

SCANNED MAR 11 2010

Short Form Return of Organization Exempt From Income Tax

2008

Open to Public Inspection

Form 990-EZ

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning OCTOBER 1, 2008, and ending SEPTEMBER 30, 2009

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Termination
 - Amended return
 - Application pending

C Name of organization
WOMEN IN FILM & VIDEO NEW ENGLAND

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
119 BRAINTREE ST. SUITE 509

City or town, state or country, and ZIP + 4
BOSTON, MA 02134

D Employer identification number
04-2791260

E Telephone number
(617) 987-0259

F Group Exemption Number

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

G Accounting method Cash Accrual
Other (specify)

I Website: WWW.WIFVNE.ORG

J Organization type (check only one) - 501(c) (3) (insert no.) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$1,000,000 or more, file Form 990 instead of Form 990-EZ. **\$** 19046.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received	2985																									
	2	Program service revenue including government fees and contracts	7645																									
	3	Membership dues and assessments	8604																									
	4	Investment income	3																									
	5a	Gross amount from sale of assets other than inventory					0																					
	5b	Less: cost or other basis and sales expenses					0																					
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)							0																			
	6	Special events and activities (complete applicable parts of Schedule G. If any amount is from gaming, check here <input type="checkbox"/>)																										
	6a	Gross revenue (not including \$ of contributions reported on line 1)								0																		
	6b	Less: direct expenses other than fundraising expenses								0																		
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)										0																	
7a	Gross sales of inventory, less returns and allowances											0																
7b	Less: cost of goods sold											0																
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																											
8	Other revenue (describe <u>MISC. INCOME</u>)														10													
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.														19046													
Expenses	10	Grants and similar amounts paid (attach schedule)													0													
	11	Benefits paid to or for members													0													
	12	Salaries, other compensation, and employee benefits													12157													
	13	Professional fees and other payments to independent contractors													1110													
	14	Occupancy, rent, utilities, and maintenance													4275													
	15	Printing, publications, postage, and shipping													668													
	16	Other expenses (describe <u>OFFICE, PROGRAM, DUES & MARKETING</u>)													9399													
17	Total expenses. Add lines 10 through 16.													27610														
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)													28564.7													
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)													9051													
	20	Other changes in net assets or fund balances (attach explanation)													0													
	21	Net assets or fund balances at end of year. Combine lines 18 through 20.													487													

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	9051	487
23	Land and buildings	0	0
24	Other assets (describe <u> </u>)	0	0
25	Total assets	9051	487
26	Total liabilities (describe <u> </u>)	0	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	9051	487

25

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses
What is the organization's primary exempt purpose? <u>PROFESSIONAL DEVELOPMENT & EDUCATION</u>		Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28	<u>FILM & TELEVISION INDUSTRY NETWORKING EVENT TO BRING TOGETHER LOCAL FILM PROFESSIONALS, WIFVNE MEMBERS & FUNDERS FROM AROUND COUNTRY AT NAT'L CONF.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 4578.
29	<u>MEDIA MENTORS PROGRAM MATCHES ESTABLISHED FILM PROFESSIONALS W/ ASPIRING WOMEN FILMMAKERS BENEFITS LOCAL FILM INDUSTRY & MEMBERS W/ TRAINING</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a 525.
30	<u>SCREENWRITING COMPETITION & AWARDS EVENT, LEGAL WORKSHOPS, TAX SEMINARS, SCREENING SERIES AND OTHER NETWORKING EVENTS ALL PROVIDE PROF. DEVELOPMENT</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a 1218.
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a 0
32	Total program service expenses (add lines 28a through 31a)	32 6321.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>CHERYL DALAN DONDYAN</u> <u>49 CROSS ST WINCHESTER MA</u>	<u>PRESIDENT</u> <u>20 HRS</u>	<u>0</u>	<u>0</u>	<u>REMB. FOR EXPENSES</u>
<u>MICHELE DAVIS</u> <u>131 BELL ROCK ST. EVERETT, MA</u>	<u>VICE PRES.</u> <u>20 HRS</u>	<u>0</u>	<u>0</u>	<u>"</u>
<u>NICOLE PROWELL</u> <u>35 SHEAFE ST. CHESTNUT HILL, MA</u>	<u>SECRETARY</u> <u>20 HRS</u>	<u>0</u>	<u>0</u>	<u>\$500.-</u>
<u>THATO MWUSA</u> <u>20 HUDSON ST. MILTON, MA</u>	<u>PROG. COORDINATOR</u> <u>16 HRS</u>	<u>5892.</u>	<u>0</u>	<u>0</u>
<u>BEN FOWLE</u> <u>72 WESTWOOD RD SOMERVILLE, MA</u>	<u>PROG. COORDINATOR</u> <u>16 HRS</u>	<u>4537.</u>	<u>0</u>	<u>0</u>
<u>NICOLE PROWELL</u> <u>35 SHEAFE ST. CHESTNUT HILL, MA</u>	<u>PROG. COORDINATOR</u> <u>16 HRS</u>	<u>1727.</u>	<u>0</u>	<u>0</u>
<u>LOREN LARSEN</u> <u>45 FREICHER ST. ROSLINDALE, MA</u>	<u>DIRECTOR</u> <u>5 HRS</u>	<u>0</u>	<u>0</u>	<u>REMB. FOR EXPENSES</u>
<u>ANNIE BERMAN</u> <u>3 TREMONT ST. CAMBRIDGE, MA</u>	<u>DIRECTOR</u>	<u>0</u>	<u>0</u>	<u>"</u>
<u>VANESSA VARTABEDIAN</u> <u>15 CHANDEL CT. ST. BOSTON, MA</u>	<u>DIRECTOR</u>	<u>0</u>	<u>0</u>	<u>"</u>
<u>LAURA YELEN</u> <u>NAT'L BOSTON 115 DUMPER ST. BROOKLINE MA</u>	<u>DIRECTOR</u>	<u>0</u>	<u>0</u>	<u>"</u>
<u>ANN ADELSBERGER</u> <u>39 ROBERTSON ST. BOSTON, MA</u>	<u>ASST. TREASURER</u>	<u>0</u>	<u>0</u>	<u>"</u>

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<input checked="" type="checkbox"/>
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		<input checked="" type="checkbox"/>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a <u>0</u>		
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0</u> ; section 4912 ▶ <u>0</u> ; section 4955 ▶ <u>0</u>		
b	Section 501(c)(3) and (4) organizations. 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," complete Schedule L, Part I		<input checked="" type="checkbox"/>
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d	Enter amount of tax on line 40c reimbursed by the organization ▶		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed. ▶ <u>MA</u>		
42a	The books are in care of ▶ <u>CHERYL EAGAN-DONOVAN</u> Telephone no. ▶ <u>617-987-0259</u> Located at ▶ <u>119 BRAINTREE ST. SUITE 507 BOSTON, MA</u> ZIP + 4 ▶ <u>02134</u>		
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)? If "Yes," enter the name of the foreign country: ▶	Yes	No <input checked="" type="checkbox"/>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶		<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 <u>0</u>		<input type="checkbox"/>
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- | | Yes | No |
|------------|--------------------------|-------------------------------------|
| 46 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 47 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 48 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 49a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 49b | <input type="checkbox"/> | <input type="checkbox"/> |
- 46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a** Did the organization make any transfers to an exempt non-charitable related organization?
- b** If "Yes," was the related organization(s) a section 527 organization?
- 50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000 . . ▶		

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

Sign Here Date 2/14/10

Cheryl A. Eagan-Donovan
Signature of officer

CHERYL A. EAGAN-DONOVAN, PRESIDENT
Type or print name and title

Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	EIN ▶	Phone no ▶ ()	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Form **990-EZ** (2008)

N/A

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.)

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Description. Rows include: 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2008 Schedule A, Part II, line 14; 16a 33 1/3% support test—2009; b 33 1/3% support test—2008; 17a 10%-facts-and-circumstances test—2009; b 10%-facts-and-circumstances test—2008; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10385	13025	24312	9858	11389	68969
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	7312	34708	6972	18919	7655	75566
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 Total. Add lines 1 through 5	17697	47733	31284	28777	19044	144535
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
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	0	0	0	0	0	0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)	17697	47733	31284	28777	19044	144535

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	17697	47733	31284	28777	19044	144535
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11	11	190	12	3	227
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	11	11	190	12	3	227
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13 Total support. (Add lines 9, 10c, 11, and 12.)	17708	47744	31474	28789	19047	144752

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	100 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	100 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0 %

19a **33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

