

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

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2018 calendar year, or tax year beginning **OCT 1, 2018** and ending **SEP 30, 2019**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>JACOB BURNS FILM CENTER, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>405 MANVILLE RD</b> City or town, state or province, country, and ZIP or foreign postal code <b>PLEASANTVILLE, NY 10570-2117</b> <b>F</b> Name and address of principal officer: <b>JANET BENTON</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>13-4038441</b> <b>E</b> Telephone number <b>914-773-7663</b> <b>G</b> Gross receipts \$ <b>28,411,159.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <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 ▶
<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>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>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>25</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>25</b>
	<b>5</b>	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>197</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>7b</b>	Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	<b>0.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>2,382,617.</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	<b>3,507,177.</b>	<b>3,282,782.</b>
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,396,811.</b>	<b>216,612.</b>
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,278,922.</b>	<b>855,376.</b>
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>8,565,527.</b>	<b>8,820,385.</b>
<b>13</b>		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>	<b>0.</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>4,697,107.</b>	<b>4,965,612.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>594,861.</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>4,138,049.</b>	<b>4,135,796.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>8,835,156.</b>	<b>9,101,408.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>-269,629.</b>	<b>-281,023.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>54,377,919.</b>	<b>54,560,012.</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>7,068,071.</b>	<b>7,600,571.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>47,309,848.</b>	<b>46,959,441.</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 <b>MICHAEL LOMBARDI, TREASURER</b> Type or print name and title	Date			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>ANTHONY PENNELLA</b>	Preparer's signature <b>ANTHONY PENNELLA</b>	Date <b>01/29/20</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00834560</b>
	Firm's name ▶ <b>PRAGER METIS CPAS, LLC</b> Firm's address ▶ <b>333 WESTCHESTER AVENUE, SUITE E-1101</b> <b>WHITE PLAINS, NY 10604</b>	Firm's EIN ▶ <b>06-1667465</b> Phone no. <b>914-218-1300</b>			

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

Part III Statement of Program Service Accomplishments

Check 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

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

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 \$ 7,919,226. including grants of \$ ) (Revenue \$ 3,463,569. ) 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 7,919,226.

**Part IV Checklist of Required Schedules**

	Yes	No
1 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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 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>		X
4 <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>		X
5 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>		X
6 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>		X
7 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>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 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>		X
10 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>	X	
11 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.		
a 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>	X	
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>		X
c 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>	X	
d 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>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f 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>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
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>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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>		X
15 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>		X
16 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>		X
17 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>		X
18 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>	X	
19 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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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 Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 "Yes," 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 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? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check 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 .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<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	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, and 9.

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, and 16b.

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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
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, address, and telephone number of the person who possesses the organization's books and records

**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) JANET MASLIN PRESIDENT	2.00	X		X				0.	0.	0.
(2) BARRY SHENKMAN SECRETARY	2.00	X		X				0.	0.	0.
(3) JANET BENTON CHAIR	2.00	X		X				0.	0.	0.
(4) ROBERT GOLDBERG DIRECTOR	2.00	X						0.	0.	0.
(5) RON HOWARD DIRECTOR	2.00	X						0.	0.	0.
(6) STEVEN SPIELBERG DIRECTOR	2.00	X						0.	0.	0.
(7) LYNN SOBEL VICE CHAIR	2.00	X						0.	0.	0.
(8) STEPHEN APKON FOUNDER	2.00	X						0.	0.	0.
(9) JOSEPH P. CARLUCCI DIRECTOR	2.00	X						0.	0.	0.
(10) CAROLINE BRECKER DIRECTOR	2.00	X						0.	0.	0.
(11) ELIZABETH FRANKEL DIRECTOR	2.00	X						0.	0.	0.
(12) VIRGINIA GOLD DIRECTOR	2.00	X						0.	0.	0.
(13) THERESA BEACH KILMAN DIRECTOR	2.00	X						0.	0.	0.
(14) PATRICE SOBECKI DIRECTOR	2.00	X						0.	0.	0.
(15) FRANK WILLIAMS, JR. DIRECTOR	2.00	X						0.	0.	0.
(16) JOHN NONNA DIRECTOR	2.00	X						0.	0.	0.
(17) HEIDI RIEGER 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) RAY SANCHEZ DIRECTOR	2.00	X						0.	0.	0.
(19) RICHARD ABRAMOWITZ DIRECTOR	2.00	X						0.	0.	0.
(20) DORIAN GOLDMAN DIRECTOR	2.00	X						0.	0.	0.
(21) MICHAEL LOMBARDI TREASURER	2.00	X		X				0.	0.	0.
(22) STEPHANIE LYNN DIRECTOR	2.00	X						0.	0.	0.
(23) DORI BERINSTEIN DIRECTOR	2.00	X						0.	0.	0.
(24) LAUREEN BARBER DIRECTOR	2.00	X						0.	0.	0.
(25) MICHAEL TOSCANO DIRECTOR	2.00	X						0.	0.	0.
(26) BRIAN ACKERMAN PROGRAMMING DIRECTOR	37.50				X			155,932.	0.	0.
<b>1b Sub-total</b>								155,932.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								361,993.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								517,925.	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 **6**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
UNIVERSAL/FOCUS FEATURES P.O. BOX 848270, DALLAS, TX 75284-8270	FILM DISTRIBUTION/RENTAL	187,793.
TESSITURA NETWORK P.O. BOX 203410, DALLAS, TX 75320-3410	I.T./DATABASE MANAGEMENT	133,695.

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 **2**

SEE PART VII, SECTION A CONTINUATION SHEETS





**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>	237,145.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	4,228,470.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f .....		4,465,615.				
<b>Program Service Revenue</b>	<b>2 a</b> FILM TICKET SALES	<b>Business Code</b> 900099	2,143,592.	2,143,592.			
	<b>b</b> MEMBERSHIP REVENUE	900099	809,404.	809,404.			
	<b>c</b> EDUCATION PROGRAM REVENUE	900099	206,906.	206,906.			
	<b>d</b> FILM SERIES	900099	122,880.	122,880.			
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....		3,282,782.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		496,607.			496,607.	
	<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				
		19,103,888.					
		<b>b</b> Less: cost or other basis and sales expenses .....		19,383,883.			
		<b>c</b> Gain or (loss) .....		-279,995.			
	<b>d</b> Net gain or (loss) .....		-279,995.			-279,995.	
	<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>	533,362.				
		<b>b</b> Less: direct expenses .....	<b>b</b>	116,694.			
		<b>c</b> Net income or (loss) from fundraising events .....		416,668.			416,668.
<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>	348,118.					
	<b>b</b> Less: cost of goods sold .....	<b>b</b>	90,197.				
	<b>c</b> Net income or (loss) from sales of inventory .....		257,921.			257,921.	
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> OTHER INCOME	900099	161,953.	161,953.				
	<b>b</b> FACILITIES RENTAL	532000	18,834.	18,834.			
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....		180,787.				
<b>12 Total revenue.</b> See instructions .....		8,820,385.	3,463,569.	0.	891,201.		

**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 domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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 .....	4,191,291.	3,442,312.	322,313.	426,666.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits .....	449,610.	344,086.	45,411.	60,113.
10 Payroll taxes .....	324,711.	248,501.	32,796.	43,414.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	1,145.	1,132.	13.	
c Accounting .....	23,000.	21,075.	1,925.	
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.)	365,176.	343,172.	19,859.	2,145.
12 Advertising and promotion .....	84,363.	41,019.	2,455.	40,889.
13 Office expenses .....				
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	388,907.	381,600.	7,307.	
17 Travel .....				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....				
20 Interest .....	261,067.	238,808.	22,259.	
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	1,057,690.	994,852.	62,838.	
23 Insurance .....	139,471.	132,679.	6,792.	
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 <b>PROGRAMMING &amp; SCREENING</b>	1,119,638.	1,115,723.	3,915.	
b <b>RENTAL AND MAINTENANCE</b>	171,724.	157,539.	14,185.	
c <b>SUPPLIES</b>	167,084.	159,152.	4,001.	3,931.
d <b>OTHER OPERATING EXPENSE</b>	132,902.	100,242.	29,832.	2,828.
e All other expenses _____	223,629.	197,334.	11,420.	14,875.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>9,101,408.</b>	<b>7,919,226.</b>	<b>587,321.</b>	<b>594,861.</b>
26 <b>Joint costs.</b> 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>	<b>1</b> Cash - non-interest-bearing .....	34,261.	<b>1</b>	7,171.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	2,518,465.	<b>3</b>	3,734,426.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	299,773.	<b>9</b>	285,226.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 35,268,937.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 12,678,481.	23,285,114.	<b>10c</b> 22,590,456.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	28,240,306.	<b>13</b>	27,562,858.
	<b>14</b> Intangible assets .....		<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11 .....	0.	<b>15</b>	379,875.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	54,377,919.	<b>16</b>	54,560,012.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	527,481.	<b>17</b>	635,847.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	542,899.	<b>19</b>	908,943.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	5,447,691.	<b>23</b>	5,320,781.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	550,000.	<b>25</b>	735,000.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	7,068,071.	<b>26</b>	7,600,571.
<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>			
	<b>27</b> Unrestricted net assets .....	19,116,383.	<b>27</b>	17,500,015.
	<b>28</b> Temporarily restricted net assets .....	2,518,465.	<b>28</b>	0.
	<b>29</b> Permanently restricted net assets .....	25,675,000.	<b>29</b>	29,459,426.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	47,309,848.	<b>33</b>	46,959,441.	
<b>34</b> Total liabilities and net assets/fund balances .....	54,377,919.	<b>34</b>	54,560,012.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,820,385.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,101,408.
3	Revenue less expenses. Subtract line 2 from line 1	3	-281,023.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	47,309,848.
5	Net unrealized gains (losses) on investments	5	-69,384.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	46,959,441.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c 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.
- 3a 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? .....
- 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 .....

	Yes	No
1		
2a		X
b	X	
c	X	
3a		X
3b		

Form 990 (2018)

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

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

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

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 VI.) .....						
<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 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2018.</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 - 2017.</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 - 2018.</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 VI 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 - 2017.</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 VI 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"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	14328117.	13236594.	2317601.	2979302.	4882283.	37743897.
<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 .....	2886593.	3421640.	3611191.	3805625.	3559537.	17284586.
<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 .....	17214710.	16658234.	5928792.	6784927.	8441820.	55028483.
<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.)						55028483.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....	17214710.	16658234.	5928792.	6784927.	8441820.	55028483.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	-208,236.	1586672.	2050592.	1333717.	147,228.	4909973.
<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 .....	-208,236.	1586672.	2050592.	1333717.	147,228.	4909973.
<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 VI.) .....	103,411.	127,678.	162,374.	383,861.	161,953.	939,277.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	17109885.	18372584.	8141758.	8502505.	8751001.	60877733.

**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 2018 (line 8, column (f), divided by line 13, column (f)) .....	15	90.39 %
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	16	91.16 %

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

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	17	8.07 %
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	18	7.48 %

**19a 33 1/3% support tests - 2018.** 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 - 2017.** 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 .....



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2018

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Name of the organization

JACOB BURNS FILM CENTER, INC.

Employer identification number

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  <b>JACOB BURNS FILM CENTER, INC.</b>	Employer identification number  <b>13-4038441</b>
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**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	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ 8,670.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ 205,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>JACOB BURNS FILM CENTER, INC.</b>	Employer identification number  <b>13-4038441</b>
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**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	<div style="background-color: black; width: 150px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 250px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 250px; height: 15px;"></div>	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<div style="background-color: black; width: 250px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 200px; height: 15px;"></div>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 150px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 250px; height: 15px;"></div>	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<div style="background-color: black; width: 200px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 150px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 200px; height: 15px;"></div>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<div style="background-color: black; width: 200px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 200px; height: 15px;"></div>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<div style="background-color: black; width: 80px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 150px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 200px; height: 15px;"></div>	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>JACOB BURNS FILM CENTER, INC.</b>	Employer identification number  <b>13-4038441</b>
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**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	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ 10,406.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ 18,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>JACOB BURNS FILM CENTER, INC.</b>	Employer identification number  <b>13-4038441</b>
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**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	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ 15,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ 220,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ 20,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>JACOB BURNS FILM CENTER, INC.</b>	Employer identification number  <b>13-4038441</b>
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ <u>12,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ <u>80,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ <u>5,120.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>JACOB BURNS FILM CENTER, INC.</b>	Employer identification number  <b>13-4038441</b>
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ <u>40,700.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ <u>98,885.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ <u>35,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ <u>234,353.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>JACOB BURNS FILM CENTER, INC.</b>	Employer identification number  <b>13-4038441</b>
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ 19,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ 8,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ 15,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>JACOB BURNS FILM CENTER, INC.</b>	Employer identification number  <b>13-4038441</b>
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	██ ██ ██	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	██ ██ ██	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	██ ██ ██	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	██ ██ ██	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	██ ██ ██	\$ 25,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	██ ██ ██	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>JACOB BURNS FILM CENTER, INC.</b>	Employer identification number  <b>13-4038441</b>
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	<div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 250px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 250px; height: 15px;"></div>	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
50	<div style="background-color: black; width: 400px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 150px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 250px; height: 15px;"></div>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
51	<div style="background-color: black; width: 150px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 250px; height: 15px;"></div>	\$ 5,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
52	<div style="background-color: black; width: 180px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 150px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 280px; height: 15px;"></div>	\$ 33,693.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
53	<div style="background-color: black; width: 280px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 250px; height: 15px;"></div>	\$ 10,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
54	<div style="background-color: black; width: 180px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 220px; height: 15px;"></div>	\$ 10,010.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ 110,059.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ 6,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	<div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 150px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 250px; height: 15px;"></div>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	<div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 150px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 250px; height: 15px;"></div>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	<div style="background-color: black; width: 150px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 150px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 150px; height: 15px;"></div>	\$ <u>8,800.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	<div style="background-color: black; width: 350px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 150px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 200px; height: 15px;"></div>	\$ <u>23,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	<div style="background-color: black; width: 250px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 200px; height: 15px;"></div>	\$ <u>10,522.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	<div style="background-color: black; width: 150px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 150px; height: 15px;"></div>	\$ <u>10,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>JACOB BURNS FILM CENTER, INC.</b>	Employer identification number  <b>13-4038441</b>
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	<div style="background-color: black; width: 200px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 150px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 250px; height: 15px;"></div>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	<div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 200px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 250px; height: 15px;"></div>	\$ 12,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	<div style="background-color: black; width: 300px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 250px; height: 15px;"></div>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	<div style="background-color: black; width: 300px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 250px; height: 15px;"></div>	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	<div style="background-color: black; width: 350px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 250px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 250px; height: 15px;"></div>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	<div style="background-color: black; width: 200px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 250px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 250px; height: 15px;"></div>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 15%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 30%; height: 15px;"></div>	\$ <u>144,962.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	<div style="background-color: black; width: 15%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 20%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 25%; height: 15px;"></div>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	<div style="background-color: black; width: 30%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 25%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 30%; height: 15px;"></div>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	<div style="background-color: black; width: 30%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 15%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 40%; height: 15px;"></div>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	<div style="background-color: black; width: 50%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 50%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 40%; height: 15px;"></div>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	<div style="background-color: black; width: 15%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 15%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 30%; height: 15px;"></div>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>JACOB BURNS FILM CENTER, INC.</b>	Employer identification number  <b>13-4038441</b>
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**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
79	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ 27,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ 175,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>JACOB BURNS FILM CENTER, INC.</b>	Employer identification number  <b>13-4038441</b>
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**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
85	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ 27,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>JACOB BURNS FILM CENTER, INC.</b>	Employer identification number  <b>13-4038441</b>
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**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
91	<div style="background-color: black; width: 200px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 250px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 200px; height: 15px;"></div>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	<div style="background-color: black; width: 400px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 350px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 250px; height: 15px;"></div>	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	<div style="background-color: black; width: 200px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 200px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 250px; height: 15px;"></div>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	<div style="background-color: black; width: 150px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 300px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 250px; height: 15px;"></div>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	<div style="background-color: black; width: 350px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 150px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 250px; height: 15px;"></div>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	<div style="background-color: black; width: 250px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 150px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 250px; height: 15px;"></div>	\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>JACOB BURNS FILM CENTER, INC.</b>	Employer identification number  <b>13-4038441</b>
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**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
97	<div style="background-color: black; width: 250px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 200px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 300px; height: 15px;"></div>	\$ 51,410.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	<div style="background-color: black; width: 280px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 170px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 360px; height: 15px;"></div>	\$ 25,010.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	<div style="background-color: black; width: 270px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 190px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 280px; height: 15px;"></div>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	<div style="background-color: black; width: 180px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 420px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 270px; height: 15px;"></div>	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	<div style="background-color: black; width: 420px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 280px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 270px; height: 15px;"></div>	\$ 32,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	<div style="background-color: black; width: 160px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 180px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 330px; height: 15px;"></div>	\$ 21,870.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>JACOB BURNS FILM CENTER, INC.</b>	Employer identification number  <b>13-4038441</b>
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**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
103	<div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 150px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 200px; height: 15px;"></div>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	<div style="background-color: black; width: 150px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 250px; height: 15px;"></div>	\$ 25,030.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	<div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 150px; height: 15px;"></div>	\$ 22,538.	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.)



Name of organization  <b>JACOB BURNS FILM CENTER, INC.</b>	Employer identification number  <b>13-4038441</b>
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**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  <b>JACOB BURNS FILM CENTER, INC.</b>	Employer identification number  <b>13-4038441</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**  
**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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of 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" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)       Preservation of a historically important land area  
 Protection of natural habitat       Preservation of a certified historic structure  
 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 7/25/06, 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? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)? .....

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" on 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) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

**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" on 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, for escrow or custodial account liability?  Yes  No

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

**Part V Endowment Funds.** Complete if the organization answered "Yes" on 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	25,675,000.	25,445,000.	25,460,000.	15,425,000.	5,475,000.
b Contributions	100,000.	280,000.	35,000.	10,085,000.	10,000,000.
c Net investment earnings, gains, and losses	147,095.	1,333,550.	2,050,485.	1,586,443.	-209,124.
d Grants or scholarships					
e Other expenditures for facilities and programs	-50,000.	-50,000.	-50,000.	-50,000.	-50,000.
f Administrative expenses	-147,095.	-1,333,550.	-2,050,485.	-1,586,443.	209,124.
g End of year balance	27,562,858.	25,675,000.	25,445,000.	25,460,000.	15,425,000.

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  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages on 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" on line 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" on 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		26,778,191.	8,119,052.	18,659,139.
c Leasehold improvements				
d Equipment		6,466,653.	4,559,429.	1,907,224.
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 10c.)				22,590,456.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on 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" on 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	1,223,541.	END-OF-YEAR MARKET VALUE
(3) PUBLICLY TRADED DEBT		
(4) SECURITIES	4,838,139.	END-OF-YEAR MARKET VALUE
(5) PUBLICLY TRADED EQUITY		
(6) SECURITIES	17,438,940.	END-OF-YEAR MARKET VALUE
(7) REAL ESTATE FUNDS	1,370,133.	END-OF-YEAR MARKET VALUE
(8) PRIVATE EQUITY FUNDS	229,984.	END-OF-YEAR MARKET VALUE
(9) COMMODITIES FUNDS	824,107.	END-OF-YEAR MARKET VALUE
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	27,562,858.	

**Part IX Other Assets.**

Complete if the organization answered "Yes" on 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" on 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) LINE OF CREDIT	735,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	735,000.

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" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	8,751,001.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-69,384.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-69,384.	
3	Subtract line 2e from line 1	3	8,820,385.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,820,385.	

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

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

1	Total expenses and losses per audited financial statements		1	9,101,408.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1	3	9,101,408.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	9,101,408.	

**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:**

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 2016 THROUGH 2018 ARE SUBJECT TO AUDIT BY THE APPLICABLE TAXING JURISDICTION.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

ADJUSTMENT (BOOK/TAX DIFFERENCE) FOR REALIZED GAINS/LOSSES









**Part II Fundraising Events.** Complete if the organization answered "Yes" on 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 (add col. (a) through col. (c))
		ANNUAL GALA (event type)	ANNUAL SPOTLIGHT EV (event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts .....	523,562.	9,800.		533,362.
	<b>2</b> Less: Contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....	523,562.	9,800.		533,362.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....	81,902.	7,020.		88,922.
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	20,740.	7,032.		27,772.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				116,694.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				416,668.	

**Part III Gaming.** Complete if the organization answered "Yes" on 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	<b>1</b> Gross revenue .....				
	<b>2</b> Cash prizes .....				
Direct Expenses	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

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

**a** Is the organization licensed to conduct 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: \_\_\_\_\_





**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**JACOB BURNS FILM CENTER, INC.**

Employer identification number  
**13-4038441**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2018

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BRIAN ACKERMAN PROGRAMMING DIRECTOR	(i)	155,932.	0.	0.	0.	0.	155,932.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DOMINICK BALLETTA MANAGING DIRECTOR	(i)	155,932.	0.	0.	0.	0.	155,932.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) EDITH DEMAS EXECUTIVE DIRECTOR	(i)	206,061.	0.	0.	0.	0.	206,061.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

JACOB BURNS FILM CENTER, INC.

Employer identification number

13-4038441

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

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 AUDIT COMMITTEE.

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

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:

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, AUDITED FINANCIAL  
STATEMENTS, GOVERNING DOCUMENTS, WHISTLEBLOWER 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

THE AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT  
OF ITS FINANCIAL STATEMENTS AND SELECTION OF THE INDEPENDENT AUDITOR.



2018 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
67	CAPITALIZED R/E TAXES	06/15/01	SL	40.00		16	29,155.				29,155.	12,633.		729.	13,362.
68	THEATER BUILD'G PURCHASE	06/15/01	SL	40.00		16	1,047,900.				1,047,900.	454,018.		26,198.	480,216.
69	CAPITALIZED INTEREST-364 THEATRE	06/15/01	SL	40.00		16	174,368.				174,368.	75,543.		4,359.	79,902.
116	BUILD'G-405 MANVILLE RD.-G/L 1501	09/01/08	SL	40.00		16	13228445.				13228445.	3,328,188.		330,711.	3,658,899.
118	BUILDING-3 GRANT-G/L 1523	09/01/08	SL	40.00		16	49,525.				49,525.	12,483.		1,238.	13,721.
121	CAPITALIZED INTEREST-EDUCATION BUILDG	09/01/08	SL	40.00		16	162,325.				162,325.	39,079.		4,058.	43,137.
245	CAPITALIZED INTEREST-MICROTHEATERS 4 &5	03/06/15	SL	40.00		16	25,562.				25,562.	2,290.		639.	2,929.
	* 990 PAGE 10 TOTAL BUILDINGS						14717280.				14717280.	3,924,234.		367,932.	4,292,166.
	MACHINERY & EQUIPMENT														
127	AUDIO VISUAL EQUIP	07/15/08	SL	5.00		16	2,358.				2,358.	2,358.		0.	2,358.
143	AV EQUIPMENT	03/31/09	SL	5.00		16	165,435.				165,435.	165,435.		0.	165,435.
154	A/V EQUIPMENT G/L 1561	03/31/10	SL	5.00		16	86,601.				86,601.	86,601.		0.	86,601.
178	A/V EQUIPMENT G/L 1561	02/15/11	SL	5.00		16	20,272.				20,272.	20,272.		0.	20,272.
179	A/V EQUIPMENT G/L 1561	12/31/11	SL	5.00		16	64,990.				64,990.	64,990.		0.	64,990.
213	CAMERAS AND SOUND SYST	03/31/13	SL	5.00		16	29,449.				29,449.	29,449.		0.	29,449.
225	EDUC CENTER VIDEO EQUIPMENT	03/15/14	SL	5.00		16	14,274.				14,274.	13,085.		1,189.	14,274.
244	CAMERAS/PROJECTORS	02/15/15	SL	5.00		16	56,045.				56,045.	41,100.		11,209.	52,309.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
254	EDUC CENTER-A/V EQUIPMENT/ PROJECTOR	02/29/16	SL	5.00		16	145,081.				145,081.	74,958.		29,016.	103,974.
260	A/V EQUIPMENT G/L 1561	09/15/17	SL	5.00		16	12,644.				12,644.	2,740.		2,529.	5,269.
272	A/V EQUIPMENT G/L 1561	06/15/18	SL	5.00		16	69,069.				69,069.	4,605.		13,814.	18,419.
273	A/V EQUIPMENT G/L 1561	01/15/19	SL	5.00		16	80,452.				80,452.			12,068.	12,068.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						746,670.				746,670.	505,593.		69,825.	575,418.
	BUILDINGS														
117	BUILDING-401-405 MANVILLE-G/L 1521	09/01/08	SL	40.00		16	1,947,241.				1,947,241.	490,867.		48,681.	539,548.
134	MEA BUILD'G IMPROV. G/L 1521	03/31/09	SL	40.00		16	226,657.				226,657.	53,827.		5,666.	59,493.
149	IMPROVEMENTS-MANVILLE RD G/L 1521	03/31/10	SL	20.00		16	27,091.				27,091.	11,517.		1,355.	12,872.
170	EDUC. CENTER SECURITY CAMERA	10/31/10	SL	10.00		16	985.				985.	783.		99.	882.
171	EDUC CENTER DUCT WORK G/L 1521	02/28/11	SL	20.00		16	3,750.				3,750.	1,425.		188.	1,613.
191	NEW LOCKS-G/L 1521	06/30/12	SL	10.00		16	1,550.				1,550.	969.		155.	1,124.
241	ELECTRICAL EQUIP.-405 MANVILLE	07/28/15	SL	10.00		16	2,217.				2,217.	703.		222.	925.
253	EDUC CENTR-BALLASTS	01/21/16	SL	10.00		16	7,562.				7,562.	2,016.		756.	2,772.
256	EDUC CENTER -IMPROVGL1521 NEW BALLAST	05/01/17	SL	10.00		16	1,469.				1,469.	208.		147.	355.
257	EDUC CENTER-RECONFIG ADMIN SEATING	01/31/17	NC	10.00	HY		4,400.				4,400.			0.	
271	EDUC CENTER ELECTRICAL WORK G/L 1521	07/15/18	SL	10.00		16	22,113.				22,113.	553.		2,211.	2,764.
	* 990 PAGE 10 TOTAL BUILDINGS						2,245,035.				2,245,035.	562,868.		59,480.	622,348.

2018 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 PAGE 10 TOTAL -						17708985.				17708985.	4,992,695.		497,237.	5,489,932.
	BUILDINGS														
122	5 GRANT ST. BUILDING	09/01/08	SL	40.00		16	420,409.				420,409.	105,976.		10,510.	116,486.
135	FURN. 5 GRANT ST GL 1524	03/31/09	SL	5.00		16	6,362.				6,362.	6,362.		0.	6,362.
136	BUILD'G IMPRO. 5GRANT GL 1524	03/31/09	SL	40.00		16	44,305.				44,305.	10,526.		1,108.	11,634.
183	NEW WINDOWS-5 GRANT	04/30/12	SL	15.00		16	20,641.				20,641.	8,829.		1,376.	10,205.
243	RENOVATIONS AND NEW TILING-5 GRANT ST.GL 1524	03/31/15	SL	15.00		16	22,151.				22,151.	5,169.		1,477.	6,646.
	* 990 PAGE 10 TOTAL BUILDINGS						513,868.				513,868.	136,862.		14,471.	151,333.
	* 990 PAGE 10 TOTAL -						513,868.				513,868.	136,862.		14,471.	151,333.
	BUILDINGS														
8	BUILDING	06/15/01	SL	40.00		16	4,775,432.				4,775,432.	2,069,103.		119,386.	2,188,489.
66	2002 ADDITIONS	03/31/02	SL	40.00		16	57,317.				57,317.	23,719.		1,433.	25,152.
	* 990 PAGE 10 TOTAL BUILDINGS						4,832,749.				4,832,749.	2,092,822.		120,819.	2,213,641.
	* 990 PAGE 10 TOTAL -						4,832,749.				4,832,749.	2,092,822.		120,819.	2,213,641.
	BUILDINGS														
70	PROJECTION RM FLOORING	09/01/03	SL	40.00		16	7,008.				7,008.	2,640.		175.	2,815.
71	THEATER 3RD FLOOR FLOOR	09/09/03	SL	40.00		16	500.				500.	196.		13.	209.
72	LOBBY FLOORING	05/31/03	SL	40.00		16	12,828.				12,828.	4,922.		321.	5,243.

2018 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
80	PEDIMENT STEEL BRACKET	03/01/04	SL	10.00		16	2,780.				2,780.	2,780.		0.	2,780.
81	ROOFING	11/30/03	SL	10.00		16	3,225.				3,225.	3,225.		0.	3,225.
82	NEW THEATER UPPER LEVEL OFFICE SPACE	08/01/04	SL	20.00		16	33,753.				33,753.	23,913.		1,688.	25,601.
95	2005 ADDITIONS	08/25/05	SL	20.00		16	41,276.				41,276.	27,004.		2,064.	29,068.
102	HANDICAP RAMP	03/15/06	SL	20.00		16	45,728.				45,728.	28,766.		2,286.	31,052.
103	CONCESSION EQUIPMENT	09/16/06	SL	10.00		16	8,000.				8,000.	8,000.		0.	8,000.
115	WALL PREP WORK	09/01/07	SL	10.00		16	1,500.				1,500.	1,500.		0.	1,500.
132	THEATER BUILD IMPROV G/L1511	07/31/09	SL	40.00		16	246,996.				246,996.	56,604.		6,175.	62,779.
133	THEATER FIXT G/L 1511	03/31/09	SL	5.00		16	7,800.				7,800.	7,800.		0.	7,800.
147	THEATER BUILD IMPROV G/L1511	03/31/10	SL	40.00		16	39,532.				39,532.	8,398.		988.	9,386.
148	THEATER FIXT G/L 1511	03/31/10	SL	20.00		16	15,923.				15,923.	6,766.		796.	7,562.
158	THEATER BUILD IMPROV G/L1511	11/15/10	SL	40.00		16	13,336.				13,336.	2,637.		333.	2,970.
159	THEATER HVAC PROJECT G/L 1511	02/28/11	SL	20.00		16	5,849.				5,849.	2,215.		292.	2,507.
188	THEATER FACADE ADDITION	02/29/12	SL	20.00		16	30,119.				30,119.	9,914.		1,506.	11,420.
189	HEARING LOOP-THEATER BUILDG	06/30/12	SL	10.00		16	11,365.				11,365.	7,106.		1,137.	8,243.
190	FLOORING-THEATER	04/30/12	SL	5.00		16	2,315.				2,315.	2,315.		0.	2,315.
198	THEATER FACADE ADDITION	08/01/13	SL	20.00		16	98,137.				98,137.	25,353.		4,907.	30,260.
199	AIR CONDITIONING-PROJECTION ROOM	04/22/13	SL	10.00		16	15,120.				15,120.	8,190.		1,512.	9,702.

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200	LED LIGHTING SYSTEM	08/01/13	SL	10.00		16	45,314.				45,314.	23,410.		4,531.	27,941.
201	BATH RENOVATION	07/29/13	SL	10.00		16	2,400.				2,400.	1,240.		240.	1,480.
220	MICROTHEATERS 4 AND 5 HARDCOSTS	03/06/15	SL	40.00		16	3,055,306.				3,055,306.	273,706.		76,383.	350,089.
221	THEATER 3RD FLOOR- THEATER 4 AND 5 FIXTURES	03/06/15	SL	20.00		16	425,680.				425,680.	76,268.		21,284.	97,552.
246	THEATER FIXT & EQUIP.	01/15/16	SL	10.00		16	12,942.				12,942.	3,559.		1,294.	4,853.
258	THEATER BUILD IMPROV G/L1511-RAILING	08/31/17	SL	10.00		16	11,803.				11,803.	1,278.		1,180.	2,458.
274	THEATER BUILD IMPROV G/L511	06/30/19	SL	20.00		16	163,812.				163,812.			2,048.	2,048.
	* 990 PAGE 10 TOTAL BUILDINGS						4,360,347.				4,360,347.	619,705.		131,153.	750,858.
	* 990 PAGE 10 TOTAL - BUILDINGS						4,360,347.				4,360,347.	619,705.		131,153.	750,858.
172	RECORDING STUDIO SYST. G/L 1522-09	11/30/10	SL	10.00		16	16,663.				16,663.	13,051.		1,666.	14,717.
186	RECORDING STUDIO EQUIP G/L 1522-09	04/15/12	SL	5.00		16	4,256.				4,256.	4,256.		0.	4,256.
216	PIANO AND OTHER MUSICAL INSTRUMENTS	09/30/13	SL	5.00		16	26,985.				26,985.	26,985.		0.	26,985.
231	BOOM STANDS-EDU. CENTER	01/24/14	SL	5.00		16	982.				982.	915.		67.	982.
242	A/V EQUIPMENT G/L 1522-09	04/01/15	SL	5.00		16	904.				904.	633.		181.	814.
263	RECORDING STUDIO EQUIP G/L 1522-09	12/31/16	SL	5.00		16	25,640.				25,640.	8,974.		5,128.	14,102.
	* 990 PAGE 10 TOTAL BUILDINGS						75,430.				75,430.	54,814.		7,042.	61,856.
	* 990 PAGE 10 TOTAL -						75,430.				75,430.	54,814.		7,042.	61,856.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
173	SOUND STAGE EQUIP G/L 1522-14	11/30/10	SL	10.00		16	3,371.				3,371.	2,640.		337.	2,977.
187	SOUND STAGE EQUIP G/L 1522-14	03/15/12	SL	7.00		16	10,880.				10,880.	10,231.		649.	10,880.
217	SPEAKER SYST UPGRADE	04/15/13	SL	7.00		16	716.				716.	561.		102.	663.
232	SOUND STAGE EQUIP G/L 1522-14	03/31/14	SL	7.00		16	9,786.				9,786.	6,291.		1,398.	7,689.
	* 990 PAGE 10 TOTAL BUILDINGS						24,753.				24,753.	19,723.		2,486.	22,209.
	* 990 PAGE 10 TOTAL -						24,753.				24,753.	19,723.		2,486.	22,209.
	BUILDINGS														
182	SCREENING RM SOUND EQUIP	02/15/12	SL	10.00		16	8,733.				8,733.	5,820.		873.	6,693.
	* 990 PAGE 10 TOTAL BUILDINGS						8,733.				8,733.	5,820.		873.	6,693.
	* 990 PAGE 10 TOTAL -						8,733.				8,733.	5,820.		873.	6,693.
	OTHER														
264	DEFERRED FINANCING COSTS-WEST. BANK	12/31/17		240M		HY43	65,207.				65,207.	2,445.		3,260.	5,705.
	* 990 PAGE 10 TOTAL OTHER						65,207.				65,207.	2,445.		3,260.	5,705.
	* 990 PAGE 10 TOTAL -						65,207.				65,207.	2,445.		3,260.	5,705.
	MACHINERY & EQUIPMENT														
137	FURN/FIXT 405 MANVILLE GL 1522-01	03/31/09	SL	7.00		16	90,835.				90,835.	90,832.		0.	90,832.
150	MANVILLE FURN-G/L 1522-01	03/31/10	SL	7.00		16	17,759.				17,759.	17,759.		0.	17,759.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
174	FURN. & FIXT-405 MANVILLE G/L 1522-01	02/28/11	SL	7.00		16	17,077.				17,077.	17,077.		0.	17,077.
192	FURN. & FIXT-405 MANVILLE G/L 1522-01	06/15/12	SL	7.00		16	6,558.				6,558.	5,934.		624.	6,558.
259	EDUC CENTER FURNISHINGS GL 1522-01	03/30/17	SL	7.00		16	2,718.				2,718.	582.		388.	970.
275	EDUC CENTER URINALS	04/24/19	SL	10.00		16	7,320.				7,320.			305.	305.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						142,267.				142,267.	132,184.		1,317.	133,501.
	* 990 PAGE 10 TOTAL -						142,267.				142,267.	132,184.		1,317.	133,501.
	MACHINERY & EQUIPMENT														
83	DATA EQUIP-405 MANVILLE RD.	07/23/04	SL	10.00		16	2,576.				2,576.	2,576.		0.	2,576.
104	CAMERA/DVDS	03/31/06	SL	5.00		16	3,860.				3,860.	3,860.		0.	3,860.
119	405 MANVILLE EQUIP/FIXTURES-G/L 1522	09/01/08	SL	7.00		16	682,351.				682,351.	682,351.		0.	682,351.
138	EQUIP/FIXT 405 MANVILLE GL 1522	12/31/08	SL	5.00		16	242,424.				242,424.	242,424.		0.	242,424.
163	SOUND BARRIER SYST.-G/L 1522	10/01/10	SL	20.00		16	26,575.				26,575.	10,632.		1,329.	11,961.
164	EDUC. CENTER CONF. ROOM TV	11/22/10	SL	5.00		16	808.				808.	808.		0.	808.
165	HP PRINTER EDUC CENTER G/L 1522	12/23/10	SL	5.00		16	1,746.				1,746.	1,746.		0.	1,746.
185	JBFC BANNER	12/21/11	SL	5.00		16	1,200.				1,200.	1,200.		0.	1,200.
276	LAB SECURITY EQUIPMENT	12/31/18	SL	5.00		16	6,420.				6,420.			963.	963.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						967,960.				967,960.	945,597.		2,292.	947,889.
	* 990 PAGE 10 TOTAL -						967,960.				967,960.	945,597.		2,292.	947,889.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
175	ANIMATION EQUIP G/L 1522-12	03/31/11	SL	7.00		16	22,418.				22,418.	22,418.		0.	22,418.
208	MOBILE ANIMATION KIT	06/30/13	SL	3.00		16	756.				756.	756.		0.	756.
209	5 IPADS APPLE	07/15/13	SL	5.00		16	3,990.				3,990.	3,990.		0.	3,990.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						27,164.				27,164.	27,164.		0.	27,164.
	* 990 PAGE 10 TOTAL -						27,164.				27,164.	27,164.		0.	27,164.
	MACHINERY & EQUIPMENT														
218	EDUC CENTER EDIT STUDIO SOFTWARE	07/31/13	SL	3.00		16	3,483.				3,483.	3,483.		0.	3,483.
222	EDIT STUDIO EQUIPMENT	08/01/14	SL	5.00		16	16,926.				16,926.	14,104.		2,822.	16,926.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						20,409.				20,409.	17,587.		2,822.	20,409.
	* 990 PAGE 10 TOTAL -						20,409.				20,409.	17,587.		2,822.	20,409.
	MACHINERY & EQUIPMENT														
177	VIRTUAL LEARNING PLATFORM-LUMIERE	10/01/14	SL	20.00		16	1,198,087.				1,198,087.	239,616.		59,904.	299,520.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						1,198,087.				1,198,087.	239,616.		59,904.	299,520.
	* 990 PAGE 10 TOTAL -						1,198,087.				1,198,087.	239,616.		59,904.	299,520.
	MACHINERY & EQUIPMENT														
1	RAISER'S EDGE SOFTWARE	03/13/00	SL	5.00		16	12,000.				12,000.	12,000.		0.	12,000.
28	COMPUFIT SFTWRE	03/15/02	SL	3.00		16	1,264.				1,264.	1,264.		0.	1,264.

828111 04-01-18

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone



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30	RAISER'S EDGE SFTWR UPGRADE	07/15/02	SL	5.00		16	6,535.				6,535.	6,535.		0.	6,535.
31	VARIOUS SFTWR	07/15/02	SL	3.00		16	2,574.				2,574.	2,574.		0.	2,574.
73	SOFTWARE LICENSE-RAISERS EDGE	08/28/03	SL	5.00		16	8,544.				8,544.	8,544.		0.	8,544.
84	THEATER PROG.SOFTWARE	06/01/04	SL	3.00		16	5,346.				5,346.	5,346.		0.	5,346.
96	SOFTWARE ADDITIONS 2005	09/30/05	SL	3.00		16	7,600.				7,600.	7,600.		0.	7,600.
105	WEBSITE SOFTWARE	01/31/06	SL	3.00		16	2,900.				2,900.	2,900.		0.	2,900.
124	UNSCRIPTED COMP. EQUIP.	07/31/08	SL	5.00		16	1,911.				1,911.	1,911.		0.	1,911.
139	SOFTWARE ADDITIONS 2008-09	03/31/09	SL	5.00		16	23,418.				23,418.	23,418.		0.	23,418.
151	WEBSITE/SOFTWARE-G/L 1530	03/31/10	SL	5.00		16	10,256.				10,256.	10,256.		0.	10,256.
166	COMPUTER EQUIP G/L 1530	02/15/11	SL	5.00		16	6,366.				6,366.	6,366.		0.	6,366.
193	TITAN TICKETING SYST-1530	04/30/12	SL	10.00		16	69,459.				69,459.	44,570.		6,946.	51,516.
194	MS SOFTWARE-1530	01/15/12	SL	5.00		16	13,364.				13,364.	13,364.		0.	13,364.
210	TITAN SOFTWARE	09/15/13	SL	5.00		16	29,275.				29,275.	29,275.		0.	29,275.
211	ADOBE CREATIVE SUITE	03/29/13	SL	3.00		16	1,265.				1,265.	1,265.		0.	1,265.
212	PLURAL EYES SOFTWARE	07/31/13	SL	5.00		16	5,197.				5,197.	5,197.		0.	5,197.
223	ADOBE EDUCATION SOFTWARE	01/01/14	SL	3.00		16	17,443.				17,443.	17,443.		0.	17,443.
224	COMPUTER SOFTWARE/UPGRADES	03/15/14	SL	3.00		16	11,625.				11,625.	11,625.		0.	11,625.
237	TITAN SALLEABLES REPORTS	06/17/15	SL	3.00		16	1,991.				1,991.	1,991.		0.	1,991.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
268	SOFTWARE ADDITIONS 2018	07/31/18	SL	3.00		16	6,484.				6,484.	360.		2,161.	2,521.
277	ARTIFAX CALENDAR SOFTWARE	05/08/19	SL	5.00		16	5,000.				5,000.			417.	417.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						249,817.				249,817.	213,804.		9,524.	223,328.
	* 990 PAGE 10 TOTAL - MACHINERY & EQUIPMENT						249,817.				249,817.	213,804.		9,524.	223,328.
123	COMPUTERS-5 GRANT	11/15/07	SL	5.00		16	4,769.				4,769.	4,769.		0.	4,769.
236	EQUIP-5 GRANT ST.-2015	03/31/15	SL	5.00		16	1,399.				1,399.	980.		280.	1,260.
249	OIL TANK-5 GRANT	10/15/15	SL	10.00		16	2,400.				2,400.	720.		240.	960.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						8,568.				8,568.	6,469.		520.	6,989.
	* 990 PAGE 10 TOTAL - MACHINERY & EQUIPMENT						8,568.				8,568.	6,469.		520.	6,989.
2	GATEWAY COMPUTER	11/23/99	SL	5.00		16	1,822.				1,822.	1,822.		0.	1,822.
3	COMPUTER	02/03/00	SL	5.00		16	1,656.				1,656.	1,656.		0.	1,656.
4	COMPUFIT	04/25/00	SL	5.00		16	19,498.				19,498.	19,498.		0.	19,498.
11	OFFICE COMPUTERS	01/01/01	SL	5.00		16	5,773.				5,773.	5,773.		0.	5,773.
12	GATEWAY COMPUTERS	07/11/01	SL	5.00		16	4,292.				4,292.	4,292.		0.	4,292.
14	VIDEO SYSTEM	08/20/01	SL	5.00		16	1,256.				1,256.	1,256.		0.	1,256.
32	COMPUFIT- 2 COMPTRS	12/15/01	SL	5.00		16	3,607.				3,607.	3,607.		0.	3,607.

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33	COMPUSA COMPTRS	05/30/02	SL	5.00		16	3,985.				3,985.	3,985.		0.	3,985.
37	COMPUFIT-COMPTR	01/15/02	SL	5.00		16	996.				996.	996.		0.	996.
39	COMPUSA PRINTER	08/15/02	SL	5.00		16	700.				700.	700.		0.	700.
74	COMPUTERS	07/01/03	SL	5.00		16	5,888.				5,888.	5,888.		0.	5,888.
76	COMPUTER EQUIP	02/01/03	SL	5.00		16	3,205.				3,205.	3,205.		0.	3,205.
85	VARIOUS COMPUTER EQUIP-THEATER	03/31/04	SL	5.00		16	13,389.				13,389.	13,389.		0.	13,389.
97	APPLE G5-GRAPHIC DESIGN	10/31/04	SL	5.00		16	2,190.				2,190.	2,190.		0.	2,190.
98	COMPUTER EQUIP 2005	07/31/05	SL	5.00		16	12,444.				12,444.	12,444.		0.	12,444.
106	UNSCRIPTED CPU	07/15/06	SL	5.00		16	3,477.				3,477.	3,477.		0.	3,477.
108	COMPUTER EQUIP	06/15/06	SL	5.00		16	6,276.				6,276.	6,276.		0.	6,276.
112	APPLE COMPUTERS	05/31/07	SL	5.00		16	8,953.				8,953.	8,953.		0.	8,953.
113	5G RAM	11/30/06	SL	5.00		16	538.				538.	538.		0.	538.
125	DELL AND APPLE COMPUTERS	07/31/08	SL	5.00		16	21,900.				21,900.	21,900.		0.	21,900.
126	THEATER EQUIP 2008	07/15/08	SL	5.00		16	10,218.				10,218.	10,218.		0.	10,218.
140	EDUC.CENTER COMPUTER EQUIP	03/31/09	SL	5.00		16	98,625.				98,625.	98,625.		0.	98,625.
142	COMPUTER EQUIP GL 1560	03/31/09	SL	5.00		16	30,501.				30,501.	30,501.		0.	30,501.
152	COMPUTERS G/L 1535	03/31/10	SL	5.00		16	31,329.				31,329.	31,329.		0.	31,329.
167	COMPUTER EQUIP G/L 1535	03/31/11	SL	5.00		16	54,114.				54,114.	54,114.		0.	54,114.

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180	COMPUTER EQUIP	03/31/12	SL	5.00		16	30,940.				30,940.	30,940.		0.	30,940.
214	ADMIN COMPUTER EQUIP	03/31/13	SL	5.00		16	4,965.				4,965.	4,965.		0.	4,965.
226	ADMIN COMPUTER EQUIP-FISCAL 2014	03/31/14	SL	5.00		16	45,248.				45,248.	40,725.		4,523.	45,248.
238	COMPUTERS-ADMIN	03/31/15	SL	5.00		16	26,086.				26,086.	18,260.		5,217.	23,477.
250	COMPUTERS-ADMIN	06/30/16	SL	5.00		16	5,831.				5,831.	2,624.		1,166.	3,790.
261	ADMIN COMPUTER EQUIP	02/15/17	SL	5.00		16	12,122.				12,122.	4,040.		2,424.	6,464.
269	ADMIN COMPUTER EQUIP	08/28/18	SL	5.00		16	64,494.				64,494.	1,075.		12,899.	13,974.
278	ADMIN COMPUTER EQUIP	01/15/19	SL	5.00		16	42,529.				42,529.			6,379.	6,379.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						578,847.				578,847.	449,261.		32,608.	481,869.
	* 990 PAGE 10 TOTAL - MACHINERY & EQUIPMENT						578,847.				578,847.	449,261.		32,608.	481,869.
34	FAX MACHINE	02/12/02	SL	3.00		16	280.				280.	280.		0.	280.
35	AMEX CARD PRINTER	03/27/02	SL	5.00		16	2,686.				2,686.	2,686.		0.	2,686.
36	CATSKILL SUPPLIES	02/28/02	SL	3.00		16	1,222.				1,222.	1,222.		0.	1,222.
75	DVD PLAYER-FOR EDUC PROG	09/19/03	SL	3.00		16	2,925.				2,925.	2,925.		0.	2,925.
86	LASER PRINTER-OFFICE	07/31/04	SL	5.00		16	1,380.				1,380.	1,380.		0.	1,380.
87	3 DESKS	09/01/04	SL	7.00		16	993.				993.	993.		0.	993.
107	FOLDING MACHINE	06/18/06	SL	3.00		16	934.				934.	934.		0.	934.

828111 04-01-18

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
141	TASK LIGHTING	03/18/09	SL	5.00		16	3,960.				3,960.	3,960.		0.	3,960.
153	OFFICE EQUIPMENT G/L 1545	11/01/09	SL	5.00		16	3,053.				3,053.	3,053.		0.	3,053.
169	OFFICE EQUIPMENT G/L 1545	03/15/11	SL	5.00		16	8,417.				8,417.	8,417.		0.	8,417.
219	ADMIN. PRINTERS	06/30/13	SL	5.00		16	4,350.				4,350.	4,350.		0.	4,350.
228	LASER PRINTER-ADMIN	12/15/13	SL	5.00		16	2,294.				2,294.	2,218.		76.	2,294.
240	ART DEPT. PRINTER	07/31/15	SL	5.00		16	1,195.				1,195.	757.		239.	996.
279	OFFICE PRINTERS	03/31/19	SL	5.00		16	1,931.				1,931.			193.	193.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						35,620.				35,620.	33,175.		508.	33,683.
	* 990 PAGE 10 TOTAL - MACHINERY & EQUIPMENT						35,620.				35,620.	33,175.		508.	33,683.
168	COMPUTER EQUIP G/L 1536	04/28/11	SL	5.00		16	5,511.				5,511.	5,511.		0.	5,511.
181	COMPUTER EQUIP-IT	08/01/12	SL	5.00		16	18,958.				18,958.	18,958.		0.	18,958.
215	ADMIN SERVERS	02/28/13	SL	5.00		16	22,908.				22,908.	22,908.		0.	22,908.
227	IT COMPUTER EQUIP	05/31/14	SL	5.00		16	48,464.				48,464.	42,003.		6,461.	48,464.
239	COMPUTERS-IT	03/31/15	SL	5.00		16	85,778.				85,778.	60,046.		17,156.	77,202.
251	COMPUTERS-IT	03/15/16	SL	5.00		16	17,706.				17,706.	9,148.		3,541.	12,689.
270	IT COMPUTER EQUIP	08/31/18	SL	5.00		16	14,382.				14,382.	240.		2,876.	3,116.
280	IT COMPUTER EQUIP	04/01/19	SL	5.00		16	12,797.				12,797.			1,280.	1,280.

828111 04-01-18

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						226,504.				226,504.	158,814.		31,314.	190,128.
	* 990 PAGE 10 TOTAL - MACHINERY & EQUIPMENT						226,504.				226,504.	158,814.		31,314.	190,128.
5	TELEPHONE SYSTEM	05/10/00	SL	5.00		16	5,953.				5,953.	5,953.		0.	5,953.
13	OFFICE TELEPHONES	07/15/01	SL	5.00		16	2,743.				2,743.	2,743.		0.	2,743.
16	THEATER TELEPHONE SYST.	06/15/01	SL	5.00		16	9,720.				9,720.	9,720.		0.	9,720.
40	CORDLESS PHONES	10/15/01	SL	5.00		16	1,474.				1,474.	1,474.		0.	1,474.
77	PHONE JACKS	10/09/02	SL	5.00		16	629.				629.	629.		0.	629.
89	TELEPHONE PUB ACCESS LINE	04/01/04	SL	3.00		16	850.				850.	850.		0.	850.
90	TELEPH-405 MANVILLE	05/15/04	SL	5.00		16	243.				243.	243.		0.	243.
109	PHONE UPGRADES	12/31/05	SL	3.00		16	2,712.				2,712.	2,712.		0.	2,712.
128	TELEPH-405 MANVILLE	05/20/08	SL	5.00		16	1,617.				1,617.	1,617.		0.	1,617.
144	TELEPH-405 MANVILLE	09/18/09	SL	5.00		16	2,059.				2,059.	2,059.		0.	2,059.
252	ADMIN TELEPHONE SYSTEM	07/31/16	SL	5.00		16	16,710.				16,710.	7,241.		3,342.	10,583.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						44,710.				44,710.	35,241.		3,342.	38,583.
	* 990 PAGE 10 TOTAL - MACHINERY & EQUIPMENT						44,710.				44,710.	35,241.		3,342.	38,583.
9	CONCESSION EQUIPMENT	06/15/01	SL	5.00		16	2,368.				2,368.	2,368.		0.	2,368.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
17	PROJECTOR	06/15/01	SL	5.00		16	12,000.				12,000.	12,000.		0.	12,000.
18	COFFEE MAKER	06/15/01	SL	5.00		16	10,000.				10,000.	10,000.		0.	10,000.
19	SOUND LIGHTING-RMS	06/15/01	SL	25.00		16	125,177.				125,177.	86,788.		5,007.	91,795.
20	RMS-THEATER EQUIP	06/15/01	SL	25.00		16	105,157.				105,157.	72,904.		4,206.	77,110.
21	CONCESSION EQUIPMENT	06/15/01	SL	5.00		16	73,097.				73,097.	73,097.		0.	73,097.
22	IRWIN SEATING	06/15/01	SL	10.00		16	79,464.				79,464.	79,464.		0.	79,464.
23	WELLINGTON SEATS	06/15/01	SL	10.00		16	4,000.				4,000.	4,000.		0.	4,000.
24	GALLERY 17 SCREENS	06/15/01	SL	25.00		16	36,542.				36,542.	25,341.		1,462.	26,803.
25	BATHROOM EQUIP	06/15/01	SL	10.00		16	12,431.				12,431.	12,431.		0.	12,431.
26	SECURITY SYST	06/15/01	SL	10.00		16	983.				983.	983.		0.	983.
41	SAFE	10/03/01	SL	10.00		16	1,050.				1,050.	1,050.		0.	1,050.
42	MIXER-SAM ASH	10/12/01	SL	3.00		16	900.				900.	900.		0.	900.
44	CATSKILL SUPPLIES	10/25/01	SL	3.00		16	368.				368.	368.		0.	368.
45	COFFEE MKR CONNECT.	11/02/01	SL	5.00		16	480.				480.	480.		0.	480.
46	MAIN LOBBY UPGRADE-BORG	03/31/02	SL	10.00		16	8,259.				8,259.	8,259.		0.	8,259.
47	LENS EQUIPMENT	11/08/01	SL	10.00		16	1,870.				1,870.	1,870.		0.	1,870.
48	BAR CODE SCANNER	11/12/01	SL	5.00		16	950.				950.	950.		0.	950.
49	LAWRENCE METAL	01/15/02	SL	5.00		16	667.				667.	667.		0.	667.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
50	B&H MICROPHONES	01/30/02	SL	5.00		16	1,820.				1,820.	1,820.		0.	1,820.
51	BETA PLAYER	02/07/02	SL	10.00		16	6,500.				6,500.	6,500.		0.	6,500.
52	ROBERT SCULLY	02/21/02	SL	10.00		16	1,250.				1,250.	1,250.		0.	1,250.
53	BOSTON LIGHT	03/01/02	SL	25.00		16	2,500.				2,500.	1,658.		100.	1,758.
54	RMS-THEATER EQUIP	03/21/02	SL	25.00		16	40,000.				40,000.	26,400.		1,600.	28,000.
55	THEATER SIGNS &EQUIP	05/31/02	SL	25.00		16	31,631.				31,631.	20,662.		1,265.	21,927.
56	MEMBERSHIP STAT. EQUIP	06/15/02	SL	10.00		16	6,000.				6,000.	6,000.		0.	6,000.
57	DVD PLAYER	05/20/02	SL	3.00		16	358.				358.	358.		0.	358.
59	FREEZER	08/01/02	SL	5.00		16	469.				469.	469.		0.	469.
60	CINEMA TECH. EQUIP.	09/01/02	SL	5.00		16	4,714.				4,714.	4,714.		0.	4,714.
61	CLEANING SYST.	10/15/01	SL	5.00		16	4,020.				4,020.	4,020.		0.	4,020.
62	3 SEAT BENCH	10/19/01	SL	5.00		16	3,073.				3,073.	3,073.		0.	3,073.
63	THEATER CARPETING	03/15/02	SL	5.00		16	1,825.				1,825.	1,825.		0.	1,825.
64	GALLERY 17 SCREENS	02/15/02	SL	25.00		16	8,305.				8,305.	5,533.		332.	5,865.
65	BENTLEY PRINCE	03/12/02	SL	5.00		16	3,006.				3,006.	3,006.		0.	3,006.
78	THEATER FIXT & EQUIP.	03/31/03	SL	25.00		16	193,283.				193,283.	119,831.		7,731.	127,562.
79	THEATER FURN.	03/01/03	SL	10.00		16	1,987.				1,987.	1,987.		0.	1,987.
91	VARIOUS THEATER ELECTRONICS	05/15/04	SL	5.00		16	30,609.				30,609.	30,609.		0.	30,609.



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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
92	OFFICE FURNITURE	08/01/04	SL	7.00		16	5,971.				5,971.	5,971.		0.	5,971.
99	THEATER EQUIP 2005	07/31/05	SL	5.00		16	17,003.				17,003.	17,003.		0.	17,003.
100	THEATER F&F 2005	09/30/05	SL	5.00		16	9,408.				9,408.	9,408.		0.	9,408.
110	PANASONIC CAMERA	06/16/06	SL	5.00		16	3,715.				3,715.	3,715.		0.	3,715.
114	THEATER EQUIP.-D. KIRTLEY	06/08/07	SL	5.00		16	5,682.				5,682.	5,682.		0.	5,682.
129	THEATER EQUIP 2008-G/L 1575	09/15/08	SL	5.00		16	253,810.				253,810.	253,810.		0.	253,810.
130	THEATER FIXT. G/L 1580	09/05/08	SL	5.00		16	1,067.				1,067.	1,067.		0.	1,067.
145	THEATER EQUIP 2008-09	03/31/09	SL	5.00		16	52,454.				52,454.	52,454.		0.	52,454.
146	PROJECTOR CART	02/26/09	SL	3.00		16	792.				792.	792.		0.	792.
155	THEATER EQUIP G/L 1575	03/31/10	SL	5.00		16	8,228.				8,228.	8,228.		0.	8,228.
156	THEATER FURN G/L 1580	11/30/09	SL	7.00		16	2,995.				2,995.	2,995.		0.	2,995.
160	ROOFTOP UNIT-HVAC G/L 1575	12/31/10	SL	20.00		16	82,785.				82,785.	32,077.		4,139.	36,216.
161	THEATER ESPRESSO MACHINE G/L 1575	11/18/10	SL	5.00		16	8,500.				8,500.	8,500.		0.	8,500.
162	THEATER FIXT. G/L 1580	12/31/10	SL	7.00		16	5,278.				5,278.	5,278.		0.	5,278.
184	WATER HEATER	02/28/12	SL	7.00		16	2,698.				2,698.	2,535.		163.	2,698.
195	NEW SOUND EQUIPMENT-1575	06/01/12	SL	10.00		16	52,580.				52,580.	33,301.		5,258.	38,559.
196	THEATER EQUIPM-1575	03/31/12	SL	5.00		16	44,909.				44,909.	44,909.		0.	44,909.
202	WIRELESS MICROPHONE SYSTEM	12/01/12	SL	7.00		16	5,208.				5,208.	4,340.		744.	5,084.

2018 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
203	DIGITAL PROJECTION SYSTEM	04/01/13	SL	10.00		16	265,747.				265,747.	146,162.		26,575.	172,737.
204	THEATER SCREENS	05/15/13	SL	5.00		16	9,880.				9,880.	9,880.		0.	9,880.
205	CONCESSION EQUIPMENT	05/15/13	SL	5.00		16	800.				800.	800.		0.	800.
206	TITAN POS TICKETING EQUIPMENT	09/15/13	SL	10.00		16	35,707.				35,707.	18,153.		3,571.	21,724.
207	EXHAUST FAN	07/25/13	SL	7.00		16	8,610.				8,610.	6,355.		1,230.	7,585.
229	THEATER EQUIP 2014	03/31/14	SL	5.00		16	20,632.				20,632.	18,567.		2,065.	20,632.
230	THEATER FURN G/L 1580	03/31/14	SL	7.00		16	10,195.				10,195.	6,552.		1,456.	8,008.
234	THEATER EQUIP 2015	05/01/15	SL	5.00		16	8,410.				8,410.	5,747.		1,682.	7,429.
235	BENCHES-UPPER LOBBY THEATER	06/02/15	SL	7.00		16	2,344.				2,344.	1,117.		335.	1,452.
247	THEATER EQUIPM-1575	03/30/16	SL	5.00		16	23,343.				23,343.	11,840.		4,669.	16,509.
248	THEATER LOBBY BENCHES	02/28/16	SL	7.00		16	2,345.				2,345.	865.		335.	1,200.
255	TESSITURA NETWORK	10/01/16	SL	7.00		16	230,931.				230,931.	65,980.		32,990.	98,970.
262	THEATER EQUIP G/L 1575	04/01/17	SL	5.00		16	11,380.				11,380.	3,414.		2,276.	5,690.
265	TESSITURA NETWORK-SOFTWARE UPGRADE	03/31/18	SL	7.00		16	41,025.				41,025.	2,930.		5,861.	8,791.
266	THEATER EQUIP G/L 1575	03/31/18	SL	5.00		16	114,953.				114,953.	11,495.		22,991.	34,486.
267	NEW SIGNAGE-THEATER	02/21/18	SL	7.00		16	7,503.				7,503.	625.		1,072.	1,697.
281	TESSITURA NETWORK	04/01/19	SL	7.00		16	35,000.				35,000.			2,500.	2,500.
282	THEATER EQUIPM-1575	04/01/19	SL	5.00		16	11,029.				11,029.			1,103.	1,103.

828111 04-01-18

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						2,220,030.				2,220,030.	1,436,182.		142,718.	1,578,900.
	* 990 PAGE 10 TOTAL -						2,220,030.				2,220,030.	1,436,182.		142,718.	1,578,900.
	LAND														
27	SCULPTURE	08/01/01	L				12,550.				12,550.			0.	
157	DONATED BOOKS	12/31/09	L				14,311.				14,311.			0.	
197	DONATED PAINTING-ROGER POLLAK	09/30/12	L				12,000.				12,000.			0.	
	* 990 PAGE 10 TOTAL LAND						38,861.				38,861.	0.		0.	0.
	* 990 PAGE 10 TOTAL -						38,861.				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.	
101	LAND - 405 MANVILLE	03/05/04	L				1,000,000.				1,000,000.			0.	
111	ADJACENT LAND-405 MANVILLE	10/27/06	L				13,232.				13,232.			0.	
131	LAND-5 GRANT	09/01/08	L				127,000.				127,000.			0.	
	* 990 PAGE 10 TOTAL LAND						1,985,232.				1,985,232.	0.		0.	0.
	* 990 PAGE 10 TOTAL -						1,985,232.				1,985,232.	0.		0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT						35334148.				35334148.	11619980.		1,064,210.	12684190.



Department of the Treasury  
Internal Revenue Service (99)

▶ **Go to www.irs.gov/Form4562 for instructions and the latest information.**

▶ **Attach to your tax return.**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**JACOB BURNS FILM CENTER, INC.**

**FORM 990 PAGE 10**

**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	1,000,000.
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	2,500,000.
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 smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 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 don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't 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	1,060,950.

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2018	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		<input type="checkbox"/>

**Section B - Assets Placed in Service During 2018 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 2018 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year	/	30 yrs.	MM	S/L	
d	40-year	/	40 yrs.	MM	S/L	

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

21	Listed property. Enter amount from line 28	21	
22	Total. 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	1,060,950.
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 aircraft, 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

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (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: Table with 9 columns for property details and percentages.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details and S/L status.

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.

Table for Section B with 6 main rows (30-36) and 12 columns for vehicle details and availability.

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 aren't more than 5% owners or related persons.

Table for Section C with 5 rows (37-41) and 3 columns for Yes/No answers.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table for Section C with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2018 tax year: Table with 6 columns for cost details.

43 Amortization of costs that began before your 2018 tax year 43 3,260.

44 Total. Add amounts in column (f). See the instructions for where to report 44 3,260.