Form	_	90	Return of Organization Exempt Fro			OMB No. 1545-0047	
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co ► Do not enter social security numbers on this form as	-			
Depa	rtment	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the	-	-	Open to Public Inspection	
-					EP 30, 2022		
	B Check if applicable: C Name of organization D Employer identification						
	Addre		B BURNS FILM CENTER, INC.				
			usiness as		13-40384	41	
	 Initial			om/suite	E Telephone numbe		
	Final return	405	MANVILLE ROAD		(914) 77		
	termii ated	City or	town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	24,258,445.	
	Amen	1 6 11 11 16	SANTVILLE, NY 10570		H(a) Is this a group re		
	Appli tion pend		nd address of principal officer: MARY JO ZIESEL		for subordinates		
	-	SAME	AS C ABOVE		H(b) Are all subordinates in		
			X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or 4947(a)(1)	527		list. See instructions	
-		-	BURNSFILMCENTER.ORG X Corporation Trust Association Other		H(c) Group exemption		
	orm o	Summary		L Year o		State of legal domicile: NY	
	1		be the organization's mission or most significant activities: OPERAT	TON			
Governance	'	FTIM AN	ID FILM EDUCATION CENTER IN WESTCHES	TON STER	COUNTY NEW	VORK.	
nar	2		\rightarrow \rightarrow if the organization discontinued its operations or disposed		-		
ver	3		ting members of the governing body (Part VI, line 1a)			25	
ß	4		dependent voting members of the governing body (rait v), internal			25	
Š	5		of individuals employed in calendar year 2021 (Part V, line 2a)			101	
Activities &	6		of volunteers (estimate if necessary)			15	
cti			d business revenue from Part VIII, column (C), line 12			11,243.	
◄			business taxable income from Form 990-T, Part I, line 11			9,321.	
					Prior Year	Current Year	
Ð	8	Contributions	and grants (Part VIII, line 1h)		6,166,250.	5,238,943.	
Revenue	9		ice revenue (Part VIII, line 2g)		263,743.	1,101,867.	
eve	10		come (Part VIII, column (A), lines 3, 4, and 7d)		1,685,141.	2,619,840.	
Π.	11	Other revenu	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		106,498.	199,411.	
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,221,632.	9,160,061.	
	13	Grants and si	milar amounts paid (Part IX, column (A), lines 1-3)		406,360.	249,400.	
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.	
es			r compensation, employee benefits (Part IX, column (A), lines 5-10) \ldots		3,275,321.	3,933,902.	
ens			undraising fees (Part IX, column (A), line 11e)		0.	0.	
Expense			ing expenses (Part IX, column (D), line 25) ► 611,392		0 (50 040	2 400 502	
ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)		2,659,048.	3,408,583.	
			es. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,340,729.	7,591,885.	
<u> </u>	19	Revenue less	expenses. Subtract line 18 from line 12		1,880,903.	1,568,176.	
Net Assets or Fund Balances		Tatala i i			ginning of Current Year	End of Year	
Asse Bala	20		Part X, line 16)		56,622,968. 6,602,903.	48,889,282. 5,545,661.	
Vet ∕ und	21		s (Part X, line 26)		50,020,065.	43,343,621.	
	22 1 1		fund balances. Subtract line 21 from line 20		50,020,005.	<u>-</u>	
		U	I declare that I have examined this return, including accompanying schedules an	nd stateme	ents and to the hest of m	v knowledge and belief it is	
			e. Declaration of preparer (other than officer) is based on all information of which			,	
,	55110			Propuloi			

Sign Here	Signature of officer PATRICK SAXTON, CHIEF Type or print name and title	FINANCIAL OFFICER	Date					
Paid	Print/Type preparer's name FREDERICK MARTENS	Preparer's signature Date	Check PTIN if self-employed P00298107					
Preparer	Firm's name 🕨 LUTZ AND CARR, C		Firm's EIN 🕨 13-1655065					
Use Only	Firm's address 551 FIFTH AVENUE	C, SUITE 400						
	NEW YORK, NY 101	.76	Phone no. 212-697-2299					
May the II	RS discuss this return with the preparer shown ab	ove? See instructions	X Yes No					
132001 12-0	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)							

	1990 (2021) JACOB BURNS FILM CENTER, INC. 13-4038441 Pa
Par	rt 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 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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 3,783,443. including grants of \$) (Revenue \$ 1,232,66
	THEATER PROGRAMS
	THE FILM CENTER IS 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.
	EDUCATION PROGRAMS THE FILM CENTER PROVIDES OPPORTUNITIES FOR PEOPLE OF ALL AGES TO DISCOVER, EXPLORE, AND LEARN THROUGH THE POWER OF FILM, MEDIA, AND 21 CENTURY TECHNOLOGY.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
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4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$) (Expenses \$) (Revenue \$
	Other program services (Describe on Schedule O.)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 5,940,297.
4d 4e	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

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Part IV Checklist of Required Schedules

JACOB BURNS FILM CENTER, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		
8	5	8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	•		- 23
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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? If "Yes," complete Schedule D, Part VII	11b		Х
с	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? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		х	
h	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		X
13 14a		14a		X
b	Did the organization maintain an office, employees, or agents outside of the United States?	. a		<u> </u>
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
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? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16	Х	
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? If "Yes," complete Schedule G, Part I. See instructions	17		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? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X 000	(0001)
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Form **990** (2021)

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Form	990	(2021)
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Part IV Checklist of Required Schedules (continued)

 23 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</i> "Yes," <i>complete Schedule J</i>. 24 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</i> "Yes," <i>answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>. 2 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 2 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization at as an "on behalf of" issuer for bonds outstanding at any time during the year? 25 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> b Is the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> 27 Did the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part II) 28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part II) 29 Did the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part IV) a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> b A family m	22		Į –
 23 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</i> "Yes," <i>complete Schedule J</i> 24a 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</i> "Yes," <i>answer lines 24b through 24d and complete Schedule K. If</i> "No," <i>go to line 25a</i> b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization ad as an "on behalf of" issuer for bonds outstanding at any time during the year? 25 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> b Is the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> 28 Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> b A steming mem	22	37	1
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Schedule K. If "No," go to line 25a 2 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 2 c Did the organization minitain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 2 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 2 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 2 b Is the organization acre that it engaged in an excess benefit transaction with a disqualified person a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I 2 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 2 27 Did the organization provide a grant or other assistance to any current or former officer, tireste, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II 2 28 Was the organization a party to a business transaction with one of the follow			\square
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any tax-exempt bonds? 2 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 2 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 2 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-E2? If "Yes," complete Schedule L, Part I 2 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 2 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, treator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 2 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part III) 2 29 Did the organization reported core, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 2 20 The organization a party to a business transaction with one of the following parties (see the Schedule L,	:4b		<u> </u>
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Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	30		
	51		-
	32		2
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		2
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	34		Σ
, , , , , , , , , , , , , , , , , , ,	5a		Σ
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	_		
	5b		-
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		2
If "Yes," complete Schedule R, Part V, line 2 3 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 3	30		-
	37		2
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	-		
	38	Х	
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			
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	_	Yes	N
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b U c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	1c	х	
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Form 990	
Part V	Sta

	t V Statements Regarding Other IRS Filings and Tax Compliance (continued				Yes	-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					-
	filed for the calendar year ending with or within the year covered by this return	2a	101			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax ref			2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	X	
	If "Yes," has it filed a Form 990 T for this year? If "No" to line 3b, provide an explanation on Schedu			3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or othe					
	financial account in a foreign country (such as a bank account, securities account, or other financia		•	4a		
b	If "Yes," enter the name of the foreign country					1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accou	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year			5a		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tran			5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did					
ou	any contributions that were not tax deductible as charitable contributions?			6a		
h	If "Yes," did the organization include with every solicitation an express statement that such contrib			Ua		•
b			-	6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			00		i
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and s	arvione	provided to the pover?	7-		
				7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it			_		
	to file Form 8282?			7c		
	If "Yes," indicate the number of Forms 8282 filed during the year			_		
-	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			7e		•
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con			7f		•
	If the organization received a contribution of qualified intellectual property, did the organization file			7g		-
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organ			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain					
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
				9a		-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
0	Section 501(c)(7) organizations. Enter:		1			
	Initiation fees and capital contributions included on Part VIII, line 12					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations. Enter:		1			
	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of For	m 1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
3	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
4a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Sched	lule O		14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remu	neratior	n or			
	excess parachute payment(s) during the year?			15		
	If "Yes," see the instructions and file Form 4720, Schedule N.					l
6	Is the organization an educational institution subject to the section 4968 excise tax on net investm	ent inco	ome?	16		
	If "Yes," complete Form 4720, Schedule O.					j
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage	in anv				
7	· · · · · · · · · · · · · · · · · · ·			17		
7	activities that would result in the imposition of an excise tax under section 4951. 4952 or 4953?					
7	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.			17		ļ

Form 990 (2021)	Form	990	(2021)
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JACOB BURNS FILM CENTER, INC.

13-4038441 Page 6

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI							
ec	tion A. Governing Body and Management					_		
		Ι.	1 .		Yes	-		
1a	Enter the number of voting members of the governing body at the end of the tax year	. 1 a	· · ·	25				
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			25				
	Enter the number of voting members included on line 1a, above, who are independent	-		2.2				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with	any other					
_	officer, director, trustee, or key employee?			2	-	_		
3	Did the organization delegate control over management duties customarily performed by or under							
	of officers, directors, trustees, or key employees to a management company or other person?					_		
4	Did the organization make any significant changes to its governing documents since the prior Forn							
5	Did the organization become aware during the year of a significant diversion of the organization's a					_		
6	Did the organization have members or stockholders?			. 6		_		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or							
	more members of the governing body?			. 7 a				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	, stockh	olders, or					
	persons other than the governing body?			. 7b				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	/ear by th	ne following:					
а	The governing body?			. 8a	X			
b	Each committee with authority to act on behalf of the governing body?			. 8b	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9				
ec	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenu	e Code.)					
					Yes	;		
0a	Did the organization have local chapters, branches, or affiliates?			10a				
	If "Yes," did the organization have written policies and procedures governing the activities of such							
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b				
12	Has the organization provided a complete copy of this Form 990 to all members of its governing be				37			
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	buy ben		114				
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	x			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri				X			
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If			120				
С				10-	x			
~	on Schedule O how this was done			. 12c	X			
	Did the organization have a written whistleblower policy?				X	_		
4	Did the organization have a written document retention and destruction policy?			14				
5	Did the process for determining compensation of the following persons include a review and appro	-	ndependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision				v			
	The organization's CEO, Executive Director, or top management official				X			
b	Other officers or key employees of the organization			. 15b	X			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement	with a					
	taxable entity during the year?			. 16 a				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	uate its	participation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	ganizatio	on's					
	exempt status with respect to such arrangements?			. 16b				
ec	tion C. Disclosure							
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright NY$							
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 99	0-T (section 501(c)(3)s onl	y) avai	ila		
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website Another's website X Upon request Other (expla	in on S	chedule O)					
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	conflict	of interest policy,	and fina	ancial			
	statements available to the public during the tax year.							
		oooks a	nd records 🕨					
0	State the name, address, and telephone number of the person who possesses the organization's books and records \blacktriangleright							
0	THE ORGANIZATION $= (914) / (3 - 700)$							
0	THE ORGANIZATION - (914) 773-7663 405 MANVILLE ROAD, PLEASANTVILLE, NY 10570							
	$\frac{1112}{405} \frac{112}{MANVILLE ROAD, PLEASANTVILLE, NY 10570}$			For	n 990)		

Part VII	Compensation of Officers,	Directors,	Trustees,	Key E	Employees,	Highest	Compensated
	Employees, and Independe	ent Contrac	ctors				

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

		l				npe	nou			(E)
(A)	(B)		(C) Position					(D)	(E)	(F)
Name and title	(do not check more than one					than		Reportable	Reportable	Estimated
	hours per		, unle cer an					compensation	compensation	amount of
	week	<u> </u>					É	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ruste	l trus		ee	npen		1099-NEC)	1000 NEO	and related
	below	d ual t	Institutional trustee		Key employee	Highest compensated employee	5	1000 1120)		organizations
	line)	ndivic	nstitu	Officer	ey er	mplo	Former			er gan inzanier ie
(1) LYNN SOBEL	2.00	=	_		×		<u> </u>			
CHAIR		x		x				0.	0.	0.
(2) LAUREEN BARBER	2.00									
VICE CHAIR		x		x				0.	0.	0.
(3) JANET MASLIN	2.00									
PRESIDENT		x		x				0.	0.	0.
(4) ROD BRAYMAN	2.00									
TREASURER		x		x				0.	0.	0.
(5) BARRY SHENKMAN	2.00									
SECRETARY		x		x				0.	0.	0.
(6) RICHARD ABRAMOWITZ	2.00									
DIRECTOR		x						0.	0.	0.
(7) STEPHEN APKON	2.00									
FOUNDER/FOUNDING EXECUTIVE DIRECTOR		x						0.	Ο.	0.
(8) DORI BERINSTEIN	2.00									
DIRECTOR		X						0.	0.	0.
(9) SARA BERNSTEIN	2.00									
DIRECTOR		X						0.	0.	0.
(10) CAROLINE BRECKER	2.00									
DIRECTOR		X						0.	0.	0.
(11) JOSEPH CARLUCCI	2.00									
DIRECTOR		X						0.	0.	0.
(12) ELIZABETH FRANKEL	2.00									
DIRECTOR		X						0.	0.	0.
(13) BRIT FRYER	2.00									
DIRECTOR		X						0.	0.	0.
(14) VIRGINIA GOLD	2.00									
DIRECTOR		X						0.	0.	0.
(15) DORIAN GOLDMAN	2.00									
DIRECTOR		X						0.	0.	0.
(16) MELISSA HAIZLIP	2.00									
DIRECTOR		X						0.	0.	0.
(17) RON HOWARD	2.00									
DIRECTOR		Х						0.	0.	0.
132007 12-09-21						_				Form 990 (2021)

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8 2021.06000 JACOB BURNS FILM CENTER, IN 11601__1

Form 990 (2	021
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Form 990 (2										13-40)38	441	Р	age 8
Part VII	Section A. Officers, Directors, Trus (A)		ploy	/ees			he	st C		es (continued)				
	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				both	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	an	(F) stimate nount other	of	
	,		Individual trustee or director	Institutional trustee	Officer	Key employee	rigriest corriperisated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)		fr org and	pensa om th anizat d relat anizati	ie tion ted
(18) THE	RESA KILMAN	2.00	x	_			- 0	_	0.		0.			0
(19) MIC	HAEL LOMBARDI	2.00	x						0.		0.			0
	PHANIE LYNN	2.00												
DIRECTOR	N NONNA	2.00	X						0.		0.			0
DIRECTOR	DI RIEGER	2.00	x						0.		0.			0
DIRECTOR	DI KIEGEK		x						0.		Ο.			0
(23) ROCI DIRECTOR	HELLE ROSENBERG	2.00	x						0.		ο.			0
(24) JOSI DIRECTOR	EPH ROSENBLUM	2.00	x						0.		0.			0
(25) RAYI	MOND SANCHEZ	2.00									-			
DIRECTOR	RICE SOBECKI	2.00	X						0.		0.			0
DIRECTOR			X						0.		0.			0.
c Total d Total	otal I from continuation sheets to Part V I (add lines 1b and 1c)	II, Section A					 		710,947. 710,947.		0.		4,4 4,4	90
	number of individuals (including but r pensation from the organization	not limited to th	nose	liste	ed ab	oove)	wh	no re	ceived more than \$100	,000 of reportab	e			ŗ
3 Did th	ne organization list any former officer	, director, trust	ee, I	key e	emple	oyee	, or	higł	nest compensated emp	loyee on	[Yes	No
	a? If "Yes," complete Schedule J for s ny individual listed on line 1a, is the si											3		X
and r	elated organizations greater than \$15 ny person listed on line 1a receive or	0,000? If "Yes,	" со	mple	ete S	Sched	dule	e J fo	or such individual		1	4	Х	
rende	ered to the organization? If "Yes," con					-			-			5		X
	Independent Contractors	ompensated in	depe	ende	ent co	ontra	icto	ors th	nat received more than	\$100,000 of com	pens	ation f	rom	
the o	rganization. Report compensation for	the calendar y	ear	endi	ng w	/ith o	r w	ithin I		/ear.				
	(A) Name and business	address	N	ONE	2				(B) Description of services			C) comper	;) nsatic	n
0 Total	number of independent contractors (ot li	mita	dta	thee			abova) who received a	are then				
\$100	number of independent contractors (,000 of compensation from the organ	ization 🕨				0				UIE UIAII				
SE 132008 12-09	SE PART VII, SECTIO	N A CON	r11	NUZ	ΥTΊ	.ON	S	SHE	ETS			Form	990 ((2021)
	759420 11601	2021	.0	60	00	9 حر) AC	OB	BURNS FILM	CENTER .	IN	116	501	1
					- •									

Form 990 JACOB BUI		13-4038441									
Part VII Section A. Officers, Directors, Tru	nplo	oyee			ligh	est					
(A)	(C)						(D)	(E)	(F)		
Name and title	Average	Position						Reportable	Reportable	Estimated	
	hours	(check all that apply)						compensation	compensation	amount of	
	per							from	from related	other	
	week					oyee		the	organizations	compensation	
	(list any	recto				empl		organization	(W-2/1099-MISC)	from the	
	hours for	or di	æ			ated		(W-2/1099-MISC)		organization	
	related	istee	truste		e.	pens				and related	
	organizations	ual tru	onal		ploye	com				organizations	
	(list any hours for related organizations below line)	divid	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(27) MICHAEL TOSCANO	2.00	드	5	5	ž	Ξ	9				
DIRECTOR		x						0.	0.	0.	
(28) FRANK WILLIAMS	2.00										
DIRECTOR	2000	x						0.	0.	0.	
(29) KENDRA EKELUND	37.50							0.	••	••	
GENERAL MANAGER	57.50			x				109,596.	0.	3,606.	
(30) MARY JO ZIESEL (AS OF SEP 2021)	37.50	-						105,550.	•	5,000.	
EXECUTIVE DIRECTOR	37.30			x				72,977.	0.	1,210.	
(31) PATRICK SEXTON (AS OF FEB 2022)	37.50							14,911.	0.	1,210.	
CHIEF FINANCIAL OFFICER	57.50			x				0.	0.	0.	
	37.50			^				0.	0.	0.	
(32) BRIAN ACKERMAN	37.50				x			150 066	0.	26 275	
PROGRAM DIRECTOR	37.50				^			159,066.	0.	36,375.	
(33) JUDY EXTON	37.50					v		125 050	0	0	
DIRECTOR OF DEVELOPMENT						X		135,950.	0.	0.	
(34) DENISE TRECO	37.50								0	10 000	
DIRECTOR OF MARKETING						X		119,567.	0.	12,999.	
(35) SEAN WEINER	37.50							112 001	0	10 200	
DIRECTOR OF PROGRAMS						X		113,791.	0.	10,300.	
										<i>.</i>	
Total to Part VII, Section A, line 1c								710,947.		64,490.	

Form 990 (2021)

Form 990 (2021) JACOB BURNS FILM CENTER, INC. Part VIII Statement of Revenue

		Check if Schedule O contains a response			(D)	(2)	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1	а	Federated campaigns 1a					
		Membership dues 1b	472,526.				
	с						
			2,520,509.				
			2,245,908.				
	a						
	-			5,238,943.			
			Business Code				
2	а	TICKET SALES	711110	992,568.	992,568.		
	b	EDUCATION PROGRAM REVENUE	611600	54,819.	54,819.		
	с	FILM SERIES INCOME	711110		54,480.		
	d			· · ·			
	е						
	f	All other program service revenue					
				1,101,867.			
	3			, ,			
				771,378.		11,243.	760,135
4				,		,	,
-							
·		(i) Real					
6	а	Gross rents 6a 13 795.					
				13 795			13,795
				10,750.			10,100
'	a		()				
	h						
	_						
				1 8/8 /62			1848462
				1,040,402.			1040402
8	а	- · · ·					
			····· ►				
9	а						
	_						
			▶				
10	а						
			· · · · ·				
	с	Net income or (loss) from sales of inventory		120,893.	120,893.		
			Business Code				
11	а	OTHER INCOME	900099	64,723.	64,723.		
	b		ļ ļ				
	с						
	d	All other revenue					
			►	64,723.			
12		Total revenue. See instructions	>	9,160,061.	1,287,483.	11,243.	2622392
	2 3 4 5 6 7 8 9 10 11	d e f g h 2 a b c d e f g 3 4 5 6 a b c d a b c d a b c d a b c d a f g 10 a b c d e f g 10 c d e f g 10 c d e f g 10 c d e f g 10 c d e f g 10 c d e f g 10 c d e f g 10 c d e f 10 c d e f g 10 c d e f g 10 c d e f 10 c d e f 10 c d e f 10 c d e f 10 c d e f 10 c d e f 10 c d e f 10 c d e f 10 c d 10 c c 10 c d 10 c 10 c	d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g k TOTAL. Add lines 1a-1f 1g z a TICKET SALES b EDUCATION PROGRAM REVENUE c FILM SERIES INCOME d	d Related organizations 1d e Government grants (contributions) 1e 2,520,509. f All other contributions, gifts, grants, and similar amounts not included above 1g 2,245,908. g Noncash contributions included above 1g 137,402. h Total. Add lines 1a-1f Business Code f All other program service revenue 711110 g Total. Add lines 2a-2f 711110 g Total. Add lines 2a-2f 13,795. d Income from investment of tax-exempt bond proceeds s Royatties 6a d a fross amount from sales of assets other than inventor assets other than inventor assets other than inventor assets other than inventor including \$ 0() Securities (ii) Other assets other than inventor including \$ b Less: cost or other basis and sales expenses of a Gross neome from fundraising events (not including \$ 0 g Gross income from gaming activities. See Part IV, line 18 8a 8a 8a b Less: cirect expenses of assets of inventory, less returns and allowances 10a 182,662. b Less: cost of goods sold 10a 182,662. <td>d Related organizations Id e Government grants (contributions) is full at contributions, gifts, grants, and similar amounts not included above If 2, 245, 908. g Noncesh contributions, gifts, grants, and similar amounts not included above 5, 238, 943. g Noncesh contributions, gifts, grants, and similar amounts not included in lines ta-tf 5, 238, 943. g TCRET SALES 711110 992, 568. b BUICATION PROGRAM REVENUE 611600 54, 480. d </td> <td>d Related organizations 1d e Government grants (contributions) 1d 1 All other orbibutions, ginks, and similar amounts not included above 1g 2 a TICKET SALES 5,238,943. 2 b EDUCATION PROGRAM REVENUE 51160 5 EDUCATION PROGRAM REVENUE 611600 6 I dotter program service revenue 11.10 9 Total. Add lines 2a21 1.101,867. 3 Investment income (including dividends, interest, and other similar amounts) 1.101,867. 5 Royaties 0 6 a Gross rents 6b 6b 0.13,795. 7 a Gross amount from sales of assessment from sales of assess other than inventory 13,795. 7 a Gross amount from sales of assess other than inventory 1,848,462. 8 a Gross income from jundariang events (not including activities. See Part IV, line 18 off 9 a Gross income from gaming activities. See Part IV, line 19 9a 9 a Gross solve or (loss) from gaming activities. See Part IV, line 19 9a 9 a Gross solve or (loss) from sales of inventory. 120,893. 10 a Gross solve or (loss) from sales of inventory. 120,893. 9 a Gross income from gaming activities. See Part IV, line 19 9a 9</td> <td>d Related organizations 1d e Government grants (contributions) 1d 2, 252, 509. M tothe contributions, gifts, grants, and similar amounts not included above 12, 245, 308. 9 Noceas contributions induced above 12, 245, 308. 2 a TICKET SALES Business Contributions induced above 5, 238, 943. 2 a TICKET SALES Business Contributions induced above 5, 238, 943. 2 a TICKET SALES Business Contributions induced above 5, 238, 943. b BUCXTION PROGRAM REVENUE 611600 54, 480. c TILL Add lines 1a:11 992, 568. 992, 568. g Total. Add lines 2a:21 711110 54, 480. d Income form incost functional dividends, interest, and other similar amounts) 1, 101, 867. 11, 243. 1 Income form investment of tax exempt bond proceeds 771, 378. 11, 243. d Net rental income or (cost) 6 3, 795. 13, 795. d Net rental income or (cost) 7 15, 036, 615. 13, 795. d Net gain or (loss) 7 1, 848, 462. 8 a Gross income from signing activities 1, 848, 462. 8 a Gross income from fundrating events</td>	d Related organizations Id e Government grants (contributions) is full at contributions, gifts, grants, and similar amounts not included above If 2, 245, 908. g Noncesh contributions, gifts, grants, and similar amounts not included above 5, 238, 943. g Noncesh contributions, gifts, grants, and similar amounts not included in lines ta-tf 5, 238, 943. g TCRET SALES 711110 992, 568. b BUICATION PROGRAM REVENUE 611600 54, 480. d	d Related organizations 1d e Government grants (contributions) 1d 1 All other orbibutions, ginks, and similar amounts not included above 1g 2 a TICKET SALES 5,238,943. 2 b EDUCATION PROGRAM REVENUE 51160 5 EDUCATION PROGRAM REVENUE 611600 6 I dotter program service revenue 11.10 9 Total. Add lines 2a21 1.101,867. 3 Investment income (including dividends, interest, and other similar amounts) 1.101,867. 5 Royaties 0 6 a Gross rents 6b 6b 0.13,795. 7 a Gross amount from sales of assessment from sales of assess other than inventory 13,795. 7 a Gross amount from sales of assess other than inventory 1,848,462. 8 a Gross income from jundariang events (not including activities. See Part IV, line 18 off 9 a Gross income from gaming activities. See Part IV, line 19 9a 9 a Gross solve or (loss) from gaming activities. See Part IV, line 19 9a 9 a Gross solve or (loss) from sales of inventory. 120,893. 10 a Gross solve or (loss) from sales of inventory. 120,893. 9 a Gross income from gaming activities. See Part IV, line 19 9a 9	d Related organizations 1d e Government grants (contributions) 1d 2, 252, 509. M tothe contributions, gifts, grants, and similar amounts not included above 12, 245, 308. 9 Noceas contributions induced above 12, 245, 308. 2 a TICKET SALES Business Contributions induced above 5, 238, 943. 2 a TICKET SALES Business Contributions induced above 5, 238, 943. 2 a TICKET SALES Business Contributions induced above 5, 238, 943. b BUCXTION PROGRAM REVENUE 611600 54, 480. c TILL Add lines 1a:11 992, 568. 992, 568. g Total. Add lines 2a:21 711110 54, 480. d Income form incost functional dividends, interest, and other similar amounts) 1, 101, 867. 11, 243. 1 Income form investment of tax exempt bond proceeds 771, 378. 11, 243. d Net rental income or (cost) 6 3, 795. 13, 795. d Net rental income or (cost) 7 15, 036, 615. 13, 795. d Net gain or (loss) 7 1, 848, 462. 8 a Gross income from signing activities 1, 848, 462. 8 a Gross income from fundrating events

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10200712 759420 11601 2021.06000 JACOB BURNS FILM CENTER, IN 11601__1

JACOB BURNS FILM CENTER, INC.

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

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	00 455			
_	and domestic governments. See Part IV, line 21	82,455.	82,455.		
2	Grants and other assistance to domestic	12 620	12 620		
	individuals. See Part IV, line 22	12,620.	12,620.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	154,325.	154,325.		
	individuals. See Part IV, lines 15 and 16	194,929.	194,929.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	635,648.	275,487.	281,606.	78,555
6	trustees, and key employees Compensation not included above to disqualified	055,040.	275,4074	201,000.	10,555
0	persons (as defined under section 4958(f)(1)) and				
	normal described in section $40\Gamma(a)(0)(D)$				
7	Other salaries and wages	2,701,452.	2,128,718.	238,193.	334,541
' 8	Pension plan accruals and contributions (include	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_,,		
5	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	344,489.	256,340.	44,226.	43,923
9 10	Payroll taxes	252,313.	182,337.	38,655.	31,321
11	Fees for services (nonemployees):				
	Management				
b		100,499.		100,499.	
c	•	36,260.		36,260.	
	Lobbying	,			
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	126,924.		126,924.	
g		,			
3	column (A), amount, list line 11g expenses on Sch 0.)	280,512.	138,842.	120,985.	20,685
12	Advertising and promotion	136,851.	87,177.	1,635.	48,039
13	Office expenses	161,116.	139,470.	5,387.	16,259
14	Information technology				
15	Royalties				
16	Occupancy	371,512.	352,783.	10,211.	8,518
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	220,276.	197,583.	12,524.	10,169
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,013,977.	997,059.	9,461.	7,457
23	Insurance	116,861.	107,621.	4,975.	4,265
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PROGRAMMING & SCREENING	584,553.	584,553.		
d h	RENTAL AND MAINTENANCE	169,571.	160,303.	4,990.	4,278
с С	OTHER OPERATING EXPENSE	89,671.	82,624.	3,665.	3,382
d			,		-,
e e	All other expenses				
25 25	Total functional expenses. Add lines 1 through 24e	7,591,885.	5,940,297.	1,040,196.	611,392
26	Joint costs. Complete this line only if the organization	, ,	_ , , , _ 	, ,	, 2
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here image in the following SOP 98-2 (ASC 958-720)				
	0 12-09-21				Form 990 (2021

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Form **990** (2021)

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JACOB BURNS FILM CENTER, INC. Part X Balance Sheet

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

Beginning of year End of year 1,551,714. 2,852,011. Cash - non-interest-bearing 1 1 1,515,138. 100,000. 2 2 Savings and temporary cash investments 576,954. 597,788. 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 143,996. 263,369. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 34,581,816. basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation 10b 15,294,497. 20,812,952. 19,287,319. 10c 30,766,228. 24,892,971. Investments - publicly traded securities 11 11 1,136,613. 1,015,197. Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 56,622,968. 48,889,282. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 360,133. 285,632. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 286,223. 19 358,860. 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 5,047,442. 4,901,169. 23 Secured mortgages and notes payable to unrelated third parties 23 690,300. 0. 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 218,805. Ο. 25 of Schedule D 6,602,903. 5,545,661. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 and complete lines 27, 28, 32, and 33. 15,666,759. 15,891,753. Net assets without donor restrictions 27 27 34,128,312. 27,676,862. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here 🕨 and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 50,020,065. 43,343,621. Total net assets or fund balances 32 32 56,622,968. 48,889,282. 33 33 Total liabilities and net assets/fund balances

Form 990 (2021)

(B)

(A)

Assets

-iabilities

Net Assets or Fund Balances

Form	1990 (2021) JACOB BURNS FILM CENTER, INC.	13-40	38441	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,160		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,591		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,568		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		50,020		
5	Net unrealized gains (losses) on investments		-7,503	3,7	66.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		<u> </u>	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-74(۶,۶	54.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		12 24-		<u>-</u> 1
De	column (B))	10	43,343	0,0	<u> </u>
Га	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No
	Accounting method used to prepare the Form 990: Cash X Accrual Other			165	
1	.	- 0			
0-	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
Za			Za		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer separate basis, consolidated basis, or both:	uona			
	Separate basis, consolidated basis, or both.				
h	Were the organization's financial statements audited by an independent accountant?		2b	x	
D D	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat		25		
	consolidated basis, or both:	.0 00010,			
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit.			
-	review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	•	За	x	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	Х	
			Form	9 90 (2021)

Form **990** (2021)

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Department of the Treasury

Internal Revenue Service

(Form 990)

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 for instructions and the latest information.

	OMB No. 1545-0047
	2021
	Open to Public Inspection
r	identification number

Name	e of t	he organization						• •	identification number				
				LM CENTER, I					3-4038441				
Par	tl	Reason for Public (Charity Status.	All organizations must c	omplete tl	nis part.) S	ee instructior	ıs.					
The o	rgan	ization is not a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)							
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	n 170(b)(1	l)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)											
з [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		llege or university owned	d or opera	ted by a g	overnmental u	unit descrik	bed in				
г		section 170(b)(1)(A)(iv). (C	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											
г		section 170(b)(1)(A)(vi). (C											
8 [A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)								
9 [An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college				
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	/, and state o	f the colleg	e or				
г		university:											
10	Х	An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from	contributio	ns, members	hip fees, a	nd gross receipts from				
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more thar	n 33 1/3% of	its support	from gross investment				
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the o	ganization	after June 30, 1975.				
		See section 509(a)(2). (Cor	mplete Part III.)										
11		An organization organized a	and operated exclusion	ively to test for public sa	ifety. See	section 50)9(a)(4).						
12		An organization organized a	and operated exclusion	ively for the benefit of, to	perform	the functio	ons of, or to c	arry out the	e purposes of one or				
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	5 09(a)(3). (Check the box on				
	lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.												
а		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 o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported				
	_	organization(s). You mus	t complete Part IV,	Sections A and C.									
с		Type III functionally interpretent of the second	grated. A supporting	g organization operated	in connec	tion with, a	and functiona	lly integrate	ed with,				
	_	its supported organizatio	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.						
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)				
		that is not functionally int	egrated. The organiz	ation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness				
	_	requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.						
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	а Туре I, Туре	II, Type III					
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.							
		er the number of supported o	•										
g		vide the following information			(iv) Is the orga	nization lictod	())						
	(i) Name of supported organization 	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	nization listed ng document?	(v) Amount of support (see ir	,	(vi) Amount of other support (see instructions)				
		5		above (see instructions))	165	No		,	, , , , , , , , , , , , , , , , , , , ,				
Total													

Sobodulo A	(Earm		202
Schedule A		990)	202

JACOB BURNS FILM CENTER, INC.

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
_	organization, check this box and stor						>
	ction C. Computation of Publ					1 1	
	Public support percentage for 2021 (•			14	%
	Public support percentage from 2020						%
16a	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact			-	-	-	
	meets the facts-and-circumstances te	-				17a and line 15 is	
b	10% -facts-and-circumstances tes	-					IU% Or
	more, and if the organization meets the						
10	organization meets the facts-and-circ		•	•			
18	Private foundation. If the organization	in did hot check a		a, 100, 17a, 01 17	D, CHECK THIS DOX		(Form 990) 2021

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JACOB BURNS FILM CENTER, INC.

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.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	2979302.	3731283.	1945337.	6166250.	5238943.	20061115.	
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3805625.	3559537.	1667673.	293,701.	1284529.	10611065.	
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5	6784927.	7290820.	3613010.	6459951.	6523472.	30672180.	
7a	Amounts included on lines 1, 2, and							
	3 received from disqualified persons	970,683.	1119192.	2004230.	918,889.	638,010.	5651004.	
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.	
c	Add lines 7a and 7b	970,683.	1119192.	2004230.	918,889.	638,010.	5651004.	
	Public support. (Subtract line 7c from line 6.)						25021176.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
9	Amounts from line 6	6784927.	7290820.	3613010.	6459951.	6523472.	30672180.	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1333717.	147,228.	1033998.	495,011.	773,930.	3783884.	
b	Unrelated business taxable income (less section 511 taxes) from businesses							
	acquired after June 30, 1975	1222010	1 4 7 0 0 0	100000	405 011	992 020	2702004	
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	1333717.	147,228.	1033998.	495,011. 612.	773,930. 9,321.	3783884. 9,933.	
12	Other income. Do not include gain							
	or loss from the sale of capital assets (Explain in Part VI.)	383,861.	161,953.		69,038.	64,723.	-	
13	Total support. (Add lines 9, 10c, 11, and 12.)	8502505.	7600001.	4736757.	7024612.	7371446.	35235321.	
14	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizat	ion,	
	check this box and stop here							
Sec	ction C. Computation of Publ	ic Support Pe	rcentage					
15	Public support percentage for 2021 (ine 8, column (f), d	ivided by line 13,	column (f))		15	71.01 %	
	Public support percentage from 2020					16	67.11 %	
Sec	ction D. Computation of Investion	stment Incom	e Percentage			r - r		
17						17	10.74 %	
	Investment income percentage from 2					18	14.05 %	
19a	133 1/3% support tests - 2021. If the							
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
b	b 33 1/3% support tests - 2020. 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%, che							
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see ins			
13202	23 01-04-22			17		Schedule A	A (Form 990) 2021	
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1

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3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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? If "Yes," provide detail in Part VI.
- 7 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a 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))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a 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)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2021

Sche	dule A (Form 990) 2021	JACOB E	BURNS	FILM	CENTER,	INC.	13-40	3844	1 Pa	age (
Pa	rt IV Supporting Organi	i zations _{(conti}	inued)							
		·							Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?									
а	a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and									
	11c below, the governing body of a supported organization?					11a				
b	A family member of a person de	escribed on line ⁻	11a above	?				11b		

c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

Section B. Type I Supporting Organizations

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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 officers, or trustees were allocated among the	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
-		

2 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? 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.

Section C.	I ype II	Supporting	Organizations	

Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? 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). 1

Section D. All Type I	I Supporting Organizations

			res	INO
1	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?	1		
2	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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, 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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- а ____ The organization satisfied the Activities Test. Complete line 2 below.
- ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. b
- ____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С

19

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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? 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a 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? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

3a

11c

1

2

Yes No

Vee Ne

No Yes

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Part V	Type II	Non	-Functionally	Inte	grated 5	09(a)(3)	Supporting	Organiza	tions
Schedule A	(Form 990) 2021	JAC	OB	BURNS	F.T PW	CENTER,	INC.	

JACOB BURNS FILM CENTER, INC.

1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructio
-	All other Type III non-functionally integrated supporting organizations mu	0	, , ,	
Sect	ion A - Adjusted Net Income		(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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function		d Type III supporting or	

7 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) 2021

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3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - pro	5			
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		-	10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	IS	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				
e	Excess from 2021				
				Sc	hedule A (Form 990) 2021

1

2

Current Year

Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

organizations, in excess of income from activity

1 Amounts paid to supported organizations to accomplish exempt purposes

Amounts paid to perform activity that directly furthers exempt purposes of supported

Section D - Distributions

2

Chedule A (Form 990) 2021 Part VI Supplemental Info	ormation Provid	de the explanations re	equired by P	art II lino 10	Part II lin	e 17a or 17b · I	Part III line 12	- Pa
Part IV, Section A, lines line 1; Part IV, Section I	s 1, 2, 3b, 3c, 4b, 4 D, lines 2 and 3; Pa	c, 5a, 6, 9a, 9b, 9c, 1 art IV, Section E, lines	1a, 11b, and 1c, 2a, 2b, 3	11c; Part IV 3a, and 3b; F	', Section I Part V, line	3, lines 1 and 2 1; Part V, Sect	; Part IV, Section ion B, line 1e; F	on C.
Section D, lines 5, 6, ar (See instructions.)	nd 8; and Part V, S	ection E, lines 2, 5, ar	nd 6. Also co	mplete this p	part for any	y additional info	ormation.	
2028 01-04-22			~~			Sch	edule A (Form	990
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SCHEDULE D)
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(Form	990)
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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 for instructions and the latest information.



Department of the Treasury Internal Revenue Service Name of the organization

JACOB BURNS FILM CENTER, INC.

Employer identification number 13-4038441

Pa			s or A	ccoun	ts.Complete i	f the						
	organization answered "Yes" on Form 990, Part IV, lir											
		(a) Donor advised funds	(t	b) Funds	s and other acc	ounts						
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 advis	sed fund	ds								
	are the organization's property, subject to the organization's	exclusive legal control?			Yes	└── No						
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used o	only								
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferi	ring								
					Yes	No No						
Pa			Part IV,	line 7.								
1	Purpose(s) of conservation easements held by the organizat	· · · · · · · · · · · · · · · · · · ·										
	Preservation of land for public use (for example, recrea	·				rea						
	Protection of natural habitat	Preservation of	f a certif	fied histo	oric structure							
	Preservation of open space											
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	ofaco I		on easement o leld at the End o							
	day of the tax year.											
	Total number of conservation easements			2a								
				2b								
C	Number of conservation easements on a certified historic str		r	2c								
a	d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure											
2	listed in the National Register			2d	luring the tax							
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organ	ization c	uning the tax							
4	year ► Number of states where property subject to conservation ea											
5	Does the organization have a written policy regarding the pe											
5	violations, and enforcement of the conservation easements				Yes	No						
6	Staff and volunteer hours devoted to monitoring, inspecting,											
Ŭ		narialing of violations, and officioling cor	ioor valie	on cusci	nonto duning ti	io your						
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation ea	sements	s durina the ve	ar						
	► \$											
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170)(h)(4)(B	3)(i)								
	and section 170(h)(4)(B)(ii)?				Yes	Νο						
9	In Part XIII, describe how the organization reports conservat											
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statem	nents th	at descr	ribes the							
_	organization's accounting for conservation easements.											
Pa	t III Organizations Maintaining Collections of		Other S	Simila	r Assets.							
	Complete if the organization answered "Yes" on Forn	1 990, Part IV, line 8.										
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and bal	ance sh	eet works							
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in f	urtherar	nce of p	ublic							
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these iter	ms.									
b	If the organization elected, as permitted under FASB ASC 98											
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furt	herance	e of publ	lic service,							
	provide the following amounts relating to these items:											
	(i) Revenue included on Form 990, Part VIII, line 1											
2	If the organization received or held works of art, historical tre		al gain, l	provide								
	the following amounts required to be reported under FASB A	-		•								
a	Revenue included on Form 990, Part VIII, line 1											
	Assets included in Form 990, Part X				ala adul a D /C							
	For Paperwork Reduction Act Notice, see the Instruction	s tor Form 990.		50	chedule D (Fo	rm 990) 2021						
13205	1 10-28-21	27										

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	dule D (Form 990) 2021 JACOB B t III Organizations Maintaining C	URNS FILM(Collections of Ar			ner Sim) 3 8 4 4 1 e ts (contin		age 2			
3	Using the organization's acquisition, accessi						-					
	collection items (check all that apply):	,	, ,	5	5							
а	Public exhibition	d	Loan or exc	hange program								
b	Scholarly research	е	Other									
с	Preservation for future generations											
4	Provide a description of the organization's co	ollections and explair	how they further t	he organization's e>	empt pur	oose in Pa	rt XIII.					
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other simi	lar assets				_			
	to be sold to raise funds rather than to be ma	aintained as part of tl	ne organization's co	ollection?		L	Yes		No			
Pa	t IV Escrow and Custodial Arran		te if the organizatio	n answered "Yes" o	on Form 9	90, Part IV	, line 9, or					
	reported an amount on Form 990, Pa											
1a	Is the organization an agent, trustee, custod						٦		1			
	on Form 990, Part X?					L	Yes		No			
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:				Amount					
-					4.		Amount					
	Beginning balance											
	Additions during the year											
f	Distributions during the year Ending balance											
	Did the organization include an amount on F						Yes		No			
	If "Yes," explain the arrangement in Part XIII.				• • • • •	····· —						
	rt V Endowment Funds. Complete i								-			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	years l	back			
1a	Beginning of year balance	31,902,841.	28,012,309.	27,562,858	. 28,	240,306	. 28,	318,	329.			
b	b Contributions 300,000. 100								000.			
	c Net investment earnings, gains, and losses -5,019,673. 5,790,532. 1,033,608. 147,								550.			
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs	975,000.	1,900,000.	884,157	•	924,543	. 1,	691,	573.			
f	Administrative expenses											
g	End of year balance	25,908,168.	31,902,841.		. 27,	562,858	. 28,	240,	306.			
2	Provide the estimated percentage of the cur			a)) held as:								
	Board designated or quasi-endowment	.0000	_%									
	Permanent endowment 100 0000	%										
С	Term endowment											
0-	The percentages on lines 2a, 2b, and 2c sho		tion that are bald a	un el la elucciunitation de la fac								
Ja	Are there endowment funds not in the posse	ession of the organiza	ition that are held a	na administered for	the organ	lization	Г	Yes	No			
	by: (i) Unrelated organizations						3a(i)	100	X			
	· · · · · · · · · · · · · · · · · · ·								X			
h	(ii) Related organizations	ations listed as requir	ed on Schedule B?				3b					
4	Describe in Part XIII the intended uses of the											
_	t VI Land, Buildings, and Equipm											
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Part	X, line 10.							
	Description of property	(a) Cost or ot	her (b) Cost	or other (c)	Accumula	ted	(d) Book	value	•			
	-	basis (investm	,	. ,	epreciatio	n						
1a	Land			5,232.			1,985					
	Buildings		27,11	5,730. 10,	,264,1	L81. 1	.6,851	L,54	49.			
	Leasehold improvements											
d	Equipment				,030,3	316.		L,6				
	Other			8,861.				3,80				
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part J	X, column (B), line 1	0c.)			.9,285	-				

Schedule D (Form 990) 2021

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Schedule D (Form 990) 2021 JACOB BURNS FILM CENTER, INC

Complete if the organization answered		
a) Description of security or category (including name of se	curity) (b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely held equity interests		
Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
H)		
al. (Col. (b) must equal Form 990, Part X, col. (B) line 1	2.) ►	
art VIII Investments - Program Relate		
Complete if the organization answered		e 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)		
(1)		
(3)		
(4) (5)		
(5)		
(6)		
(7)		
(8)		
(9)		
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 1	3.)►	
art IX Other Assets.		
	"Yes" on Form 990, Part IV, line	
Other Assets. Complete if the organization answered		e 11d. See Form 990, Part X, line 15. (b) Book value
Other Assets. Complete if the organization answered (1)	"Yes" on Form 990, Part IV, line	
art IX Other Assets. Complete if the organization answered (1) (2)	"Yes" on Form 990, Part IV, line	
Other Assets. Complete if the organization answered (1) (2)	"Yes" on Form 990, Part IV, line	
art IX Other Assets. Complete if the organization answered (1) (2) (3)	"Yes" on Form 990, Part IV, line	
Other Assets. Complete if the organization answered (1) (2) (3) (4)	"Yes" on Form 990, Part IV, line	
Other Assets. Complete if the organization answered (1) (2) (3) (4) (5)	"Yes" on Form 990, Part IV, line	
Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6)	"Yes" on Form 990, Part IV, line	
Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7)	"Yes" on Form 990, Part IV, line	
Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8)	"Yes" on Form 990, Part IV, line	
Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9)	"Yes" on Form 990, Part IV, line (a) Description	
art IX Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9) cal. (Column (b) must equal Form 990, Part X, col.	"Yes" on Form 990, Part IV, line (a) Description	
Art IX Other Assets. Complete if the organization answered (1) (2) (2) (3) (4) (5) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. art X Other Liabilities.	"Yes" on Form 990, Part IV, line (a) Description (B) line 15.)	
Art IX Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990, Part X, col.) (art X) Other Liabilities.	"Yes" on Form 990, Part IV, line (a) Description (B) line 15.)	(b) Book value
Art IX Other Assets. Complete if the organization answered (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. Art X Other Liabilities. Complete if the organization answered (a) Description of liability	"Yes" on Form 990, Part IV, line (a) Description (B) line 15.)	(b) Book value (b) Book value
Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. art X Other Liabilities. Complete if the organization answered (a) Description of liability (1) Federal income taxes	"Yes" on Form 990, Part IV, line (a) Description (B) line 15.)	(b) Book value (b) Book value
Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. other Liabilities. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2)	"Yes" on Form 990, Part IV, line (a) Description (B) line 15.)	(b) Book value (b) Book value
Art IX Other Assets. Complete if the organization answered (1) (2) (2) (3) (4) (5) (5) (6) (7) (8) (9) (2) (a) (b) must equal Form 990, Part X, col. art X Other Liabilities. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) (3)	"Yes" on Form 990, Part IV, line (a) Description (B) line 15.)	(b) Book value (b) Book value
Art IX Other Assets. Complete if the organization answered (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. Art X Other Liabilities. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) (3) (4)	"Yes" on Form 990, Part IV, line (a) Description (B) line 15.)	(b) Book value (b) Book value
art IX Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9) (2) (at X) Other Liabilities. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	"Yes" on Form 990, Part IV, line (a) Description (B) line 15.)	(b) Book value (b) Book value
Art IX Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9) (2) (a) (b) must equal Form 990, Part X, col. art X Other Liabilities. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (6)	"Yes" on Form 990, Part IV, line (a) Description (B) line 15.)	(b) Book value (b) Book value
Art IX Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) cal. (Column (b) must equal Form 990, Part X, col. art X Other Liabilities. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	"Yes" on Form 990, Part IV, line (a) Description (B) line 15.)	(b) Book value (b) Book value
Art IX Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) al. (Column (b) must equal Form 990, Part X, col. art X Other Liabilities. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	"Yes" on Form 990, Part IV, line (a) Description (B) line 15.)	(b) Book value (b) Book value
Art IX Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9) (2) (a) (b) must equal Form 990, Part X, col. art X Other Liabilities. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (6)	"Yes" on Form 990, Part IV, line (a) Description (B) line 15.) "Yes" on Form 990, Part IV, line	(b) Book value (b) Book value

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 JACOB BURNS FILM CENTER,	INC.		13-	4038441 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments W			
	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	788,517.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-7,503,766.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)		-740,854.		
е	Add lines 2a through 2d			2e	-8,244,620.
3	Subtract line 2e from line 1			3	9,033,137.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	126,924.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	126,924.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	9,160,061.
Pa	t XII Reconciliation of Expenses per Audited Financial State		ith Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line ⁻				
1	Total expenses and losses per audited financial statements			1	7,464,961.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2 b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	7,464,961.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	126,924.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	126,924.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	7,591,885.
Pa	rt 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 V, LINE 4:

EARNINGS F	FROM	THE	ORGANIZATION'S	ENDOWMENT	FUNDS	ARE	USED	то	SUPPORT	THE
------------	------	-----	----------------	-----------	-------	-----	------	----	---------	-----

ORGANIZATION'S PROGRAMS AND GENERAL OPERATIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:	
LOSS ON ABANDONMENT OF PROPERTY	-718,854.
REDUCTION OF PRIOR YEAR GRANT	-22,000.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-740,854.

132054 10-28-21

SCHEDULE F (Form 990)			ivities Outside the Un n answered "Yes" on Form 990, Part			омв №. 1545-0047 2021
Department of the Treasury			Attach to Form 990.			Open to Public
Internal Revenue Service	Go to	www.irs.gov/Fo	orm990 for instructions and the latest	information.		Inspection
Name of the organization					Employer	identification number
JACOB BURNS F	ILM CENTER	, INC.			13-40	38441
Part I General Ir	nformation on A	Activities Ou	tside the United States. Comple	te if the orgar	ization answ	vered "Yes" on
	rt IV, line 14b.					
			ds to substantiate the amount of its gra the selection criteria used to award the			X Yes No
2 For grantmakers. D United States.	escribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and o	ther assistan	nce outside the
3 Activities per Regior	n. (The following Par		an be duplicated if additional space is r	needed.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in gram service e specific typ (s) in the reg	e, expenditures for and investments
EUROPE (INCLUDING						
ICELAND & GREENLAND)		CRANING NO RECEDIENTS			
- ALBANIA, ANDORRA, AUSTRIA, BELGIUM	d	0	GRANTS TO RECIPIENTS LOCATED IN REGION			154,325
3 a Subtotal	C) (154,325
b Total from continuat						
sheets to Part I	0) (0
c Totals (add lines 3a						
and 3b)	0) (154,325

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

Schedule F (Form 990) 2021

OMB No. 1545-0047

132071 12-20-21

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			l recognized as charities by the					1
			or counsel has provided a sec					

Schedule F (Form 990) 2021

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region		(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	EUROPE (INCLUDING ICELAND &						
	GREENLAND) -						
	ALBANIA, ANDORRA,	1	154,325.	CHECK/WIRE	٥.		

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021	JACOB	BURNS	FILM	CENTER,	INC.
Part IV Foreign Form	IS				

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021

132074 12-20-21

Schedule F	(Form 990) 2021	JACOB	BURNS	FILM	CENTER,	INC.	
Part V	Supplemental	Informat	tion				
	Provide the inform	ation require	ed by Part I,	line 2 (mo	nitoring of funds); Part I, line 3,	column (f) (a

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

THE JACOB BURNS FILM CENTER REQUIRES PROGRESS REPORTS FROM FISCALLY

SPONSORED GRANTEES BE DELIVERED TO JBFC EVERY SIX MONTHS. PROGRESS

REPORTS MUST INCLUDE DETAILS REGARDING THE EXPENDITURE OF GRANTED FUNDS.

IF THE REPORTS ARE NOT RECIEVED ON A TIMELY BASIS, NEW GRANTS WILL NOT BE

DISBURSED TO GRANTEES UNTIL OUSTANDING REPORTING REQUIREMENTS ARE

FULFILLED.

132075 12-20-21

SCHEDULE I (Form 990) Department of the Treasury	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
Internal Revenue Service		Go to www.ir	rs.gov/Form990 fo	r the latest inforn	nation.		Inspection			
Name of the organization JACOB BUE	of the organization JACOB BURNS FILM CENTER, INC. Employer identification number 13-4038441									
Part I General Information on Grants a	and Assistance									
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pr 	istance?						tion 🔀 Yes 🗌 No			
Part II Grants and Other Assistance to recipient that received more than	•				anization answered "א	/es" on Form 990, Par	t IV, line 21, for any			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
FILM ETC, LLC 98-19 89 AVENUE WOODHAVEN, NY 11421	46-1264876		37,550.	0.			GRANT TO FILMMAKER - FISCAL SPONSORSHIP			
GANDOM FILMS PRODUCTION 6930 ROCKLED DRIVE BETHESDA, MD 20817	87-2321208		30,000.	0.			GRANT TO FILMMAKER - FISCAL SPONSORSHIP			
10 MILS LLC 183 HURON ST. #1F BROOKLYN, NY 11222	84-4838803		9,905.	0.			GRANT TO FILMMAKER - FISCAL SPONSORSHIP			
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 			ne line 1 table				0.			

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

Schedule I (Form 990) 2021

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
GRANT TO FILMMAKER - FISCAL SPONSORSHIP	1	12,620.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

Part III

THE JACOB BURNS FILM CENTER REQUIRES PROGRESS REPORTS FROM FISCALLY

SPONSORED GRANTEES BE DELIVERED TO JBFC EVERY SIX MONTHS. PROGRESS REPORTS

MUST INCLUDE DETAILS REGARDING THE EXPENDITURE OF GRANTED FUNDS. IF THE

REPORTS ARE NOT RECIEVED ON A TIMELY BASIS, NEW GRANTS WILL NOT BE

DISBURSED TO GRANTEES UNTIL OUSTANDING REPORTING REQUIREMENTS ARE

FULFILLED.

13-4038441

Page 2

sc	HEDULE J	I	OMB No. 1	1545-00	47
(Fo	rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest		20	21	
•	Compensated Employees		ZU		i
Depa	Truent of the Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		Open to		
	al Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nan	-	Employer id			mber
	JACOB BURNS FILM CENTER, INC.	13-40	03844	1	
Pa	rt I Questions Regarding Compensation				r
				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 9	<i>}</i> 90,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter travel Housing allowance or residence for persona				
	Travel for companions Payments for business use of personal resi Tax indemnification and gross-up payments Health or social club dues or initiation fees	dence			
	Discretionary spending account	chof)			
		, chel)			
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		1b		
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?		2		
3	Indicate which, if any, of the following the 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	n to			
	establish compensation of the CEO/Executive Director, but explain in Part III.				
	Compensation committee Written employment contract				
	Independent compensation consultant				
	Form 990 of other organizations	mmittee			
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:		4-		x
a k	Receive a severance payment or change-of-control payment?				X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?				X
С	Participate in or receive payment from an equity-based compensation arrangement?		40		
	in the applicable and the contractine persons and provide the applicable annulities for each item in Fait 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	า			
	contingent on the revenues of:				
а	The organization?		5a		Х
	Any related organization?				X
	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	ı			
	contingent on the net earnings of:				
	The organization?				X
b	Any related organization?		6b		X
	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				v
_	not described on lines 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				v
~	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in				
	Regulations section 53.4958-6(c)?			- 000	
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedu	le J (Forn	11 990)	12021

132111 11-02-21

13-4038441

Page 2

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) BRIAN ACKERMAN	(i)	159,066.	0.	0.	0.	36,375.	195,441.	0.
PROGRAM DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

ſ

Department of the Treasury	
Internal Revenue Service	

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information.

Name	e of the organization JACOB BURNS			C.	Employer iden 13-4			mber
Par			•					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of d noncash contrib	etermin		s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	7	126,602.	FAIR MARKET	VA	LUE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other Other (DONATED WINE)	X	1	10,800.	FAIR MARKET	VA	LUE	
26	Other ()							
27	Other ► ()							
28	Other ► ()							
29	Number of Forms 8283 received by the organiz	zation durin	g the tax year for c	contributions				
	for which the organization completed Form 82	83, Part V, [Donee Acknowledg	jement 29			0	
				<u>.</u>			Yes	No
30a	During the year, did the organization receive by	y contributio	on any property rej	ported in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the date	e of the initia	al contribution, and	d which isn't required to be ι	used for			
	exempt purposes for the entire holding period	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contrib	utions?	31	Х	
32a	Does the organization hire or use third parties							
	contributions?					32a		Х

b If "Yes," describe in Part II.
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2021

132141 11-17-21

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

132142 11-17-21	Schedule M (Form 990) 202
10200712 759420 11601	42 2021.06000 JACOB BURNS FILM CENTER, IN 116011

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 13 - 4038441

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

JACOB BURNS FILM CENTER,

DURING THE REGULARLY SCHEDULED PERIODIC BOARD OF DIRECTORS MEETING PRIOR TO

INC.

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 12C:

A CONFLICT OF INTEREST DISCLOSURE STATEMENT IS OBTAINED ANNUALLY FROM ALL BOARD MEMBERS AND ALL OFFICERS WHO ARE CURRENTLY SERVING THE ORGANIZATION. WHEN A CONFLICT ARISES FOR ANY BOARD MEMBER OR OFFICER, THAT PERSON SHALL DISCLOSE IT IN WRITING TO THE BOARD OF TRUSTEES FOR REVIEW AND APPROVAL. THE OFFICER OR DIRECTOR WITH THE CONFLICT OF INTEREST WOULD BE EXCLUDED FROM PARTICIPATING IN DELIBERATIONS AND DECISIONS CONCERNING THE MATTER.

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 MEMEBERS. 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 ARE MADE AVAILABLE UPON REQUEST AT THE

ADMINISTRATIVE OFFICE OF THE ORGANIZATION.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

REDUCTION OF PRIOR YEAR GRANT

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

-22,000.

Schedule O (Form 990) 2021

10200712 759420 11601

43 0 .TAC

2021.06000 JACOB BURNS FILM CENTER, IN 11601__1

Schedule O (Form 990) 2021 Name of the organization JACOB BURNS FILM CENTER, INC.	Page Employer identification numbe 13-4038441
LOSS ON ABANDONMENT OF PROPERTY	-718,854
TOTAL TO FORM 990, PART XI, LINE 9	-740,854
132212 11-11-21 4 A	Schedule O (Form 990) 202
44 200712 759420 11601 2021.06000 JACOB BUR	NS FILM CENTER, IN 11601