a	4994
b	Prepare a list for your records to show the name of and amo					1	
	publicly supported organization) whose total gifts for 1997 the		ed the amount show	n in line 26a Do no		26b	
_	this list with your return. Enter the total of all these excess a Total support for section 509(a)(1) test. Enter line				· •	26c	249680
	Add Amounts from column (e) for lines 18		9		~ }	200	213000
u	22		26b		•	26d	2297
A	Public support (line 26c minus line 26d total)			 -	· •	26e	247383
	Public support percentage (line 26e (numerat	or) divided by	line 26c (denon	ninator))		26f	99.08 %
	Organizations described on line 12: a For a				re received		
	person," prepare a list for your records to show	the name of, a	nd total amount:	s received in ea-			
	person " Do not file this list with your return.			-			
	(2000) (1999)		· .				
þ	For any amount included in line 17 that was rec						
	records to show the name of, and amount receive year or (2) \$5,000 (Include in the list organization						
	your return. After computing the difference between						
	sum of these differences (the excess amounts) for			J		• •	• • •
	(2000)(1999)		(1998)	(1997)		
	A44 A						
C	Add Amounts from column (e) for lines 15					1	
	17 20					27c	
	Add Line 27a total and					27d	
	Public support (line 27c total minus line 27d total	· -	00 mail:	. ozs	•	27e	
	Total support for section 509(a)(2) test. Enter an			▶ 27f		27g	0/
	Public support percentage (line 27e (numerat Investment income percentage (line 18, column (e) (numerat		•	•••	,	2/9 27h	<u>%</u> %
	Unusual Grants: For an organization described						
	prepare a list for your records to show, for each	year, the name	of the contribute	or, the date and	amount of i	he gr	ant, and a brief
	description of the nature of the grant. Do not file	this list with y	our return Do	not include thesi	e grants in i	ine 1:	5

Pa	(To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A			-90 4
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	- - -		l
	Does the organization maintain the following Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
đ	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	-		
33	Does the organization discriminate by race in any way with respect to	-		
а	Students' rights or privileges?	33a		
þ	Admissions policies?	33b		
¢	Employment of faculty or administrative staff?	33c		
ď	Scholarships or other financial assistance?	33d		
6	Educational policies?	33e		;
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	_		
		_		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		_
35	If you answered "Yes" to either 34a or b, please explain using an attached statement Does the organization certify that it has complied with the applicable requirements of sections 4 01 through			
	4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

	t VI-A Lobbying Expenditures by Elect	ing Public Ch	arities (See p	age 9 of th	ne insi	tructions)	Page 5
		ibio organizatio	on that mean	///// 0///////////////////////////////			
Chec	k ▶ a ☐ if the organization belongs to an affiliated gro	oup Check	< ▶ b ☐ ıfyou	checked "a"	and 'lu	nited control prov	nsions apply
	Limits on Lobbyını (The term "expenditures" means	- •				(a) Affiliated group totals	(b) To be completed for ALL electing
36	Total lobbying expenditures to influence public o		 _		36		organizations
37	Total lobbying expenditures to influence a legisla				37		
38	Total lobbying expenditures (add lines 36 and 37	, ,	t lobbying)		38		
39	Other exempt purpose expenditures	,			39		
40	Total exempt purpose expenditures (add lines 38	3 and 39)			40		
41	Lobbying nontaxable amount. Enter the amount		na table		1		
	If the amount on line 40 is — The lobil Not over \$500,000 20% of the Over \$500,000 but not over \$1,000,000 \$100,000 g Over \$1,000,000 but not over \$1,500,000 \$175,000 g Over \$1,500,000 but not over \$17,000,000 \$225,000 g	bying nontaxab amount on line 40 plus 15% of the exceptus 10% of the exceptus 5% of the e	le amount is — ess over \$500,000 ess over \$1,000,000	٦	41		
	Over \$17,000,000 \$1,000,000			J	_		
42	Grassroots nontaxable amount (enter 25% of lin		42		 		
43	Subtract line 42 from line 36 Enter -0- if line 42	•	·		43		
44	Subtract line 41 from line 38 Enter -0- if line 41	is more than lin	e 38		44		
	Caution: If there is an amount on either line 43	or line 44 voji m	ust file Form 47	720			
	College Colleg		ying Expendit	·	4-Ye		
	Calendar year (or fiscal year beginning in) ▶	(a) 2001	(b) 2000	(c) 1999		(d) 1998	(e) Total
45	Lobbying nontaxable amount			ļ			
46	Lobbying ceiling amount (150% of line 45(e))			 			<u></u>
47	Total lobbying expenditures			<u> </u>			
<u>48</u>	Grassroots nontaxable amount			<u> </u>			
<u>49</u>	Grassroots ceiling amount (150% of line 48(e))			ļ- <u>-</u>			
50	Grassroots lobbying expenditures	j	J]	}		
	t VI-B Lobbying Activity by Nonelectin (For reporting only by organization	g Public Chai s that did not c	ri ties complete Part	J VI-A) (See	page	12 of the inst	ructions)N/A
Dun	ng the year, did the organization attempt to influe						
atter	npt to influence public opinion on a legislative ma				-	res no	Amount
	Paid staff or management (Include compensation	on in expenses re	eported on lines	c through	h.)		
C	Media advertisements				,		1
đ	Mailings to members, legislators, or the public						
e	Publications, or published or broadcast stateme	ents					
f	Grants to other organizations for lobbying purpo						
9			or a legislative	body			
h	Rallies, demonstrations, seminars, conventions	, speeches, lectu	ires, or any othe	er means			
İ	Total lobbying expenditures (Add lines c through	-				L	<u> </u>
	If "Yes" to any of the above, also attach a staten	nent giving a del	tailed description	n of the lob	bying	activities	

Page	6
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Part V	II Information	Regarding Tran	sfers To and Transactions	and Relationships With Nor	charitable	Exe	mpt
			of the instructions) N/A	·			
50	1(c) of the Code (o	ther than section 50	1(c)(3) organizations) or in se	following with any other organizati ction 527, relating to political organ	nizations?		
		porting organization	to a noncharitable exempt org	panization of		Yes	No
(1)	Cash				51a(ı)		
(11)	Other assets ner transactions				a(u)		
(i)		nes of assets with a	noncharitable exempt organiz	ration	b(i)		ĺ
(1) (11)		•	ritable exempt organization	2 (1011	b(II)		
٠,,		es, equipment, or ot			b(III)		
•) Reimbursement				b(iv)		
•	Loans or loan gu	_			b(v)		
	-		ship or fundraising solicitation	S	b(vi)		
c Sh	aring of facilities, e	quipment, mailing li	sts other assets, or paid emp	loyees	c		
of t	he goods, other as	sets, or services giv	en by the reporting organization	ute Column (b) should always sho on If the organization received less e of the goods, other assets, or se	s than fair ma	rket	
(a) Line no	(b) Amount involved	Name of nonch	(c) lantable exempt organization	(d) Description of transfers transactions a	nd sharing arrang	emen	ts
	 						
	 						
	 	<u> </u>			·		
	 						
	 						
		 					
	†———		····				
		·					
-	·						
				or more tax-exempt organizations			
	Yes," complete the	following schedule	other than section 501(c)(3)) o		► ∐ Yes) No
	(a) Name of organi	zation	(b) Type of organization	(c) Description of relation	onship		
							
							
							
				 	-		 -
			<u> </u>				
			 				
				 			
			 	 			

PART I, LINE 9 - SPECIAL EVENTS

GROSS REVENUE FROM GALA 7,851
DIRECT EXPENSES FROM GALA (39,484)

NET INCOME FROM GALA (31,633)

PART I, LINE 20 - OTHER CHANGES IN NET ASSETS

UNREALIZED LOSS 817

PART III - PURPOSE AND PART VIII - ACTIVITIES AND EXEMPT PURPOSE

THE ANN ARBOR FILM FESTIVAL EXISTS TO PROVIDE A WORLDWIDE PUBLIC FORUM FOR 16 MM FILM SCREENINGS, TO ENCOURAGE AND SHOWCASE INDEPENDENT & EXPERIMENTAL FILM ARTISTS, TO PROMOTE FILM AS ART, AND TO OFFER EDUCATIONAL OUTREACH

PART II, LINE 43				
		PROGRAM	MANAGEMENT	
OTHER EXPENSES	TOTAL	SERVICES	AND GENERAL	FUNDRAISING
FILMMAKER AWARDS	17,997	17,997	-	_
FILMMAKER REIMBURSEMENTS	35	35	•	-
GRAPHIC DESIGN	1,000	1,000	-	-
HONORARIA - JUDGES	1,500	1,500	-	-
MICHIGAN THEATER EXPENSES	23,431	23,431	-	•
ADVERTISING	5,760	5,760	-	-
RENTALS OF FILMS	788	788	-	•
MEALS AND ENTERTAINMENT	3,596	3,294	302	-
COMMISSIONS	6,375	6,375	-	-
FESTIVAL TRAILER	1,500	1,500	-	•
CONTRACTED LABOR	2,910	-	2,910	-
UTILITIES	521	-	521	-
DUES, FEES, SUBSCRIPTIONS	1,172	-	1,172	-
BANK FEES AND CREDIT CARD FEES	764	-	764	-
LATE FEES, FINANCE CHARGES	222	-	222	-
INSURANCE - LIABILITY	1,069	-	1,069	-
MISCELLANEOUS EXPENSES	1,514	-	1,514	-
CLEANING	215	-	215	-
BAD DEBTS	45	45	-	-
TOUR EXPENSES	15,833	15,833	-	-
TRAINING	45		45	
TOTAL	86,292	77,558	8,734	

PART IV. LINE 54
INVESTMENTS - SECURITIES

MARKET VALUE

2002

2001

WASHINGTON MUTUAL INVESTORS FUND

4,870

6,031

BOARD OF DIRECTORS AND OFFICERS	TITLE	COMPENSATION
EDIE HERROLD 1006 BATH STREET ANN ARBOR, MI 48103	PRESIDENT 2 HRS/WK	2,000
BRUCE BAKER 315 EIGHTH ANN ARBOR, MI 48103	TREASURER 2 HRS/WK	0
BARBARA BROWN 1111 SPRING STREET ANN ARBOR, MI 48103	SECRETARY 2 HRS/WK	0
STEVE BERGMAN 4080 PINEGREE RD HOWELL, MI 48843	2 HRS/WK	0
DAVID GATTEN 1640 TRUMANSBURG RD ITHACA, NY 14850	2 HRS/WK	0
DENNIS HAYES 120 N FOURTH AVE ANN ARBOR, MI 48104	2 HRS/WK	0
ALISON LATENDRESSE 518 BOWERY IOWA CITY, IA 52240	2 HRS/WK	0
JOE TIBONI 512 SPRING STREET ANN ARBOR, MI 48103	2 HRS/WK	0
VICKI HONEYMAN 235 MURRAY ANN ARBOR, MI 48103	DIRECTOR 40 HRS/WK	28,000
CHRISSTINA HAMILTON 743 SPRING ST ANN ARBOR, MI 48103	ASST DIR 40 HRS/WK	18,833