

Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form 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)

► 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 \$500,000 and total assets less than \$1,250,000 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.

OMB No 1545-1150

2009

Open to Public
Inspection

A For 2009 calendar year, or tax year beginning JUNE 01, 2009, and ending MAY 31, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Ann Arbor Film Festival Inc		D Employer identification number 38-2379836
		Number & street (or P O box, if mail is not delivered to street address) Room/suite		E Telephone number
		308 1/2 S. State Street Suite 22		(734) 995-5356
		City or town, state or country, and ZIP + 4 Ann Arbor MI 48104		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: ► aafilmfest.org

J Tax-exempt status (check only one) -- ☒ 501(c)(3) (insert no) 4947(a)(1) or 527

H Check ☐ if organization is not required to attach Sch 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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 310,215

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	124,715
	2	Program service revenue including government fees and contracts	2	166,578
	3	Membership dues and assessments	3	13,225
	4	Investment income	4	26
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	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)	6a	
	6b	Less direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a	5,671	
7b	Less cost of goods sold	7b	4,290	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	1,381	
8	Other revenue (describe ►)	8		
9	Total revenue. All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	305,925	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	119,557
	13	Professional fees and other payments to independent contractors	13	26,452
	14	Occupancy, rent, utilities, and maintenance	14	35,884
	15	Printing, publications, postage, and shipping	15	28,284
	16	Other expenses (describe ► See attachment #2)	16	85,632
	17	Total expenses. Add lines 10 through 16	17	295,809
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	10,116
	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)	19	22,630
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	32,746

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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	33,636	775
23	Land and buildings	1,631	1,353
24	Other assets (describe ► See attachment #3)	22,118	50,723
25	Total assets	57,385	52,851
26	Total liabilities (describe ► See attachment #4)	34,755	20,105
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	22,630	32,746

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

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

		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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
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 why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions		
b	Did the organization file Form 1120-POL for this year?		X
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 outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9		
b	Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations 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		X
41	List the states with which a copy of this return is filed MI		
42a	The organization's books are in care of See attachment #8 Telephone no		
	Located at ZIP + 4		
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)?		X
	If "Yes," enter the name of the foreign country		
	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 ?		X
	If "Yes," enter the name of the foreign country		
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		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
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		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 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 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 a section 527 organization?
- 50 Complete this table for the organization's 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."

	Yes	No
46		X
47		X
48		X
49a		X
49b		X

(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				

f Total number of other employees paid over \$100,000

- 51 Complete this table for the organization's 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		

d 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 Signature of officer: Donald Harrison Date: 12/29/10

Type or print name and title: Donald Harrison Executive Director

Paid Preparer's Use Only

Preparer's signature: <u>Robbie</u>	Date: <u>12-27-10</u>	Check if self-employed: <input type="checkbox"/>	Preparer's identifying no. (See instr.): <u>P00382957</u>
Firm's name (or yours if self-employed), address, and ZIP + 4: <u>Tax Oasis Inc</u>	EIN: <u>27-1716690</u>	Phone no: <u>734-904-2512</u>	
<u>PO Box 980540</u>			
<u>Ypsilanti, MI 48198</u>			

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

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

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.")	53542	80372	137124	138966	125868	535872
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	53542	80372	137124	138966	125868	535872
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						535872

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	53542	80372	137124	138966	125868	535872
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	237	289	153	33	33	745
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						536617
12 Gross receipts from related activities, etc. (see instructions)					12	
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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	99.86	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	96.89	%
16a 33 1/3 % support test -- 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>			
b 33 1/3 % support test -- 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
17a 10%-facts-and-circumstances test -- 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
b 10%-facts-and-circumstances test -- 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>			

SCHEDULE OF GROSS PROFIT OR (LOSS) FROM SALE OF INVENTORY

Attachment 1: page 1 - 990-EZ Page 1, Part I, line 7

Keep for Your Records

Keep For
Your Records

For calendar year 2009 or tax period beginning 06-01-2009 , and ending 05-31-2009.

Name of Organization

Employer Identification Number

Ann Arbor Film Festival Inc

38-2379836

Type of Inventory sold	Gross Sales	Cost of Goods	Gross Profit or (Loss)
Promotional Merchandise, DVDs	5,671	4,290	1,381
Total	5,671	4,290	1,381

Attachment 3: page 1 - 990-EZ Page 1, Part I, Line 24

For calendar year 2009 or tax period beginning 06-01-2009, and ending 05-31-2009.

Employer Identification Number

38-2379836

Totals

SCHEDULE OF OTHER LIABILITIES

Attachment 4: page 1 - 990-EZ Page 1, Part II, Line 26

Open to Public Inspection	For calendar year 2009 or tax period beginning 06-01-2009, and ending 05-31-2009.	
Name of Organization Ann Arbor Film Festival Inc		Employer Identification Number 38-2379836

Description of Liability	Beginning of Year	End of Year
Accounts Payable and Accrued Expenses	34,755	20,105
Totals	34,755	20,105

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 16

Inspection

For calendar year 2009 or tax period beginning

06-01-2009, and ending

05-31-2009.

Name of Organization

Employer Identification Number

Ann Arbor Film Festival Inc

38-2379836

Total	85,632
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PRIMARY EXEMPT PURPOSE

Attachment 5: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning 06-01, and ending 05-31-2009.
Name of Organization Ann Arbor Film Festival Inc	Employer Identification Number 38-2379836

Primary Purpose

To encourage and showcase independent & experimental film artists, to promote film as art, and to offer educational outreach.

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 6: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning 06-01-2009, and ending 05-31-2009.		
Name of Organization		Employer Identification Number	
Ann Arbor Film Festival Inc		38-2379836	
Part III - Statement of Program Service Accomplishments			
Grants and allocations	Amount includes foreign grants	Program service expenses	141,802
Exempt Purpose Achievements			
Annual Film Festival showing independent films showcasing 110-130 filmmakers with attendance of approximately 9,000 viewers.			

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 7: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2009 or tax period beginning 06-01-2009, and ending 05-31-2009.			
Name of Organization Ann Arbor Film Festival Inc			Employer Identification Number 38-2379836	
(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben Plans & Def Comp	(E) Expense Account & Other Allowances
Bruce Baker 308 1/2 S State St Suite 22 Ann Arbor, MI 48104	President 4.00	0	0	0
Myrna Jean Rugg 308 1/2 S State St Suite 22 Ann Arbor, MI 48104	Secretary 1.00	0	0	0
Rob Kirby 308 1/2 S State St Suite 22 Ann Arbor, MI 48104	Treasurer 2.00	0	0	0
Matthew Krichbaum 308 1/2 S State St Suite 22 Ann Arbor, MI 48104	Vice President 1.00	0	0	0
Donald Harrison 308 1/2 S State St Suite 22 Ann Arbor, MI 48104	Executive Director 40.00	60,000	0	0
LeAnn Auer 308 1/2 S State St Suite 22 Ann Arbor, MI 48104	Director 1.00	0	0	0
Tom Bray 308 1/2 S State St Suite 22 Ann Arbor, MI 48104	Director 1.00	0	0	0
Russ Collins 308 1/2 S State St Suite 22 Ann Arbor, MI 48104	Director 1.00	0	0	0
Peter Howell 308 1/2 S State St Suite 22 Ann Arbor, MI 48104	Director 1.00	0	0	0
Heidi Kumao 308 1/2 S State St Suite 22 Ann Arbor, MI 48104	Director 1.00	0	0	0
Wendy Lawson 308 1/2 S State St Suite 22 Ann Arbor, MI 48104	Director 1.00	0	0	0
Lindsay McCarthy 308 1/2 S State St Suite 22 Ann Arbor, MI 48104	Director 1.00	0	0	0
Larry Skiles 308 1/2 S State St Suite 22 Ann Arbor, MI 48104	Director 1.00	0	0	0

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 7: page 2 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2009 or tax period beginning 06-01-2009, and ending 05-31-2009.	
Name of Organization Ann Arbor Film Festival Inc		Employer Identification Number 38-2379836
(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)
22 Ann Arbor, MI 48104 Steve Warrington 308 1/2 S State St Suite 22 Ann Arbor, MI 48104	Director 1.00	0
		0

BOOKS ARE IN CARE OF

Attachment 8 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2009 or tax period beginning 06-01, and ending 05-31-2009.
Name of Organization Ann Arbor Film Festival Inc	Employer Identification Number 38-2379836
Part V - Line 42a	

Individual Name _____
or _____
Business Name
Ann Arbor Film Festival Inc

Street Address 308 1/2 S State St Suite 22

U S Address

Zip code 48104 City Ann Arbor State MI

or

Foreign Address

City _____

Province or State _____

Country _____

Postal code _____

Phone Number (734) 995-5356

Fax Number _____

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization Ann Arbor Film Festival Inc		Employer identification number 38 2379836	
	Number, street, and room or suite no. If a P O box, see instructions 308 1/2 S State Street, Suite 22			
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Ann Arbor, MI 48104			

Check type of return to be filed (file a separate application for each return)

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **Ann Arbor Film Festival Inc**

Telephone No ► (**734**) **995-5356** FAX No. ► (**734**) **995-5396**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **January 17**, 20**11**, to file the exempt organization return for the organization named above. The extension is for the organization's return for.

- ☐ calendar year 20____ or
► ☒ tax year beginning **June 1**, 20**09**, and ending **May 31**, 20**10**

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ 0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.