

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2013****Open to Public  
Inspection**

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**A** For the **2013** calendar year, or tax year beginning **OCT 1, 2013** and ending **SEP 30, 2014**

<b>B</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	<b>C</b> Name of organization  <b>JACOB BURNS FILM CENTER, INC.</b>		<b>D</b> Employer identification number  <b>13-4038441</b>
	Doing Business As		<b>E</b> Telephone number  <b>914-773-7663</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>12,121,875.</b>
	<b>405 MANVILLE RD</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code <b>PLEASANTVILLE, NY 10570-2117</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	<b>H(c)</b> Group exemption number ▶
F Name and address of principal officer: <b>EDITH DEMAS</b> <b>SAME AS C ABOVE</b>			
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>WWW.BURNSFILMCENTER.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1998</b> <b>M</b> State of legal domicile: <b>NY</b>	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>OPERATION OF A CULTURAL ARTS FILM AND FILM EDUCATION CENTER IN WESTCHESTER COUNTY, NEW YORK.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>21</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>21</b>
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	<b>150</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>2,318,614.</b>	<b>8,265,151.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>2,518,971.</b>	<b>2,636,949.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>3,093.</b>	<b>51,891.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>663,971.</b>	<b>556,421.</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>5,504,649.</b>	<b>11,510,412.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
<b>Expenses</b>	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>3,371,574.</b>	<b>3,626,917.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>447,237.</b>	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>3,359,419.</b>	<b>3,427,389.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>6,730,993.</b>	<b>7,054,306.</b>
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-1,226,344.</b>	<b>4,456,106.</b>
	<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>
<b>21</b> Total liabilities (Part X, line 26)		<b>29,029,853.</b>	<b>33,626,416.</b>
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20		<b>5,241,326.</b>	<b>5,430,385.</b>
		<b>23,788,527.</b>	<b>28,196,031.</b>

**Part II Signature Block**

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.

<b>Sign Here</b>	Signature of officer		Date		
	<b>DOMINICK BALLETTA, MANAGING DIRECTOR</b> Type or print name and title		<b>copy</b>		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>ANTHONY PENNELLA</b>	<b>ANTHONY PENNELLA</b>	<b>12/18/14</b>		<b>P00834560</b>
	Firm's name ▶ <b>D'ARCANGELO &amp; CO., LLP</b>	Firm's EIN ▶ <b>13-2550103</b>			
	Firm's address ▶ <b>800 WESTCHESTER AVE, SUITE N-400</b> <b>RYE BROOK, NY 10573-1301</b>		Phone no. <b>914-694-4600</b>		

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

THE MISSION OF THE JACOB BURNS FILM CENTER (JBFC) IS TO PRESENT THE BEST OF INDEPENDENT, DOCUMENTARY, AND WORLD CINEMA. JBFC IS DEDICATED TO TEACHING PEOPLE OF ALL AGES TO DISCOVER, EXPLORE AND LEARN THROUGH THE POWER OF FILM, MEDIA AND 21ST-CENTURY TECHNOLOGY.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 6,123,445. including grants of \$ ) (Revenue \$ 2,746,955. )  
 AN EDUCATION AND CULTURAL INSTITUTION DEDICATED TO PRESENTING THE BEST OF INDEPENDENT, DOCUMENTARY, AND WORLD CINEMA; PROMOTING 21ST CENTURY LITERACY; AND MAKING FILM A VIBRANT PART OF THE COMMUNITY. THE FILM CENTER HOUSES A STATE-OF-THE-ART THEATER COMPLEX, A 27,000 SQUARE-FOOT MEDIA ARTS LAB, AND A RESIDENCE FOR INTERNATIONAL FILMMAKERS. THE FILM CENTER PROVIDES OPPORTUNITIES FOR PEOPLE OF ALL AGES TO DISCOVER, EXPLORE, AND LEARN THROUGH THE POWER OF FILM, MEDIA AND 21ST CENTURY TECHNOLOGY.

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **6,123,445.**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b>	X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b> X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b>	X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b> X	
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization 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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....Form **990** (2013)

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	67	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	150	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
<b>4a</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
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		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?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?	9a	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<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.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state?	13a	
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI ☒ **X****Section A. Governing Body and Management**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	21			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent .....		21		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....			<b>2</b> X	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .....				<b>3</b> X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....				<b>4</b> X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....				<b>5</b> X
<b>6</b> Did the organization have members or stockholders? .....				<b>6</b> X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....				<b>7a</b> X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....				<b>7b</b> X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body? .....			<b>8a</b> X	
<b>b</b> Each committee with authority to act on behalf of the governing body? .....			<b>8b</b> X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....				<b>9</b> X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? .....	<b>10a</b>	X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	<b>11a</b> X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. ....		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	<b>12a</b> X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	<b>12b</b> X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	<b>12c</b>	X
<b>13</b> Did the organization have a written whistleblower policy? .....	<b>13</b> X	
<b>14</b> Did the organization have a written document retention and destruction policy? .....	<b>14</b> X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official .....	<b>15a</b> X	
<b>b</b> Other officers or key employees of the organization .....	<b>15b</b> X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). ....		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	<b>16a</b>	X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....	<b>16b</b>	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **NY**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **DOMINICK BALLETTA - 914-773-7663**  
**405 MANVILLE RD, PLEASANTVILLE, NY 10570**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SABRINA COUGHLIN DIRECTOR EMERITUS	2.00	X						0.	0.	0.
(2) LISA HERTZ APKON DIRECTOR EMERITUS	2.00	X						0.	0.	0.
(3) JANET MASLIN PRESIDENT	2.00	X		X				0.	0.	0.
(4) BARRY SHENKMAN DIRECTOR	2.00	X		X				0.	0.	0.
(5) DAVID SWOPE CHAIRMAN EMERITUS	2.00	X						0.	0.	0.
(6) HUGH PRICE CHAIRMAN	2.00	X						0.	0.	0.
(7) NANCY S. KOHLBERG DIRECTOR	2.00	X						0.	0.	0.
(8) JONATHAN DEMME DIRECTOR	2.00	X						0.	0.	0.
(9) ART SAMBERG CHAIRMAN EMERITUS	2.00	X						0.	0.	0.
(10) DAMIAN KOZLOWSKI DIRECTOR	2.00	X						0.	0.	0.
(11) JEFF SAMBERG DIRECTOR	2.00	X						0.	0.	0.
(12) BRIAN SKARSTAD DIRECTOR	2.00	X						0.	0.	0.
(13) JANET BENTON VICE CHAIR	2.00	X						0.	0.	0.
(14) DAVID BARBER DIRECTOR	2.00	X						0.	0.	0.
(15) DAVID ALEXANDER DIRECTOR	2.00	X						0.	0.	0.
(16) ROBERT GOLDBERG DIRECTOR	2.00	X						0.	0.	0.
(17) RON HOWARD DIRECTOR	2.00	X						0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) STEVEN SPIELBERG DIRECTOR	2.00	X						0.	0.	0.
(19) LYNN SOBEL DIRECTOR	2.00	X						0.	0.	0.
(20) STEPHEN APKON FOUNDER	2.00	X						82,169.	0.	0.
(21) JOSEPH P. CARLUCCI DIRECTOR	2.00	X						0.	0.	0.
<b>1b Sub-total</b>								82,169.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								82,169.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
S & 7, LLC 95 PARK TERRACE EAST, NEW YORK, NY 10034	WEBSITE DEVELOPMENT	406,000.
KAEYER, GARMENT & DAVIDSON 258 MAIN STREET, MOUNT KISCO, NY 10549	ARCHITECTURAL AND DESIGN SERVICES	263,463.
RICHARD W. GRANT, LLC 60 NEWTOWN ROAD, #49, DANBURY, CT 06810	VARIOUS PROGRAMS	122,009.
ROSE PRESS 8 N. 14TH AVE., MT. VERNON, NY 10550	PRINTING	118,053.
TWENTIETH CENTURY FOX P.O. BOX 900, BEVERLY HILLS, CA 90213	FILM RENTAL	114,006.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**



**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b>				
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	124,800.			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	8,140,351.			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....					
	<b>h Total.</b> Add lines 1a-1f .....		8,265,151.			
<b>Program Service Revenue</b>	<b>2 a</b> FILM TICKET SALES .....	<b>Business Code</b> 900099	1,464,332.	1,464,332.		
	<b>b</b> MEMBERSHIP REVENUE .....	900099	675,014.	675,014.		
	<b>c</b> EDUCATION PROGRAM REVENUE .....	900099	380,503.	380,503.		
	<b>d</b> FILM SERIES .....	900099	117,100.	117,100.		
	<b>e</b> .....					
	<b>f</b> All other program service revenue .....					
	<b>g Total.</b> Add lines 2a-2f .....		2,636,949.			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		29,914.		
<b>4</b> Income from investment of tax-exempt bond proceeds .....						
<b>5</b> Royalties .....						
<b>6 a</b> Gross rents .....		(i) Real (ii) Personal				
<b>b</b> Less: rental expenses .....						
<b>c</b> Rental income or (loss) .....						
<b>d</b> Net rental income or (loss) .....						
<b>7 a</b> Gross amount from sales of assets other than inventory .....		(i) Securities (ii) Other				
<b>b</b> Less: cost or other basis and sales expenses .....						
<b>c</b> Gain or (loss) .....						
<b>d</b> Net gain or (loss) .....			21,977.	21,977.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....		<b>a</b>	536,060.			
<b>b</b> Less: direct expenses .....		<b>b</b>	218,077.			
<b>c</b> Net income or (loss) from fundraising events .....			317,983.			317,983.
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....		<b>a</b>				
<b>b</b> Less: direct expenses .....		<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....		<b>a</b>	229,296.			
<b>b</b> Less: cost of goods sold .....	<b>b</b>	78,887.				
<b>c</b> Net income or (loss) from sales of inventory .....		150,409.			150,409.	
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> OTHER INCOME .....	900099	86,029.	86,029.			
<b>b</b> FACILITIES RENTAL .....	532000	2,000.	2,000.			
<b>c</b> .....						
<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....		88,029.				
<b>12 Total revenue.</b> See instructions. ....		11,510,412.	2,746,955.	0.	498,306.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,023,722.	2,483,956.	232,281.	307,485.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	347,483.	265,929.	35,096.	46,458.
10 Payroll taxes	255,712.	195,696.	25,827.	34,189.
11 Fees for services (non-employees):				
a Management				
b Legal	3,942.	3,606.	336.	
c Accounting	19,508.	17,845.	1,663.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	425,454.	362,279.	60,567.	2,608.
12 Advertising and promotion	16,126.	14,751.	228.	1,147.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	334,840.	326,665.	8,175.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	88,836.	81,262.	7,574.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	971,247.	888,438.	82,809.	
23 Insurance	115,630.	109,320.	6,310.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAMING & SCREENING	816,264.	816,009.	255.	
b SUPPLIES	172,409.	166,385.	4,376.	1,648.
c PRINTING AND PUBLICATIO	147,881.	144,634.	696.	2,551.
d PROMOTION	86,924.	39,548.	2,880.	44,496.
e All other expenses	228,328.	207,122.	14,551.	6,655.
25 Total functional expenses. Add lines 1 through 24e	7,054,306.	6,123,445.	483,624.	447,237.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing .....	1,372,869.	1	604,834.
	2 Savings and temporary cash investments .....	2,350,265.	2	967,444.
	3 Pledges and grants receivable, net .....	1,309,321.	3	2,676,140.
	4 Accounts receivable, net .....		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	232,789.	9	62,917.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 31,137,094.		
	b Less: accumulated depreciation .....	10b 7,483,997.	10c	23,653,097.
	11 Investments - publicly traded securities .....		11	
	12 Investments - other securities. See Part IV, line 11 .....		12	
	13 Investments - program-related. See Part IV, line 11 .....	480,176.	13	5,470,556.
	14 Intangible assets .....	203,491.	14	191,428.
	15 Other assets. See Part IV, line 11 .....		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	29,029,853.	16	33,626,416.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	454,460.	17	764,763.
	18 Grants payable .....		18	
	19 Deferred revenue .....	438,503.	19	435,008.
	20 Tax-exempt bond liabilities .....	3,290,000.	20	3,155,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....		23	
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	1,058,363.	25	1,075,614.
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	5,241,326.	26	5,430,385.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets .....	21,998,466.	27	20,039,151.
	28 Temporarily restricted net assets .....	1,315,061.	28	2,681,880.
	29 Permanently restricted net assets .....	475,000.	29	5,475,000.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds .....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32 Retained earnings, endowment, accumulated income, or other funds .....		32	
	33 <b>Total net assets or fund balances</b> .....	23,788,527.	33	28,196,031.
34 <b>Total liabilities and net assets/fund balances</b> .....	29,029,853.	34	33,626,416.	

Form 990 (2013)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	11,510,412.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	7,054,306.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	4,456,106.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	23,788,527.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-60,151.
<b>6</b>	Donated services and use of facilities	<b>6</b>	11,549.
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	28,196,031.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2013)

Department of the Treasury  
Internal Revenue Service

## Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

# 2013

**Open to Public Inspection**

Name of the organization

JACOB BURNS FILM CENTER, INC.

Employer identification number	13-4038441
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<b>Part I</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part.) See instructions.
---------------	--

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box \_\_\_\_\_

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_

(ii) A family member of a person described in (i) above? \_\_\_\_\_

(iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_

h Provide the following information about the supported organization(s).

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2013

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2013.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2012.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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 A (Form 990 or 990-EZ) 2013

**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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2,283,650.	6,840,228.	2,841,055.	2,657,825.	8,583,135.	23,205,893.
<b>2</b> 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 .....	2,546,291.	2,781,190.	2,734,207.	2,621,986.	2,789,358.	13,473,032.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	4,829,941.	9,621,418.	5,575,262.	5,279,811.	11,372,493.	36,678,925.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						0.
<b>b</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.
<b>c</b> Add lines 7a and 7b .....						0.
<b>8 Public support.</b> (Subtract line 7c from line 6.) .....						36,678,925.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 .....	4,829,941.	9,621,418.	5,575,262.	5,279,811.	11,372,493.	36,678,925.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	40.	1,749.	4,074.	3,093.	-8,260.	696.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	40.	1,749.	4,074.	3,093.	-8,260.	696.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	55,116.	92,714.	139,492.	222,315.	86,029.	595,666.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .....	4,885,097.	9,715,881.	5,718,828.	5,505,219.	11,450,262.	37,275,287.

**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**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	98.40 %
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....	<b>16</b>	98.34 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	.00 %
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 .....	<b>18</b>	.04 %

**19a 33 1/3% support tests - 2013.** 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 - 2012.** 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 ☐

Also complete this part for any additional information. (See instructions).



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and  
its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Name of the organization

Employer identification number

JACOB BURNS FILM CENTER, INC.

13-4038441

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization	Employer identification number
JACOB BURNS FILM CENTER, INC.	13-4038441

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AMERICAN JEWISH COMMITTEE 235 MAIN STREET, SUITE 314 WHITE PLAINS, NY 10601-2422	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ARTS WESTCHESTER 31 MAMARONECK AVENUE-3RD FL WHITE PLAINS, NY 10601-3328	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CLUB FIT BRIARCLIFF 584 N STATE ROAD BRIARCLIFF, NY 10510-1522	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CON EDISON 511 THEODORE FREMD AVE RYE, NY 10580-1444	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	JACOB BURNS FOUNDATION 335 MANVILLE ROAD PLEASANTVILLE, NY 10570-2118	\$ 136,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	JOSEPH & SOPHIA ABELES FOUNDATION, INC. 18 PONDS LANE PURCHASE, NY 10577-1712	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
JACOB BURNS FILM CENTER, INC.	13-4038441

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	LOUIS & ANNE ABRONS FOUNDATION, INC. 812 PARK AVENUE NEW YORK, NY 10021-2759	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	MODERN BANK 250 WEST 55TH STREET, 15TH FLOOR NEW YORK, NY 10019	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	MR & MRS ARTHUR SAMBERG 134 HAWKES AVENUE OSSINING, NY 10562	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	MR & MRS CHRIS SOBECKI 80 WOODLAND DR PLEASANTVILLE, NY 10570-3611	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	MRS. AGNES O. HASSELL 45 ALGONQUIN DRIVE CHAPPAQUA, NY 10514-2815	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	MR & MRS HUGH B PRICE 21 TRENOR DRIVE NEW ROCHELLE, NY 10804-3731	\$ 115,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
JACOB BURNS FILM CENTER, INC.	13-4038441

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	MR & MRS JEFF SAMBERG 10 IVY HILL ROAD CHAPPAQUA, NY 10514-1805	\$ 25,543.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	MR DAVID SWOPE 132 HAWKES AVENUE OSSINING, NY 10562-2006	\$ 275,360.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	NATIONAL ENDOWMENT FOR THE ARTS 1100 PENNSYLVANIA AVE NW WASHINGTON, DC 20004-2501	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	NYS COUNCIL ON THE ARTS (NYSOA) 175 VARICK STREET, 5TH FL NEW YORK, NY 10014	\$ 34,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	RON & CHERYL HOWARD FAMILY FOUNDATION 850 THIRD AVENUE, 15TH FL NEW YORK, NY 10022-7263	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	THE ADAM R ROSE FOUNDATION PO BOX 657 CROSS RIVER, NY 10518-0657	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
JACOB BURNS FILM CENTER, INC.	13-4038441

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	THE BANK OF NEW YORK MELLON CORPORATE AFFAIRS-1 WALL ST, 21ST FL NEW YORK, NY 10286	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	THE FARBMAN FAMILY FOUNDATION 1286 HARDSCRABBLE ROAD CHAPPAQUA, NY 10514-1914	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	THE FROG ROCK FOUNDATION PO BOX 865 CHAPPAQUA, NY 10514-0865	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	THE JP MORGAN CHASE FOUNDATION 1 CHASE MANHATTAN PLAZA, 5TH FL NEW YORK, NY 10005-1401	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	THE LUCILLE AND PAUL MASLIN FOUNDATION, INC 23 STILLMAN LANE PLEASANTVILLE, NY 10570	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	THE PILZER FAMILY FOUNDATION 28 BEECHDALE ROAD DOBBS FERRY, NY 10522-3021	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
JACOB BURNS FILM CENTER, INC.	13-4038441

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	THE READER'S DIGEST FOUNDATION, INC. 44 SOUTH BROADWAY-17TH FL WHITE PLAINS, NY 10601	\$ 30,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	THE WESTCHESTER COMMUNITY FOUNDATION 200 NORTH CENTRAL PARK AVE, SUITE 310 HARTSDALE, NY 10530-1941	\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	THE WINE ENTHUSIAST 333 N. BEDFORD ROAD, STE 100 MOUNT KISCO, NY 10549	\$ 21,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	THEODORE & RENEE WEILER FOUNDATION INC 24 ROCK STREEET BROOKLYN, NY 11206-3812	\$ 21,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	JPMORGAN CHASE BANK 100 WEST PUTNAM AVENUE GREENWICH, CT 06830	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	DRUSILLA VAN HENGEL 350 RIVER ROAD SCARBOROUGH, NY 10510	\$ 17,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
JACOB BURNS FILM CENTER, INC.	13-4038441

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	MR. JOHN P. CURRAN 100 SCARBOROUGH STATION ROAD SCARBOROUGH, NY 10510-2028	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	MR. ALBERT I. RABIL 4040 IBIS POINT CIRCLE BOCA RATON, FL 33431-5239	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	THE SAMUEL GOLDWYN FOUNDATION 9570 WEST PICO BOULEVARD, #400 LOS ANGELES, CA 90035-1216	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	LM HOCH CHARITABLE LEAD UNITRUST 39 MATHIESSEN PARK NORTH IRVINGTON, NY 10533-1512	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	THE ROBERT T. KEELER FOUNDATION C/O HEATHER MITHOEFER - 219 HAMILTON ROAD CHAPPAQUA, NY 10514	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	DAVID & KATHERINE MOORE FAMILY FOUNDATION 275 MADISON AVENUE, FL. 4 NEW YORK, NY 10016	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
JACOB BURNS FILM CENTER, INC.	13-4038441

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	LISINA HOCH 39 MATHIESSEN PARK NORTH IRVINGTON, NY 10533-1512	\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization	Employer identification number
JACOB BURNS FILM CENTER, INC.	13-4038441

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization	Employer identification number
JACOB BURNS FILM CENTER, INC.	13-4038441

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

**Name of the organization**

JACOB BURNS FILM CENTER, INC.

**Employer identification number**

13-4038441

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ .....

(ii) Assets included in Form 990, Part X ..... ▶ \$ .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ .....

b Assets included in Form 990, Part X ..... ▶ \$ .....

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	480,176.	304,959.	254,929.	254,884.	254,870.
b Contributions	5,050,000.	175,000.	50,000.		
c Net investment earnings, gains, and losses	-9,608.	217.	30.	45.	14.
d Grants or scholarships					
e Other expenditures for facilities and programs	-50,000.				
f Administrative expenses	4,432.				
g End of year balance	5,475,000.	480,176.	304,959.	254,929.	254,884.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ %  
 b Permanent endowment ☒ 100.00 %  
 c Temporarily restricted endowment ☐ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations  
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,985,232.		1,985,232.
b Buildings		23,885,011.	4,645,182.	19,239,829.
c Leasehold improvements				
d Equipment		5,227,990.	2,838,815.	2,389,175.
e Other		38,861.		38,861.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				23,653,097.

Schedule D (Form 990) 2013

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) MONEY MARKET FUNDS -		
(2) ENDOWMENT	373,078.	END-OF-YEAR MARKET VALUE
(3) PUBLICLY TRADED DEBT		
(4) SECURITIES	2,745,840.	END-OF-YEAR MARKET VALUE
(5) PUBLICLY TRADED EQUITY		
(6) SECURITIES	2,351,638.	END-OF-YEAR MARKET VALUE
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	5,470,556.	

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DUE TO ROME ENTERPRISES	1,075,614.	
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,075,614.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	11,461,810.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	-60,151.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	11,549.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-48,602.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	11,510,412.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	11,510,412.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	7,054,306.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	7,054,306.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	7,054,306.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

**EXPLANATION: THE ORGANIZATION EVALUATES THE EFFECT OF UNCERTAIN TAX**

**POSITIONS IN ACCORDANCE WITH THE PROVISIONS OF GAAP. THE ORGANIZATION**

**DISCLOSES MATERIAL ADJUSTMENTS RESULTING FROM TAX EXAMINATIONS, IF ANY, AND**

**REPORTS INTEREST AND PENALTIES RESULTING FROM SUCH ADJUSTMENTS AS INTEREST**

**EXPENSE OR OTHER EXPENSE. THERE WERE NO TAX EXAMINATIONS OR ADJUSTMENTS**

**RELATING THEREFROM. TAX RETURNS FOR THE YEARS 2011 THROUGH 2014 ARE**

**SUBJECT TO AUDIT BY THE APPLICABLE TAXING JURISDICTION.**



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		ANNUAL GALA		NONE	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts .....	536,060.			536,060.
	2 Less: Contributions .....				
	3 Gross income (line 1 minus line 2) .....	536,060.			536,060.
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....				
	7 Food and beverages .....				
	8 Entertainment .....				
	9 Other direct expenses .....	218,077.			218,077.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				218,077.
	11 Net income summary. Subtract line 10 from line 3, column (d) .....				317,983.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue .....				
Direct Expenses	2 Cash prizes .....				
	3 Noncash prizes .....				
	4 Rent/facility costs .....				
	5 Other direct expenses .....				
	6 Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) .....				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_



- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity operated in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.
- c** If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE L**

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**  
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2013**

**Open To Public Inspection**

Name of the organization

JACOB BURNS FILM CENTER, INC.

Employer identification number

13-4038441

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990 or 990-EZ) 2013

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ROME ENTERPRISES LLC	COMMON BOARD MEMBER	1,075,614.	LOAN TO THE		X

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: ROME ENTERPRISES LLC

(D) DESCRIPTION OF TRANSACTION: LOAN TO THE ORGANIZATION

;LISTTOTAL 1075614

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

JACOB BURNS FILM CENTER, INC.

Employer identification number

13-4038441

FORM 990, PART VI, SECTION A, LINE 2:

EXPLANATION: BOARD MEMBER STEPHEN APKON IS THE SPOUSE OF BOARD MEMBER LISA  
HERTZ APKON. BOARD MEMBER ART SAMBERG IS THE PARENT OF JEFF SAMBERG.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: DURING THE REGULARLY SCHEDULED PERIODIC BOARD OF DIRECTORS  
MEETING PRIOR TO FILING THE 990 RETURN, A DRAFT COPY OF THE 990 RETURN IS  
REVIEWED AND APPROVED BY THE DELEGATED BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: SALARY SURVEYS FOR THE EXECUTIVE DIRECTOR FOR NOT FOR PROFIT  
ORGANIZATIONS ARE REVIEWED AS REQUIRED BY BOARD MEMBERS. SURVEY DATA AND  
INDIVIDUAL PERFORMANCE EVALUATIONS ARE USED BY THE BOARD TO DETERMINE  
COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, AUDITED  
FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, WHISTLBLOWER POLICY AND RECORDS  
RETENTION AND DESTRUCTION POLICY IS MADE AVAILABLE UPON REQUEST AT THE  
ADMINISTRATIVE OFFICE OF THE ORGANIZATION.

FORM 990, PART XI, LINE 2C

EXPLANATION: THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR  
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF THE  
INDEPENDENT AUDITOR.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

▶ **Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

**JACOB BURNS FILM CENTER, INC.**

**Employer identification number**  
**13-4038441**

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2013

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ROME ENTERPRISES, LLC - 13-4013190, 33 ASHLAND AVE., PLEASANTVILLE, NY 10570		NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
LOOK AND STAY PRODUCTIONS LLC - 27-3777942, 405 MANVILLE RD, PLEASANTVILLE, NY 10570	FILM DOCUMENTARY	NY						X	N/A	X		50.00%

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....	X	
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ROME ENTERPRISES, LLC	E	1,075,614.	ACCRUAL BASIS
(2)			
(3)			
(4)			
(5)			
(6)			

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]



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Asset No.	Description	Date Acquired			Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS													
67	CAPITALIZED R/E TAXES	06	15	01	SL	40.00	16	29,155.			29,155.	8,988.		729.
68	THEATER BUILD'G PURCHASE	06	15	01	SL	40.00	16	1,047,900.			1,047,900.	323,028.		26,198.
69	CAPITALIZED INTEREST-364 THEATR BUILD'G-405	06	15	01	SL	40.00	16	174,368.			174,368.	53,748.		4,359.
116	MANVILLE RD.-G/L 15090108 BUILDING-3	09	01	08	SL	40.00	16	13,228,445.			13,228,445.	1,674,633.		330,711.
118	GRANT-G/L 1523	09	01	08	SL	40.00	16	49,525.			49,525.	6,293.		1,238.
121	CAPITALIZED INTEREST-EDUCATION	09	01	08	SL	40.00	16	162,325.			162,325.	18,789.		4,058.
	* 990 PAGE 10 TOTAL BUILDINGS							14,691,718.		0.	14,691,718.	2,085,479.	0.	367,293.
	MACHINERY & EQUIPMENT													
127	AUDIO VISUAL EQUIP	07	15	08	SL	5.00	16	2,358.			2,358.	2,358.		0.
143	AV EQUIPMENT	03	31	09	SL	5.00	16	165,435.			165,435.	148,892.		16,543.
154	A/V EQUIPMENT G/L 1561	03	31	10	SL	5.00	16	86,601.			86,601.	60,620.		17,320.
178	A/V EQUIPMENT G/L 1561	02	15	11	SL	5.00	16	20,272.			20,272.	10,811.		4,054.
179	A/V EQUIPMENT G/L 1561	12	31	11	SL	5.00	16	64,990.			64,990.	22,747.		12,998.
213	CAMERAS AND SOUND SYST	03	31	13	SL	5.00	16	29,449.			29,449.	2,945.		5,890.
225	EDUC CENTER VIDEO EQUIPMENT	03	15	14	SL	5.00	16	14,274.			14,274.			1,665.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM							383,379.		0.	383,379.	248,373.	0.	58,470.
	BUILDINGS													

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
117	BUILDING-401-405 MANVILLE-G/L 1521	090108	SL	40.00	16	1,947,241.			1,947,241.	247,462.		48,681.
134	MEA BUILD'G IMPROV. G/L 1521	033109	SL	40.00	16	226,657.			226,657.	25,497.		5,666.
149	IMPROVEMENTS-MANVILLE RD G/L 1521	033110	SL	20.00	16	27,091.			27,091.	4,742.		1,355.
170	EDUC. CENTER SECURITY CAMERA	103110	SL	10.00	16	985.			985.	288.		99.
171	EDUC CENTER DUCT WORK G/L 1521	022811	SL	20.00	16	3,750.			3,750.	485.		188.
191	NEW LOCKS-G/L 1521	063012	SL	10.00	16	1,550.			1,550.	194.		155.
	* 990 PAGE 10 TOTAL BUILDINGS					2,207,274.		0.	2,207,274.	278,668.	0.	56,144.
	* 990 PAGE 10 TOTAL -					17,282,371.		0.	17,282,371.	2,612,520.	0.	481,907.
122	BUILDINGS 5 GRANT ST. BUILDING	090108	SL	40.00	16	420,409.			420,409.	53,426.		10,510.
135	FURN. 5 GRANT ST GL 1524	033109	SL	5.00	16	6,362.			6,362.	5,724.		638.
136	BUILD'G IMPRO. 5 GRANT GL 1524	033109	SL	40.00	16	44,305.			44,305.	4,986.		1,108.
183	NEW WINDOWS-5 GRANT	043012	SL	15.00	16	20,641.			20,641.	1,949.		1,376.
	* 990 PAGE 10 TOTAL BUILDINGS					491,717.		0.	491,717.	66,085.	0.	13,632.
	* 990 PAGE 10 TOTAL -					491,717.		0.	491,717.	66,085.	0.	13,632.
	BUILDINGS											
8	BUILDING	061501	SL	40.00	16	4,775,432.			4,775,432.	1,472,173.		119,386.
66	2002 ADDITIONS	033102	SL	40.00	16	57,317.			57,317.	16,554.		1,433.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
2205	MICROTHEATERS 4 AND CIP	093014	SL	40.00	16	542,946.			542,946.			0.
	* 990 PAGE 10 TOTAL BUILDINGS					5,375,695.		0.	5,375,695.	1,488,727.	0.	120,819.
	* 990 PAGE 10 TOTAL -					5,375,695.		0.	5,375,695.	1,488,727.	0.	120,819.
	BUILDINGS											
70	PROJECTION RM FLOORING	090103	SL	40.00	16	7,008.			7,008.	1,765.		175.
71	THEATER 3RD FLOOR FLOOR	090903	SL	40.00	16	500.			500.	131.		13.
72	LOBBY FLOORING	053103	SL	40.00	16	12,828.			12,828.	3,317.		321.
80	PEDIMENT STEEL BRACKET	030104	SL	10.00	16	2,780.			2,780.	2,664.		116.
81	ROOFING	113003	SL	10.00	16	3,225.			3,225.	3,176.		49.
82	NEW THEATER UPPER LEVEL OFFICE SPACE	080104	SL	20.00	16	33,753.			33,753.	15,473.		1,688.
95	2005 ADDITIONS	082505	SL	20.00	16	41,276.			41,276.	16,684.		2,064.
102	HANDICAP RAMP	031506	SL	20.00	16	45,728.			45,728.	17,336.		2,286.
103	CONCESSION EQUIPMENT	091606	SL	10.00	16	8,000.			8,000.	5,600.		800.
115	WALL PREP WORK	090107	SL	10.00	16	1,500.			1,500.	913.		150.
132	THEATER BUILD IMPROV G/L1511	073109	SL	40.00	16	246,996.			246,996.	25,729.		6,175.
133	THEATER FIXT G/L 1511	033109	SL	5.00	16	7,800.			7,800.	7,020.		780.
147	THEATER BUILD IMPROV G/L1511	033110	SL	40.00	16	39,532.			39,532.	3,458.		988.
148	THEATER FIXT G/L 1511	033110	SL	20.00	16	15,923.			15,923.	2,786.		796.

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
158	THEATER BUILD IMPROV G/L1511	111510	SL	40.00	16	13,336.			13,336.	972.		333.
159	THEATER HVAC PROJECT G/L 1511	022811	SL	20.00	16	5,849.			5,849.	755.		292.
188	THEATER FACADE ADDITION	022912	SL	20.00	16	30,119.			30,119.	2,384.		1,506.
189	HEARING LOOP-THEATER BUILDG	063012	SL	10.00	16	11,365.			11,365.	1,421.		1,137.
190	FLOORING-THEATER	043012	SL	5.00	16	2,315.			2,315.	656.		463.
198	THEATER FACADE ADDITION	080113	SL	20.00	16	98,137.			98,137.	818.		4,907.
199	AIR CONDITIONING-PROJEC	042213	SL	10.00	16	15,120.			15,120.	630.		1,512.
200	LED LIGHTING SYSTEM	080113	SL	10.00	16	45,314.			45,314.	755.		4,531.
201	BATH RENOVATION	072913	SL	10.00	16	2,400.			2,400.	40.		240.
221	THEATER 3RD FLOOR FLOOR- THEATER 4 AN	093014	SL	40.00	16	345,433.			345,433.			0.
	* 990 PAGE 10 TOTAL BUILDINGS					1,036,237.		0.	1,036,237.	114,483.	0.	31,322.
	* 990 PAGE 10 TOTAL -					1,036,237.		0.	1,036,237.	114,483.	0.	31,322.
	BUILDINGS											
172	RECORDING STUDIO SYST. G/L 1522-09	113010	SL	10.00	16	16,663.			16,663.	4,721.		1,666.
186	RECORDING STUDIO EQUIP G/L 1522-09	041512	SL	5.00	16	4,256.			4,256.	1,277.		851.
216	PIANO AND OTHER MUSICAL INSTRUMENTS	093013	SL	5.00	16	26,985.			26,985.			5,397.
231	BOOM STANDS-EDU. CENTER	012414	SL	5.00	16	982.			982.			131.
	* 990 PAGE 10 TOTAL BUILDINGS					48,886.		0.	48,886.	5,998.	0.	8,045.

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* 990 PAGE 10 TOTAL					48,886.		0.	48,886.	5,998.	0.	8,045.
	BUILDINGS											
173	SOUND STAGE EQUIP G/L 1522-14	113010	SL	10.00	16	3,371.			3,371.	955.		337.
187	SOUND STAGE EQUIP G/L 1522-14	031512	SL	7.00	16	10,880.			10,880.	2,461.		1,554.
217	SPEAKER SYST UPGRADE	041513	SL	7.00	16	716.			716.	51.		102.
232	SOUND STAGE EQUIP G/L 1522-14	033114	SL	7.00	16	9,786.			9,786.			699.
	* 990 PAGE 10 TOTAL					24,753.		0.	24,753.	3,467.	0.	2,692.
	BUILDINGS											
	* 990 PAGE 10 TOTAL					24,753.		0.	24,753.	3,467.	0.	2,692.
	BUILDINGS											
182	SCREENING RM SOUND EQUIP	021512	SL	10.00	16	8,733.			8,733.	1,455.		873.
	* 990 PAGE 10 TOTAL					8,733.		0.	8,733.	1,455.	0.	873.
	BUILDINGS											
	* 990 PAGE 10 TOTAL					8,733.		0.	8,733.	1,455.	0.	873.
	OTHER											
6	DEFERRED FINANCING COSTS-IRB	080100		360M	43	338,996.			338,996.	148,783.		11,300.
10	DEFERRED FINANCING COSTS	040201		359M	43	22,815.			22,815.	9,537.		763.
	* 990 PAGE 10 TOTAL					361,811.		0.	361,811.	158,320.	0.	12,063.
	OTHER											
	* 990 PAGE 10 TOTAL					361,811.		0.	361,811.	158,320.	0.	12,063.
	MACHINERY & EQUIPMENT											

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
137	FURN/FIXT 405 MANVILLE GL 1522-01	03/31/09	SL	7.00	16	90,835.			90,835.	58,392.		12,976.
150	MANVILLE FURN-G/L 1522-01	03/31/10	SL	7.00	16	17,759.			17,759.	8,880.		2,537.
174	FURN. & FIXT-405 MANVILLE G/L 1522-00	02/28/11	SL	7.00	16	17,077.			17,077.	6,303.		2,440.
192	FURN. & FIXT-405 MANVILLE G/L 1522-00	06/15/12	SL	7.00	16	6,558.			6,558.	1,249.		937.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					132,229.		0.	132,229.	74,824.	0.	18,890.
	* 990 PAGE 10 TOTAL -					132,229.		0.	132,229.	74,824.	0.	18,890.
	MACHINERY & EQUIPMENT											
83	DATA EQUIP-405 MANVILLE RD.	07/23/04	SL	10.00	16	2,576.			2,576.	2,365.		211.
104	CAMERA/DVDS 405 MANVILLE	03/31/06	SL	5.00	16	3,860.			3,860.	3,860.		0.
119	EQUIP/FIXTURES-G/L EQUIP/FIXT 405	09/01/08	SL	7.00	16	682,351.			682,351.	495,556.		97,479.
138	MANVILLE GL 1522 SOUND BARRIER	12/31/08	SL	5.00	16	242,424.			242,424.	230,304.		12,120.
163	SYST.-G/L 1522 EDUC. CENTER CONF.	10/01/10	SL	20.00	16	26,575.			26,575.	3,987.		1,329.
164	ROOM TV HP PRINTER EDUC	11/22/10	SL	5.00	16	808.			808.	459.		162.
165	CENTER G/L 1522	12/23/10	SL	5.00	16	1,746.			1,746.	960.		349.
185	JBFC BANNER	12/21/11	SL	5.00	16	1,200.			1,200.	420.		240.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					961,540.		0.	961,540.	737,911.	0.	111,890.
	* 990 PAGE 10 TOTAL -					961,540.		0.	961,540.	737,911.	0.	111,890.
	MACHINERY & EQUIPMENT											

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
175	ANIMATION EQUIP G/L 1522-12	033111	SL	7.00	16	22,418.			22,418.	8,007.		3,203.
208	MOBILE ANIMATION KIT	063013	SL	3.00	16	756.			756.	63.		252.
209	5 IPADS APPLE	071513	SL	5.00	16	3,990.			3,990.	200.		798.
	* 990 PAGE 10 TOTAL					27,164.		0.	27,164.	8,270.	0.	4,253.
	MACHINERY & EQUIPM					27,164.		0.	27,164.	8,270.	0.	4,253.
	* 990 PAGE 10 TOTAL					27,164.		0.	27,164.	8,270.	0.	4,253.
	MACHINERY & EQUIPMENT											
218	EDUC CENTER EDIT STUDIO SOFTWARE	073113	SL	3.00	16	3,483.			3,483.	194.		1,161.
222	EDIT STUDIO EQUIPMENT	080114	SL	5.00	16	16,926.			16,926.			564.
	* 990 PAGE 10 TOTAL					20,409.		0.	20,409.	194.	0.	1,725.
	MACHINERY & EQUIPM					20,409.		0.	20,409.	194.	0.	1,725.
	* 990 PAGE 10 TOTAL					20,409.		0.	20,409.	194.	0.	1,725.
	MACHINERY & EQUIPMENT											
177	VIRTUAL LEARNING PLATFORM-LUMIERE	093014	SL	20.00	16	1,139,087.			1,139,087.			0.
	* 990 PAGE 10 TOTAL					1,139,087.		0.	1,139,087.	0.	0.	0.
	MACHINERY & EQUIPM					1,139,087.		0.	1,139,087.	0.	0.	0.
	* 990 PAGE 10 TOTAL					1,139,087.		0.	1,139,087.	0.	0.	0.
	MACHINERY & EQUIPMENT											
1	RAISER'S EDGE SOFTWARE	031300	SL	5.00	16	12,000.			12,000.	12,000.		0.
28	COMPUFIT SFTWRE	031502	SL	3.00	16	1,264.			1,264.	1,264.		0.
30	RAISER'S EDGE SFTWR UPGRADE	071502	SL	5.00	16	6,535.			6,535.	6,535.		0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
31	VARIOUS SFTWR SOFTWARE	071502	SL	3.00	16	2,574.			2,574.	2,574.		0.
73	LICENSE-RAISERS EDG THEATER	082803	SL	5.00	16	8,544.			8,544.	8,544.		0.
84	PROG.SOFTWARE ADDITIONS	060104	SL	3.00	16	5,346.			5,346.	5,346.		0.
96	2005	093005	SL	3.00	16	7,600.			7,600.	7,600.		0.
105	WEBSITE SOFTWARE UNSCRIPTED COMP.	013106	SL	3.00	16	2,900.			2,900.	2,900.		0.
124	EQUIP. SOFTWARE ADDITIONS	073108	SL	5.00	16	1,911.			1,911.	1,911.		0.
139	2008-09 WEBSITE/SOFTWARE-G/L	033109	SL	5.00	16	23,418.			23,418.	21,872.		1,546.
151	L 1530 COMPUTER EQUIP G/L	033110	SL	5.00	16	10,256.			10,256.	7,179.		2,051.
166	1530 TITAL TICKETING	021511	SL	5.00	16	6,366.			6,366.	3,395.		1,273.
193	SYST-1530	043012	SL	10.00	16	69,459.			69,459.	9,840.		6,946.
194	MS SOFTWARE-1530	011512	SL	5.00	16	13,364.			13,364.	4,678.		2,673.
210	TITAN SOFTWARE ADOBE CREATIVE	091513	SL	5.00	16	29,275.			29,275.	488.		5,855.
211	SUITE PLURAL EYES	032913	SL	3.00	16	1,265.			1,265.	211.		422.
212	SOFTWARE ADOBE EDUCATION	073113	SL	5.00	16	5,197.			5,197.	173.		1,039.
223	SOFTWARE COMPUTER	010114	SL	3.00	16	17,443.			17,443.			4,361.
224	SOFTWARE/UPGRADES	031514	SL	3.00	16	11,625.			11,625.			2,260.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					236,342.		0.	236,342.	96,510.	0.	28,426.
	* 990 PAGE 10 TOTAL					236,342.		0.	236,342.	96,510.	0.	28,426.



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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	MACHINERY & EQUIPMENT											
123	COMPUTERS-5 GRANT	111507	SL	5.00	16	4,769.			4,769.	4,769.		0.
	* 990 PAGE 10 TOTAL											
	MACHINERY & EQUIPM					4,769.		0.	4,769.	4,769.	0.	0.
	* 990 PAGE 10 TOTAL											
	-					4,769.		0.	4,769.	4,769.	0.	0.
	MACHINERY & EQUIPMENT											
2	GATEWAY COMPUTER	112399	SL	5.00	16	1,822.			1,822.	1,822.		0.
3	COMPUTER	020300	SL	5.00	16	1,656.			1,656.	1,656.		0.
4	COMPUFIT	042500	SL	5.00	16	19,498.			19,498.	19,498.		0.
11	OFFICE COMPUTERS	010101	SL	5.00	16	5,773.			5,773.	5,773.		0.
12	GATEWAY COMPUTERS	071101	SL	5.00	16	4,292.			4,292.	4,292.		0.
14	VIDEO SYSTEM	082001	SL	5.00	16	1,256.			1,256.	1,256.		0.
32	COMPUFIT- 2 COMPTRS	121501	SL	5.00	16	3,607.			3,607.	3,607.		0.
33	COMPUSA COMPTRS	053002	SL	5.00	16	3,985.			3,985.	3,985.		0.
37	COMPUFIT-COMPTR	011502	SL	5.00	16	996.			996.	996.		0.
39	COMPUSA PRINTER	081502	SL	5.00	16	700.			700.	700.		0.
74	COMPUTERS	070103	SL	5.00	16	5,888.			5,888.	5,888.		0.
76	COMPUTER EQUIP	020103	SL	5.00	16	3,205.			3,205.	3,205.		0.
85	VARIOUS COMPUTER EQUIP-THEATER	033104	SL	5.00	16	13,389.			13,389.	13,389.		0.

## 2013 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
97	APPLE G5-GRAPHIC DESIGN	10/31/04	SL	5.00	16	2,190.			2,190.	2,190.		0.
98	COMPUTER EQUIP 2005	07/31/05	SL	5.00	16	12,444.			12,444.	12,444.		0.
106	UNSCRIPTED CPU	07/15/06	SL	5.00	16	3,477.			3,477.	3,477.		0.
108	COMPUTER EQUIP	06/15/06	SL	5.00	16	6,276.			6,276.	6,276.		0.
112	APPLE COMPUTERS	05/31/07	SL	5.00	16	8,953.			8,953.	8,953.		0.
113	5G RAM	11/30/06	SL	5.00	16	538.			538.	538.		0.
125	DELL AND APPLE COMPUTERS	07/31/08	SL	5.00	16	21,900.			21,900.	21,900.		0.
126	THEATER EQUIP 2008	07/15/08	SL	5.00	16	10,218.			10,218.	10,218.		0.
140	EDUC.CENTER											
140	COMPUTER EQUIP	03/31/09	SL	5.00	16	98,625.			98,625.	88,763.		9,862.
142	COMPUTER EQUIP GL											
142	1560	03/31/09	SL	5.00	16	30,501.			30,501.	27,450.		3,051.
152	COMPUTERS G/L 1535	03/31/10	SL	5.00	16	31,329.			31,329.	21,931.		6,266.
167	COMPUTER EQUIP G/L											
167	1535	03/31/11	SL	5.00	16	54,114.			54,114.	27,057.		10,823.
180	COMPUTER EQUIP	03/31/12	SL	5.00	16	30,940.			30,940.	9,282.		6,188.
214	ADMIN COMPUTER											
214	EQUIP	03/31/13	SL	5.00	16	4,965.			4,965.	497.		993.
226	ADMIN COMPUTER											
226	EQUIP-FISCAL 2014	03/31/14	SL	5.00	16	45,248.			45,248.			4,525.
	* 990 PAGE 10 TOTAL											
	MACHINERY & EQUIPM					427,785.		0.	427,785.	307,043.	0.	41,708.
	* 990 PAGE 10 TOTAL											
	-					427,785.		0.	427,785.	307,043.	0.	41,708.
	MACHINERY & EQUIPMENT											

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
34	FAX MACHINE	021202	SL	3.00	16	280.			280.	280.		0.
35	AMEX CARD PRINTER	032702	SL	5.00	16	2,686.			2,686.	2,686.		0.
36	CATSKILL SUPPLIES	022802	SL	3.00	16	1,222.			1,222.	1,222.		0.
75	DVD PLAYER-FOR EDUC	091903	SL	3.00	16	2,925.			2,925.	2,925.		0.
86	PROG LASER	073104	SL	5.00	16	1,380.			1,380.	1,380.		0.
87	PRINTER-OFFICE	090104	SL	7.00	16	993.			993.	993.		0.
107	3 DESKS	061806	SL	3.00	16	934.			934.	934.		0.
141	FOLDING MACHINE	031809	SL	5.00	16	3,960.			3,960.	3,564.		396.
153	TASK LIGHTING	110109	SL	5.00	16	3,053.			3,053.	2,393.		611.
169	OFFICE EQUIPMENT	031511	SL	5.00	16	8,417.			8,417.	4,348.		1,683.
219	G/L 1545	063013	SL	5.00	16	4,350.			4,350.	218.		870.
228	OFFICE EQUIPMENT	121513	SL	5.00	16	2,294.			2,294.			382.
	* 990 PAGE 10 TOTAL					32,494.		0.	32,494.	20,943.	0.	3,942.
	MACHINERY & EQUIPM					32,494.		0.	32,494.	20,943.	0.	3,942.
	* 990 PAGE 10 TOTAL											
	-											
	MACHINERY & EQUIPMENT											
168	COMPUTER EQUIP G/L	042811	SL	5.00	16	5,511.			5,511.	2,663.		1,102.
181	1536	080112	SL	5.00	16	18,958.			18,958.	4,424.		3,792.
215	COMPUTER EQUIP-IT	022813	SL	5.00	16	22,908.			22,908.	2,673.		4,582.
	ADMIN SERVERS											

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
227	IT COMPUTER EQUIP	053114	SL	5.00	16	48,464.			48,464.			3,231.
	* 990 PAGE 10 TOTAL											
	MACHINERY & EQUIPM					95,841.		0.	95,841.	9,760.	0.	12,707.
	* 990 PAGE 10 TOTAL											
	-					95,841.		0.	95,841.	9,760.	0.	12,707.
	MACHINERY & EQUIPMENT											
5	TELEPHONE SYSTEM	051000	SL	5.00	16	5,953.			5,953.	5,953.		0.
13	OFFICE TELEPHONES	071501	SL	5.00	16	2,743.			2,743.	2,743.		0.
16	THEATER TELEPHONE SYST.	061501	SL	5.00	16	9,720.			9,720.	9,720.		0.
40	CORDLESS PHONES	101501	SL	5.00	16	1,474.			1,474.	1,474.		0.
77	PHONE JACKS	100902	SL	5.00	16	629.			629.	629.		0.
89	TELEPHONE PUB ACCESS LINE	040104	SL	3.00	16	850.			850.	850.		0.
90	TELEPH-405 MANVILLE	051504	SL	5.00	16	243.			243.	243.		0.
109	PHONE UPGRADES	123105	SL	3.00	16	2,712.			2,712.	2,712.		0.
128	TELEPH-405 MANVILLE	052008	SL	5.00	16	1,617.			1,617.	1,617.		0.
144	TELEPH-405 MANVILLE	091809	SL	5.00	16	2,059.			2,059.	1,648.		411.
	* 990 PAGE 10 TOTAL											
	MACHINERY & EQUIPM					28,000.		0.	28,000.	27,589.	0.	411.
	* 990 PAGE 10 TOTAL											
	-					28,000.		0.	28,000.	27,589.	0.	411.
	MACHINERY & EQUIPMENT											
9	CONCESSION EQUIPMENT	061501	SL	5.00	16	2,368.			2,368.	2,368.		0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
17	PROJECTOR	061501	SL	5.00	16	12,000.			12,000.	12,000.		0.
18	COFFEE MAKER	061501	SL	5.00	16	10,000.			10,000.	10,000.		0.
19	SOUND LIGHTING-RMS	061501	SL	25.00	16	125,177.			125,177.	61,753.		5,007.
20	RMS-THEATER EQUIP	061501	SL	25.00	16	105,157.			105,157.	51,874.		4,206.
21	CONCESSION EQUIPMENT	061501	SL	5.00	16	73,097.			73,097.	73,097.		0.
22	IRWIN SEATING	061501	SL	10.00	16	79,464.			79,464.	79,464.		0.
23	WELLINGTON SEATS	061501	SL	10.00	16	4,000.			4,000.	4,000.		0.
24	GALLERY 17 SCREENS	061501	SL	25.00	16	36,542.			36,542.	18,031.		1,462.
25	BATHROOM EQUIP	061501	SL	10.00	16	12,431.			12,431.	12,431.		0.
26	SECURITY SYST	061501	SL	10.00	16	983.			983.	983.		0.
41	SAFE	100301	SL	10.00	16	1,050.			1,050.	1,050.		0.
42	MIXER-SAM ASH	101201	SL	3.00	16	900.			900.	900.		0.
44	CATSKILL SUPPLIES	102501	SL	3.00	16	368.			368.	368.		0.
45	COFFEE MKR CONNECT.	110201	SL	5.00	16	480.			480.	480.		0.
46	MAIN LOBBY UPGRADE-BORG	033102	SL	10.00	16	8,259.			8,259.	8,259.		0.
47	LENS EQUIPMENT	110801	SL	10.00	16	1,870.			1,870.	1,870.		0.
48	BAR CODE SCANNER	111201	SL	5.00	16	950.			950.	950.		0.
49	LAWRENCE METAL	011502	SL	5.00	16	667.			667.	667.		0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
50	B&H MICROPHONES	013002	SL	5.00	16	1,820.			1,820.	1,820.		0.
51	BETA PLAYER	020702	SL	10.00	16	6,500.			6,500.	6,500.		0.
52	ROBERT SCULLY	022102	SL	10.00	16	1,250.			1,250.	1,250.		0.
53	BOSTON LIGHT	030102	SL	25.00	16	2,500.			2,500.	1,158.		100.
54	RMS-THEATER EQUIP	032102	SL	25.00	16	40,000.			40,000.	18,400.		1,600.
55	THEATER SIGNS & EQUIP	053102	SL	25.00	16	31,631.			31,631.	14,337.		1,265.
56	MEMBERSHIP STAT. EQUIP	061502	SL	10.00	16	6,000.			6,000.	6,000.		0.
57	DVD PLAYER	052002	SL	3.00	16	358.			358.	358.		0.
59	FREEZER	080102	SL	5.00	16	469.			469.	469.		0.
60	CINEMA TECH. EQUIP.	090102	SL	5.00	16	4,714.			4,714.	4,714.		0.
61	CLEANING SYST.	101501	SL	5.00	16	4,020.			4,020.	4,020.		0.
62	3 SEAT BENCH	101901	SL	5.00	16	3,073.			3,073.	3,073.		0.
63	THEATER CARPETING	031502	SL	5.00	16	1,825.			1,825.	1,825.		0.
64	GALLERY 17 SCREENS	021502	SL	25.00	16	8,305.			8,305.	3,873.		332.
65	BENTLEY PRINCE	031202	SL	5.00	16	3,006.			3,006.	3,006.		0.
78	THEATER FIXT & EQUIP.	033103	SL	25.00	16	193,283.			193,283.	81,176.		7,731.
79	THEATER FURN.	030103	SL	10.00	16	1,987.			1,987.	1,987.		0.
91	VARIOUS THEATER ELECTRONICS	051504	SL	5.00	16	30,609.			30,609.	30,609.		0.

## 2013 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
92	OFFICE FURNITURE	080104	SL	7.00	16	5,971.			5,971.	5,971.		0.
99	THEATER EQUIP 2005	073105	SL	5.00	16	17,003.			17,003.	17,003.		0.
100	THEATER F&F 2005	093005	SL	5.00	16	9,408.			9,408.	9,408.		0.
110	PANASONIC CAMERA	061606	SL	5.00	16	3,715.			3,715.	3,715.		0.
114	THEATER EQUIP.-D. KIRTLEY	060807	SL	5.00	16	5,682.			5,682.	5,682.		0.
129	THEATER EQUIP 2008-G/L 1575	091508	SL	5.00	16	253,810.			253,810.	253,810.		0.
130	THEATER FIXT. G/L 1580	090508	SL	5.00	16	1,067.			1,067.	1,067.		0.
145	THEATER EQUIP 2008-09	033109	SL	5.00	16	52,454.			52,454.	47,209.		5,245.
146	PROJECTOR CART	022609	SL	3.00	16	792.			792.	792.		0.
155	THEATER EQUIP G/L 1575	033110	SL	5.00	16	8,228.			8,228.	5,761.		1,646.
156	THEATER FURN G/L 1580	113009	SL	7.00	16	2,995.			2,995.	1,641.		428.
160	ROOFTOP UNIT-HVAC G/L 1575	123110	SL	20.00	16	82,785.			82,785.	11,382.		4,139.
161	THEATER ESPRESSO MACHINE G/L 1575	111810	SL	5.00	16	8,500.			8,500.	4,817.		1,700.
162	THEATER FIXT. G/L 1580	123110	SL	7.00	16	5,278.			5,278.	2,074.		754.
184	WATER HEATER	022812	SL	7.00	16	2,698.			2,698.	610.		385.
195	NEW SOUND EQUIPMENT-1575	060112	SL	10.00	16	52,580.			52,580.	7,011.		5,258.
196	THEATER EQUIPM-1575	033112	SL	5.00	16	44,909.			44,909.	13,473.		8,982.
202	WIRELESS MICROPHONE SYSTEM	120112	SL	7.00	16	5,208.			5,208.	620.		744.

## 2013 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
203	DIGITAL PROJECTION SYSTEM	04/01/13	SL	10.00	16	272,932.			272,932.	13,647.		27,293.
204	THEATER SCREENS CONCESSION	05/15/13	SL	5.00	16	9,880.			9,880.	823.		1,976.
205	EQUIPMENT	05/15/13	SL	5.00	16	800.			800.	67.		160.
206	TITAN POS TICKETING EQUIPMENT	09/15/13	SL	10.00	16	35,707.			35,707.	298.		3,571.
207	EXHAUST FAN	07/25/13	SL	7.00	16	8,610.			8,610.	205.		1,230.
229	THEATER EQUIP 2014	03/31/14	SL	5.00	16	20,632.			20,632.			2,063.
230	THEATER FURN G/L 1580	03/31/14	SL	7.00	16	10,195.			10,195.			728.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					1,738,952.		0.	1,738,952.	932,206.	0.	88,005.
	* 990 PAGE 10 TOTAL					1,738,952.		0.	1,738,952.	932,206.	0.	88,005.
	LAND											
27	SCULPTURE	08/01/10	L			12,550.			12,550.			0.
157	DONATED BOOKS	12/31/09	L			14,311.			14,311.			0.
197	DONATED PAINTING-ROGER POLL	09/30/12	L			12,000.			12,000.			0.
	* 990 PAGE 10 TOTAL LAND					38,861.		0.	38,861.	0.	0.	0.
	* 990 PAGE 10 TOTAL					38,861.		0.	38,861.	0.	0.	0.
	LAND											
7	LAND	06/26/00	L			285,000.			285,000.			0.
94	LAND - 3 GRANT STREET	02/25/05	L			560,000.			560,000.			0.



328102  
05-01-13

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

**Depreciation and Amortization** 990  
(Including Information on Listed Property)

▶ See separate instructions.

▶ Attach to your tax return.

JACOB BURNS FILM CENTER, INC.

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13-4038441

**Part I** Election To Expense Certain Property Under Section 179 *Note: If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II** Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	971,247.

**Part III** MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

**Part IV** Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	971,247.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)****24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use ..... **25****26** Property used more than 50% in a qualified business use:

	:	:	%					
	:	:	%					
	:	:	%					

**27** Property used 50% or less in a qualified business use:

	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		

**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 ..... **28****29** Add amounts in column (i), line 26. Enter here and on line 7, page 1 ..... **29****Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
<b>30</b> Total business/investment miles driven during the year ( <b>do not</b> include commuting miles) .....						
<b>31</b> Total commuting miles driven during the year .....						
<b>32</b> Total other personal (noncommuting) miles driven .....						
<b>33</b> Total miles driven during the year. Add lines 30 through 32 .....						
<b>34</b> Was the vehicle available for personal use during off-duty hours? .....	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? .....						
<b>36</b> Is another vehicle available for personal use? .....						

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons.

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....	Yes	No
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners .....		
<b>39</b> Do you treat all use of vehicles by employees as personal use? .....		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? .....		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? .....		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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**42** Amortization of costs that begins during your 2013 tax year:

	:	:			
	:	:			

**43** Amortization of costs that began before your 2013 tax year ..... **43** 12,063.**44 Total.** Add amounts in column (f). See the instructions for where to report ..... **44** 12,063.

# TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

SEPTEMBER 30, 2014

Prepared for	MR. DOMINICK BALLETTA, MANAGING DIRECTOR JACOB BURNS FILM CENTER, INC. 405 MANVILLE ROAD PLEASANTVILLE, NY 10570
Prepared by	D'ARCANGELO & CO., LLP 800 WESTCHESTER AVE, SUITE N-400 RYE BROOK, NY 10573-1301
Mail tax return to	NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 120 BROADWAY NEW YORK, NY 10271
Return must be mailed on or before	FEBRUARY 17, 2015
Special Instructions	NEW YORK FORM CHAR500 MUST BE SIGNED AND DATED BY BOTH OF THE AUTHORIZED INDIVIDUALS. ALSO BE SURE THAT THE ATTACHED COPY OF FEDERAL FORM 990 HAS BEEN PROPERLY SIGNED AND DATED.  ENCLOSE A CHECK FOR \$775 MADE PAYABLE TO NYS DEPARTMENT OF LAW. INCLUDE THE ORGANIZATION'S STATE REGISTRATION NUMBER ON THE REMITTANCE.

# CHAR500

NYS Annual Filing for Charitable Organizations  
www.CharitiesNYS.com

Send with fee and attachments to:  
NYS Office of the Attorney General  
Charities Bureau Registration Section  
120 Broadway  
New York, NY 10271

**2013**

**Open to Public  
Inspection**

## 1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) <b>10/01/2013</b> and Ending (mm/dd/yyyy) <b>09/30/2014</b>		
Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: <b>JACOB BURNS FILM CENTER, INC.</b>	Employer Identification Number (EIN): <b>13-4038441</b>
	Mailing Address: <b>405 MANVILLE RD</b>	NY Registration Number: <b>06-36-48</b>
	City / State / ZIP: <b>PLEASANTVILLE, NY 10570-2117</b>	Telephone: <b>914 773-7663</b>
	Website: <b>WWW.BURNSFILMCENTER.ORG</b>	Email:
Check your organization's registration category: <input type="checkbox"/> 7A only <input type="checkbox"/> EPTL only <input checked="" type="checkbox"/> DUAL (7A & EPTL) <input type="checkbox"/> EXEMPT Find your registration category in the Charities Registry at <a href="http://www.CharitiesNYS.com">www.CharitiesNYS.com</a>		

## 2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties.		
<i>We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.</i>		
President or Authorized Officer:	<b>DOMINICK BALLETTA</b>	<b>MANAGING DIRECTOR</b>
	Signature	Title Date
Chief Financial Officer or Treasurer:	<b>BARRY SHENKMAN</b>	<b>TREASURER</b>
	Signature	Title Date

## 3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under the category (7A and EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

☐ 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc, did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. Or the organization qualifies for another 7A exemption (see instructions).

☐ 3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

## 4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4b. Did the organization receive government grants? If yes, complete Schedule 4b.

## 5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25.</u>	EPTL filing fee: \$ <u>750.</u>	Total fee: \$ <u>775.</u>	Make a single-check or money order payable to: <b>"Department of Law"</b>
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**CHAR500**

## Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

**Checklist of Schedules and Attachments**

Check the schedules you must submit with your CHAR500 as described in Part 4:

- ☐ If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- ☒ If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- ☒ IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- ☒ All additional IRS Form 990 Schedules including Schedule B (Schedule of Contributors).
- ☐ IRS Form 990-T if applicable

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- ☐ Review Report if you received total revenue and support greater than \$250,000 and up to \$500,000.
- ☒ Audit Report if you received total revenue and support greater than \$500,000
- ☐ No Review Report or Audit Report is required because total revenue and support is less than \$250,000

Note: The Audit and Review requirements are set to change in 2017 and 2021 in accordance with the Non Profit Revitalization Act of 2013.

For more details, visit [www.CharitiesNYS.com](http://www.CharitiesNYS.com).**Calculate Your Fee**

For 7A and DUAL filers, calculate the 7A fee:

- ☐ \$0, if you marked the 7A exemption in Part 3a
- ☒ \$25, if you did not mark the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- ☐ \$0, if you marked the EPTL exemption in Part 3b
- ☐ \$25, if the NET WORTH is less than \$50,000
- ☐ \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- ☐ \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- ☐ \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- ☒ \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- ☐ \$1500, if the NET WORTH is \$50,000,000 or more

Is my organization a 7A, EPTL or DUAL filer?

- 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
- EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
- DUAL filers are registered under both 7A and EPTL.

Check your registration category and learn more about NY law at [www.CharitiesNYS.com](http://www.CharitiesNYS.com)Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

**Send Your Filing**

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General  
Charities Bureau Registration Section  
120 Broadway  
New York, NY 10271

# CHAR500

Schedule 4b: Government Grants  
www.CharitiesNYS.com

## 2013

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If you checked the box in question 4b in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule and list EACH government grant. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

### 1. Organization Information

Name of Organization:	NY Registration Number:
JACOB BURNS FILM CENTER, INC.	06-36-48

### 2. Government Grants

Name of Government Agency	Amount of Grant
1.WESTCHESTER ARTS COUNCIL	1. 60,000.
2.NYS COUNCIL ON THE ARTS	2. 34,800.
3.NATIONAL ENDOWMENT FOR THE ARTS	3. 30,000.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 124,800.