

Form **990**

OMB No 1545-0047

**Return of Organization Exempt From Income Tax****2003**Department of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)Open to Public  
Inspection

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

**A** For the 2003 calendar year, or tax year beginning **11/01/03**, and ending **10/31/04****B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please  
use IRS  
label or  
print or  
type.  
See  
Specific  
Instruc-  
tions.**C** Name of organization

ANN ARBOR FILM FESTIVAL, INC.

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

203 E ANN STREET

Room/suite

City or town, state or country, and ZIP + 4

ANN ARBOR

MI 48104

**D** Employer ID number

38-2379836

**E** Telephone number

734-995-5356

**F** Accounting method: ☐ Cash☒ Accrual ☐ Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable  
trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Website: **AAFILMFEST.ORG****J** Organization type(check only one) ☒ 501(c) ( 3 ) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000.

The organization need not file a return with the IRS; but if the organization received a  
Form 990 Package in the mail, it should file a return without financial data. Some states  
require a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **186,984**

H and I are not applicable to section 527 organizations

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates **▶****H(c)** Are all affiliates included? ☐ Yes ☐ No

(If "No," att a list See instr)

**H(d)** Is this a separate return filed by anorganization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number **▶****M** Check ☒ if the organization is not required

to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions.)**1** Contributions, gifts, grants, and similar amounts received:**a** Direct public support**b** Indirect public support**c** Government contributions (grants)**d** Total (add lines 1a through 1c) (cash \$ **57,330** noncash \$ )**1a** 21,630**1b****1c** 35,700**1d** 57,330**2** Program service revenue including government fees and contracts (from Part VII, line 93)**2** 117,368**3** Membership dues and assessments**3** 6,338**4** Interest on savings and temporary cash investments**4** 277**5** Dividends and interest from securities**5** 130**6a** Gross rents**6a****b** Less: rental expenses**6b****c** Net rental income or (loss) (subtract line 6b from line 6a)**6c****7** Other investment income (describe **▶**)**7****8a** Gross amount from sales of assets other  
than inventory

(A) Securities

(B) Other

**8a****b** Less: cost or other basis and sales expenses**8b****c** Gain or (loss) (attach schedule)**8c****d** Net gain or (loss) (combine line 8c, columns (A) and (B))**8d****9** Special events and activities (attach schedule). If any amount is from gaming, check here ☐**a** Gross revenue (not including \$ of  
contributions reported on line 1a)**9a** 3,248**b** Less: direct expenses other than fundraising expenses**9b** 7,093**c** Net income or (loss) from special events (subtract line 9b from line 9a)**9c** -3,845**10a** Gross sales of inventory, less returns and allowances**10a** 2,293**b** Less: cost of goods sold**10b** 2,661**c** Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) **STMT 1****10c** -368**11** Other revenue (from Part VII, line 103)**11****12** Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)**12** 177,230**E** **13** Program services (from line 44, column (B))**13** 124,539**14** Management and general (from line 44, column (C))**14** 38,939**15** Fundraising (from line 44, column (D))**15** 10,635**16** Payments to affiliates (attach schedule)**16****17** Total expenses (add lines 16 and 44, column (A))**17** 174,113**A** **18** Excess or (deficit) for the year (subtract line 17 from line 12)**18** 3,117**N** **19** Net assets or fund balances at beginning of year (from line 73, column (A))**19** 21,872**s** **20** Other changes in net assets or fund balances (attach explanation)

SEE STMT 2

**20** 426**21** Net assets or fund balances at end of year (combine lines 18, 19, and 20)**21** 25,415

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form 990 (2003)

25

RECEIVED  
SEP 21 2005  
OGDEN, UT  
IRS-OSC

SCANNED OCT 14 2005  
Revenue

**Part II Statement of  
Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____ )	22			
23 Specific assistance to individuals	23			
24 Benefits paid to or for members	24			
25 Compensation of officers, directors, etc.	25	29,633	14,816	8,890
26 Other salaries and wages	26	19,141	11,485	5,742
27 Pension plan contributions	27			
28 Other employee benefits	28	12,616	6,658	3,785
29 Payroll taxes	29	3,863	2,083	1,159
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33	4,170	2,775	1,395
34 Telephone	34	2,287		2,287
35 Postage and shipping	35	5,706	3,956	1,750
36 Occupancy	36	36,443	29,877	6,566
37 Equipment rental and maintenance	37	72		72
38 Printing and publications	38	13,193	12,137	1,056
39 Travel	39	5,970	3,647	2,323
40 Conferences, conventions, and meetings	40	2,508	2,508	
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42			
43 Other expenses not covered above (itemize): a	43a			
b SEE STATEMENT 3	43b	38,511	34,597	3,914
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	174,113	124,539	38,939

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,

(iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See page 25 of the instructions.)

What is the organization's primary exempt purpose?

▶ SEE STATEMENT 4

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) & (4) orgs., & 4947(a)(1) trusts, but optional for others.)

a SEE PRIMARY EXEMPT PURPOSE STATEMENT

(Grants and allocations \$ \_\_\_\_\_ ) 124,539

b

(Grants and allocations \$ \_\_\_\_\_ )

c

(Grants and allocations \$ \_\_\_\_\_ )

d

(Grants and allocations \$ \_\_\_\_\_ )

e Other program services (attach schedule)

(Grants and allocations \$ \_\_\_\_\_ )

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

▶ 124,539

**Part IV Balance Sheets** (See page 25 of the instructions.)

<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
45	Cash-non-interest-bearing	4,689	45	11,063
46	Savings and temporary cash investments	24,839	46	23,388
47a	Accounts receivable	6,723		
b	Less: allowance for doubtful accounts		47c	6,723
47b		3,950		
48a	Pledges receivable			
b	Less: allowance for doubtful accounts		48c	
48b				
49	Grants receivable	3,700	49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)			
b	Less: allowance for doubtful accounts		51c	
51b				
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges	357	53	357
54	Investments-securities SEE STMT <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	5,107	54	5,064
55a	Investments-land, buildings, and equipment: basis			
b	Less: accumulated depreciation (attach schedule)		55c	
55b				
56	Investments-other (attach schedule)		56	
57a	Land, buildings, and equipment: basis			
b	Less: accumulated depreciation (attach schedule)		57c	
57b				
58	Other assets (describe SEE STMT )	500	58	500
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	43,142	59	47,095
60	Accounts payable and accrued expenses	6,771	60	6,772
61	Grants payable		61	
62	Deferred revenue	14,499	62	14,908
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe )		65	
66	<b>Total liabilities</b> (add lines 60 through 65)	21,270	66	21,680
<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>				
67	Unrestricted	3,872	67	8,415
68	Temporarily restricted	18,000	68	17,000
69	Permanently restricted		69	
<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	21,872	73	25,415
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	43,142	74	47,095

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.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)		Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return	
N/A		N/A	
a	Total revenue, gains, and other support per audited financial statements ▶	a	Total expenses and losses per audited financial statements ▶
b	Amounts included on line a but not on line 12, Form 990:	b	Amounts included on line a but not on line 17, Form 990:
	(1) Net unrealized gains on investments \$		(1) Donated services and use of facilities \$
	(2) Donated services and use of facilities \$		(2) Prior year adjustments reported on line 20, Form 990 \$
	(3) Recoveries of prior year grants \$		(3) Losses reported on line 20, Form 990 \$
	(4) Other (specify):		(4) Other (specify):
	\$		\$
	Add amounts on lines (1) through (4) ▶		Add amounts on lines (1) through (4) ▶
c	Line a minus line b ▶	c	Line a minus line b ▶
d	Amounts included on line 12, Form 990 but not on line a:	d	Amounts included on line 17, Form 990 but not on line a:
	(1) Investment expenses not included on line 6b, Form 990 \$		(1) Investment expenses not included on line 6b, Form 990 \$
	(2) Other (specify):		(2) Other (specify):
	\$		\$
	Add amounts on lines (1) and (2) ▶		Add amounts on lines (1) and (2) ▶
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	Total expenses per line 17, Form 990 (line c plus line d) ▶

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
EDWARD MCDONALD 203 E ANN ST ANN ARBOR MI 48104	PRESIDENT VAR	0	0	0
JAY NELSON 203 E ANN ST ANN ARBOR MI 48104	TREASURER VAR	0	0	0
CHRIS MCNAMARA 203 E ANN ST ANN ARBOR MI 48104	SECRETARY VAR	0	0	0
STEVE BERGMAN 4080 PINETREE HOWELL MI 48843	TRUSTEE VAR	0	0	0
DENNIS HAYES 120 N FOURTH AVE ANN ARBOR MI 48104	TRUSTEE VAR	0	0	0
HEIDI KUMAO 203 E ANN ST ANN ARBOR MI 48104	TRUSTEE VAR	0	0	0
JARON ODISH 203 E ANN ST ANN ARBOR MI 48104	TRUSTEE VAR	0	0	0
CHRISSTINA HAMILTON 743 SPRING ST ANN ARBOR MI 48103	DIRECTOR 40	29,633	9,111	0
CARRIE CECCHINI 203 E ANN ST ANN ARBOR MI 48104	ASST DIR 40	19,141	3,504	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  
If "Yes," attach schedule-see page 28 of the instructions.

▶ ☐ Yes ☒ No

**Part VI Other Information** (See page 28 of the instructions.)

	Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
<b>80a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
<b>b</b> If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
<b>81a</b> Enter direct and indirect political expenditures. See line 81 instructions	81a	
<b>b</b> Did the organization file Form 1120-POL for this year?	81b	X
<b>82a</b> 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	X
<b>b</b> 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	
<b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/A
<b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
<b>85</b> 501(c)(4), (5), or (6) organizations. <b>a</b> Were substantially all dues nondeductible by members?	85a	N/A
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.	85b	N/A
<b>c</b> Dues, assessments, and similar amounts from members	85c	
<b>d</b> Section 162(e) lobbying and political expenditures	85d	
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
<b>h</b> 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 tax year?	85h	N/A
<b>86</b> 501(c)(7) orgs. Enter: <b>a</b> Initiation fees and capital contributions included on line 12	86a	
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	86b	
<b>87</b> 501(c)(12) orgs. Enter: <b>a</b> Gross income from members or shareholders	87a	
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
<b>88</b> 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 301.7701-3? If "Yes," complete Part IX	88	X
<b>89a</b> 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="text"/> 0 ; section 4912 <input type="text"/> 0 ; section 4955 <input type="text"/> 0		
<b>b</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
<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
<b>90a</b> List the states with which a copy of this return is filed <input type="text"/> MI		
<b>b</b> Number of employees employed in the pay period that includes March 12, 2003 (See instructions)	90b	2
<b>91</b> The books are in care of <input type="text"/> JAY NELSON Located at <input type="text"/> ANN ARBOR, MI	Telephone no. <input type="text"/> 734-995-5356 ZIP + 4 <input type="text"/> 48104	
<b>92</b> 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 <input type="text"/>	92	

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

**93 Program service revenue:**

a SEE STATEMENT 7

b

c

d

e

f Medicare/Medicaid payments

g Fees and contracts from government agencies

**94 Membership dues and assessments****95 Interest on savings and temporary cash investments****96 Dividends and interest from securities****97 Net rental income or (loss) from real estate:**

a debt-financed property

b not debt-financed property

**98 Net rental income or (loss) from personal property****99 Other investment income****100 Gain or (loss) from sales of assets other than inventory****101 Net income or (loss) from special events****102 Gross profit or (loss) from sales of inventory****103 Other revenue:** a

b

c

d

e

**104 Subtotal (add columns (B), (D), and (E))****105 Total (add line 104, columns (B), (D), and (E))**

Unrelated business income		Excluded by sec 512, 513, or 514		(E) Related or exempt function income
(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
				117,368
				6,338
		14	277	
		14	130	
		1	-3,845	
		1	-368	
	0		-3,806	123,706
				119,900

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

SEE STATEMENT 8

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please

Date

9-15-05  
Ann Arbor Film Festival, Board of Directors



**Part III Statements About Activities** (See page 2 of the instructions.)

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities <b>▶</b> \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	<b>1</b>	<b>X</b>
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b> Sale, exchange, or leasing of property?	<b>2a</b>	<b>X</b>
<b>b</b> Lending of money or other extension of credit?	<b>2b</b>	<b>X</b>
<b>c</b> Furnishing of goods, services, or facilities?	<b>2c</b>	<b>X</b>
<b>d</b> Payment of compensation (or payment or reimbursement of expense if more than \$1,000)? SEE PART V, FORM 990	<b>2d</b>	<b>X</b>
<b>e</b> Transfer of any part of its income or assets?	<b>2e</b>	<b>X</b>
<b>3a</b> Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	<b>3a</b>	<b>X</b>
<b>3b</b> Do you have a section 403(b) annuity plan for your employees?	<b>3b</b>	<b>X</b>
<b>4</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	<b>4</b>	<b>X</b>

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶**
- 10** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** ☐ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13** ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See 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 number from above

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



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	78,875	82,199	97,981	49,380	308,435
<b>16</b> Membership fees received	7,061	6,693	10,032	12,513	36,299
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	79,972	103,223	82,251	109,376	374,822
<b>18</b> Gross income from interest, dividends, amounts received from payment on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	345	1,072	1,134	244	2,795
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefits and either paid to it or expended on its behalf					0
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					0
<b>23</b> Total of lines 15 through 22	166,253	193,187	191,398	171,513	722,351
<b>24</b> Line 23 minus line 17	86,281	89,964	109,147	62,137	347,529
<b>25</b> Enter 1% of line 23	1,663	1,932	1,914	1,715	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24					26a 6,951
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 3,049
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 347,529
d Add: Amounts from column (e) for lines: 18 2,795 19 22 3,049					26d 5,844
e Public support (line 26c minus line 26d total)					26e 341,685
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 98.3184%
<b>27 Organizations described on line 12:</b> a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:	(2002)	(2001)	(2000)	(1999)	N/A
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:	(2002)	(2001)	(2000)	(1999)	N/A
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c
d Add: Line 27a total and line 27b total					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See page 7 of the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		N/A	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? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31		
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	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:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	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? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b		
35	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		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) N/ACheck ☐ **a** if the organization belongs to an affiliated group. Check ☐ **b** if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table-		
<b>If the amount on line 40 is-</b>		
Not over \$500,000	20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of.

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Yes	No	Amount



**Federal Statements****Statement 1 - Form 990, Line 10c - Sales of Inventory**

Description	Gross Sales	COGS	Gross Profit
MERCHANDISE	\$ 2,293	\$ 2,661	\$ -368
TOTAL	\$ 2,293	\$ 2,661	\$ -368

**Statement 2 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances**

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	\$ 426
TOTAL	\$ 426

**Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
EXPENSES	\$	\$	\$	\$
ADVERTISING & PROMOTION	6,341	6,330	11	
FILMMAKER AWARDS	17,189	17,189		
FILMMAKER RENTALS	7,183	7,183		
HONORARIA	1,938	1,938		
MISCELLANEOUS	263	228	35	
CONTRACTOR LABOR	1,729	1,729		
INSURANCE - W/C	359		359	
DUES, FEES & SUBSCRIPTIONS	1,436		1,436	
INSURANCE - LIAB	1,475		1,475	
PAYROLL SERVICE FEES	598		598	
TOTAL	\$ 38,511	\$ 34,597	\$ 3,914	\$ 0

**Statement 4 - Form 990, Part III - Organization's Primary 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.

**Statement 5 - Form 990, Part IV, Line 54 - Investments in Securities**

Description	Beginning of Year	End of Year	Basis of Valuation
CORPORATE STOCK			
MUTUAL FUND	5,107	5,064	MARKET
	5,107	5,064	

38-2379836

**Federal Statements**

FYE: 10/31/2004

**Statement 6 - Form 990, Part IV, Line 58 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
SECURITY DEPOSITS	\$ 500	\$ 500
TOTAL	\$ 500	\$ 500

**Statement 7 - Form 990, Part VII, Line 93 - Program Service Revenue**

<u>Description</u>	<u>Business Code</u>	<u>Unrelated Amount</u>	<u>Exclusion Code</u>	<u>Exclusion Amount</u>	<u>Related Income</u>
ENTRY FEES		\$		\$	\$ 49,266
TICKET SALES					26,826
SPONSORSHIPS					20,284
PROGRAM ADVERTISING					4,941
SILENT AUCTION					4,372
TOUR RENTALS					11,679
TOTAL		\$ 0		\$ 0	\$ 117,368

**Statement 8 - Form 990, Part VIII - Relationship of Activities**

<u>Line No.</u>	<u>Description</u>
93A	SEE PRIMARY EXEMPT PURPOSE STATEMENT
93B	SEE PRIMARY EXEMPT PURPOSE STATEMENT
93C	SEE PRIMARY EXEMPT PURPOSE STATEMENT
93D	SEE PRIMARY EXEMPT PURPOSE STATEMENT
93E	SEE PRIMARY EXEMPT PURPOSE STATEMENT
93F	SEE PRIMARY EXEMPT PURPOSE STATEMENT