

Return of Organization Exempt From Income Tax

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

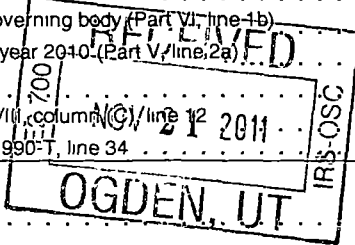
A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization TRIBECA FILM INSTITUTE, INC. Doing Business As			D Employer identification number 80-0006057		
	Number and street (or P O box if mail is not delivered to street address) Room/suite C/O BERDON LLP, 360 MADISON AVENUE		E Telephone number (212) 832-0400			
	City or town, state or country, and ZIP + 4 NEW YORK, NY 10017			G Gross receipts \$ 3,250,316.		
	F Name and address of principal officer			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527						
J Website: WWW.TRIBECAPILMINSTITUTE.ORG						
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other						
L Year of formation 2001				M State of legal domicile NY		

Part I Summary

SCANNED DEC 16 2011
Activities & Governance
Revenue

1	Briefly describe the organization's mission or most significant activities: ESTABLISHED FOR EXCLUSIVELY CHARITABLE AND EDUCATIONAL PURPOSES, WHICH INCLUDE, BUT ARE NOT LIMITED TO, CREATING CULTURAL INITIATIVES DEDICATED TO THE ECONOMIC REDEVELOPMENT OF LOWER MANHATTAN.		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	20.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17.
5	Total number of individuals employed in calendar year 2010 (Part VII, line 2a)	5	41.
6	Total number of volunteers (estimate if necessary)	6	75.
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	
		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,104,260.	3,034,296.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	240,400.	216,020.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,344,660.	3,250,316.
		0.	380,450.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,197,582.	1,287,381.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	98,903.	137,919.
b	Total fundraising expenses (Part IX, column (D), line 25) 372,659.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,165,369.	1,558,930.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,461,854.	3,364,680.
19	Revenue less expenses Subtract line 18 from line 12	-117,194.	-114,364.
		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,546,732.	1,491,909.
21	Total liabilities (Part X, line 26)	934,871.	994,412.
22	Net assets or fund balances Subtract line 21 from line 20	611,861.	497,497.



Part II Signature Block

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

Sign Here	Signature of officer Jane Rosenthal CO-chair Type or print name and title	Date 11/15/11
Paid Preparer Use Only	Print/Type preparer's name JUDY COARD Preparer's signature Date 11/14/11	Check if self-employed <input type="checkbox"/> PTIN P00169376
	Firm's name BERDON LLP	Firm's EIN 13-0485070
	Firm's address 360 MADISON AVE NEW YORK, NY 10017	Phone no 212-832-0400

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

For Paperwork Reduction Act Notice, see the separate instructions.

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III X

1 Briefly describe the organization's mission:
ESTABLISHED FOR EXCLUSIVELY CHARITABLE AND EDUCATIONAL PURPOSES, WHICH
INCLUDE, BUT ARE NOT LIMITED TO, CREATING CULTURAL INITIATIVES
DEDICATED TO THE ECONOMIC REDEVELOPMENT OF LOWER MANHATTAN.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 537,041. including grants of \$ 43,950.) (Revenue \$ 337,260.)
SUMMER ARTS INSTITUTE: AN INTENSIVE, TUITION-FREE, 6-WEEK
FILMMAKING COURSE THAT GIVES NYC PUBLIC SCHOOL STUDENTS FILMMAKING
TRAINING.

4b (Code:) (Expenses \$ 490,198. including grants of \$ 82,500.) (Revenue \$ 448,556.)
TRIBECA ALL ACCESS: PROVIDES GRANTS AND NETWORKING OPPORTUNITIES
TO DIRECTORS AND SCREENWRITERS FROM DIVERSE BACKGROUNDS.

4c (Code:) (Expenses \$ 371,350. including grants of \$ 130,000.) (Revenue \$ 370,940.)
SLOAN FILMMAKER FUND: PROMOTES SCIENCE IN FILM AND PROVIDES GRANTS
AND NETWORKING OPPORTUNITIES TO FILMMAKERS TACKLING SCIENTIFIC
THEMES.

4d Other program services (Describe in Schedule O.) ATTACHMENT 1
(Expenses \$ 876,143. including grants of \$ 124,000.) (Revenue \$ 14,286.)
4e Total program service expenses 2,274,732.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
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 "Yes," complete Schedule J.</i>		X
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>		X
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 act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>	X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
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? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V.

Form with questions 1a through 14b regarding IRS filings and tax compliance, including sections on backup withholding, employee reporting, foreign accounts, prohibited transactions, and 501(c)(7), (12), and (29) organizations.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (1a: 20, 1b: 17); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (2: X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (3: X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (4: X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (5: X); 6 Does the organization have members or stockholders? (6: X); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (7a: X); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (7b: X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (8a: X); 8b 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 reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (9: X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (10a: X); 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? (10b:); 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (11a: X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. (11b:); 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (12a: X); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (12b: X); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (12c: X); 13 Does the organization have a written whistleblower policy? (13: X); 14 Does the organization have a written document retention and destruction policy? (14: X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (15a: X); 15b Other officers or key employees of the organization (15b: X); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (16a: X); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? (16b: X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply: [] Own website, [] Another's website, [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. SANDY O'HEAREN, TRIBECA FILM 375 GREENWICH STREET NEW YORK, NY 10013 212-941-2427

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII.

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT DE NIRO CO-CHAIRMAN, DIRECTOR	1.00	X		X						
(2) JANE ROSENTHAL CO-CHAIRMAN, DIRECTOR	1.00	X		X						
(3) ALBERTA ARTHURS VICE CHAIRMAN, DIRECTOR	1.00	X		X						
(4) SCOTT RECHLER DIRECTOR	1.00	X								
(5) JEFFREY WRIGHT DIRECTOR	1.00	X								
(6) MARTIN EDELMAN DIRECTOR	1.00	X								
(7) JENNIFER MAGUIRE ISHAM DIRECTOR	1.00	X								
(8) MARTIN SCORSESE DIRECTOR	1.00	X								
(9) SERENA ALTSCHUL DIRECTOR	1.00	X								
(10) NORMAN PEARLSTINE DIRECTOR	1.00	X								
(11) TODD WAGNER DIRECTOR	1.00	X								
(12) ELI EVANS DIRECTOR	1.00	X								
(13) CRAIG HATKOFF SECRETARY, DIRECTOR	1.00	X		X						
(14) LISA HSIA DIRECTOR	1.00	X								
(15) SAM POLLARD DIRECTOR	1.00	X								
(16) LAURIE RACINE DIRECTOR	1.00	X								

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) JOHN G. ROCHE DIRECTOR	1.00	X								
(18) JUDY TABB DIRECTOR	1.00	X								
(19) JONATHAN TISCH DIRECTOR	1.00	X								
(20) BETH JANSON ARTISTIC DIRECTOR	40.00	X				X	117,500.			
(21) SHEILA NEVINS DIRECTOR	1.00	X								
(22) SANDY O'HEAREN TREASURER	1.00			X						
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total							117,500.			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							117,500.			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	800,828.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	60,511.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,172,957.				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f . . . ATTACHMENT 5			3,034,296.			
Program Service Revenue			Business Code					
	2a							
	b							
	c							
	d							
	e							
	f	All other program service revenue						
g	Total. Add lines 2a-2f			0.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			0.			
	4	Income from investment of tax-exempt bond proceeds			0.			
	5	Royalties			0.			
			(i) Real	(ii) Personal				
	6a	Gross Rents						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)			0.			
			(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory						
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)			0.			
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		a				
	b	Less direct expenses		b				
c	Net income or (loss) from fundraising events			0.				
9a	Gross income from gaming activities See Part IV, line 19		a					
b	Less direct expenses		b					
c	Net income or (loss) from gaming activities			0.				
10a	Gross sales of inventory, less returns and allowances		a					
b	Less cost of goods sold		b					
c	Net income or (loss) from sales of inventory			0.				
Miscellaneous Revenue			Business Code					
11a	SUBMISSION FEES			35,211.	35,211.			
b	OTHER REVENUE			180,450.	180,450.			
c	UNREALIZED GAIN ON MARKETABLE SECURITIES			359.	359.			
d	All other revenue							
e	Total. Add lines 11a-11d			216,020.				
12	Total revenue See instructions			3,250,316.	216,020.			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21 . . .	0.			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	330,950.	330,950.		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	49,500.	49,500.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	0.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	1,096,278.	788,312.	307,966.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0.			
9 Other employee benefits	104,923.	75,448.	29,475.	
10 Payroll taxes	86,180.	61,970.	24,210.	
11 Fees for services (non-employees)				
a Management	0.			
b Legal	35,284.	7,057.	28,227.	
c Accounting	30,000.	2,400.	27,600.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	137,919.			137,919.
f Investment management fees	0.			
g Other	0.			
12 Advertising and promotion	39,698.	25,293.	12,642.	1,763.
13 Office expenses	11,895.	965.	10,930.	
14 Information technology	31,337.	5,244.	26,093.	
15 Royalties	0.			
16 Occupancy	201,938.	141,463.	60,475.	
17 Travel	118,660.	63,418.	55,242.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	23,685.		23,685.	
23 Insurance	21,170.	1,975.	19,195.	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a <u>POSTAGE AND SHIPPING</u>	24,687.	7,884.	16,803.	
b <u>VENUE RENTAL</u>	36,173.	36,173.		
c <u>PROGRAM EVENTS</u>	51,368.	9,498.		41,870.
d <u>UTILITIES</u>	479.	72.	407.	
e <u>FILM FESTIVAL PROGRAMS</u>	364,640.	364,640.		
f All other expenses	567,916.	302,470.	74,339.	191,107.
25 Total functional expenses Add lines 1 through 24f	3,364,680.	2,274,732.	717,289.	372,659.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	1,352,387.	1	1,320,465.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	62,771.	4	60,244.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	15,232.	9	58,091.
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	211,894.		
	10b	Less: accumulated depreciation	196,480.	10c	15,414.
	11	Investments - publicly traded securities	2,572.	11	3,974.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	80,436.	15	33,721.
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,546,732.	16	1,491,909.	
Liabilities	17	Accounts payable and accrued expenses	311,893.	17	236,245.
	18	Grants payable		18	
	19	Deferred revenue	410,910.	19	400,115.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	3,917.	22	3,917.
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	208,151.	25	354,135.
	26	Total liabilities. Add lines 17 through 25	934,871.	26	994,412.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	110,214.	27	-15,283.
	28	Temporarily restricted net assets	501,647.	28	512,780.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	611,861.	33	497,497.	
34	Total liabilities and net assets/fund balances	1,546,732.	34	1,491,909.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,250,316.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,364,680.
3	Revenue less expenses. Subtract line 2 from line 1	3	-114,364.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	611,861.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	497,497.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions

Name of the organization: **TRIBECA FILM INSTITUTE, INC.** Employer identification number: **80-0006057**

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state.
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,841,818.	2,461,441.	3,255,944.	3,104,260.	3,034,296.	14,697,759.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.	2,841,818.	2,461,441.	3,255,944.	3,104,260.	3,034,296.	14,697,759.
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). ATCH 1						5,081,585.
6 Public support. Subtract line 5 from line 4						9,616,174.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	2,841,818.	2,461,441.	3,255,944.	3,104,260.	3,034,296.	14,697,759.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . ATCH 2	8,389.	15,536.	663,632.	240,221.	215,661.	1,143,439.
11 Total support. Add lines 7 through 10						15,841,198.
12 Gross receipts from related activities, etc (see instructions)					12	137,558.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	60.70%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	94.13%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1SCHEDULE A, PART II - EXCESS CONTRIBUTIONS

(NOT OPEN TO PUBLIC INSPECTION)

<u>CONTRIBUTOR NAME</u>	<u>TOTAL CONTRIBUTION</u>	<u>LESS 2% OF LINE 11 (F)</u>	<u>EXCESS CONTRIBUTION AMOUNT</u>
ALFRED P. SLOAN FOUNDATION	2,299,625.	316,824.	1,982,801.
BLOOMBERG	1,330,000.	316,824.	1,013,176.
ROCKEFELLER BROTHERS FUND INC.	925,000.	316,824.	608,176.
LMDC	650,000.	316,824.	333,176.
TIME WARNER	625,000.	316,824.	308,176.
CARNEGIE CORPORATION OF NY	604,200.	316,824.	287,376.
ESDC	525,000.	316,824.	208,176.
MACARTHUR FOUNDATION	450,000.	316,824.	133,176.
GUCCI FOUNDATION	446,000.	316,824.	129,176.
SAVE THE STARFISH FOUNDATION	395,000.	316,824.	78,176.
TOTAL	<u>8,249,825.</u>		<u>5,081,585.</u>

ATTACHMENT 2SCHEDULE A, PART II - OTHER INCOME

<u>DESCRIPTION</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>TOTAL</u>
SUBMISSION FEES	8,389.	11,930.	41,079.	40,949.	35,211.	137,558.
OTHER REVENUE		3,606.	622,553.	199,272.	180,450.	1,005,881.
TOTALS	<u>8,389.</u>	<u>15,536.</u>	<u>663,632.</u>	<u>240,221.</u>	<u>215,661.</u>	<u>1,143,439.</u>

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
- ▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization: **TRIBECA FILM INSTITUTE, INC.** Employer identification number: **80-0006057**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Term endowment ▶ _____ %

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

- (i) unrelated organizations
- (ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		100,715.	99,314.	1,401.
d Equipment		83,756.	74,281.	9,475.
e Other		27,423.	22,885.	4,538.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)).				15,414.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DUE TO AFFILIATES	354,135.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	354,135.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,250,316.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,364,680.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-114,364.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	-114,364.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	3,250,316.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3,250,316.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,250,316.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	3,364,680.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3,364,680.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,364,680.

Part XIV Supplemental Information

Complete this part to 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, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - OTHER LIABILITIES

DUE TO AFFILIATES REPRESENTS ADVANCES FROM RELATED PARTIES - SEE SCHEDULE

R FOR TRANSACTIONS WITH RELATED ORGANIZATIONS.

Part XIV Supplemental Information *(continued)*

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
TRIBECA FILM INSTITUTE, INC.

Employer identification number
80-0006057

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2010

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. ▶

3 Enter total number of other organizations or entities. ▶

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) GRANTS FOR PROMOTION OF FILMMAKING	EUROPE/ICELAND/GREENLAND	4.	49,500.	CHECK			
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 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 No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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).* Yes 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 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, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).* Yes 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 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 file Form 5713, International Boycott Report (see Instructions for Form 5713).* Yes No

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); 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)

SCHEDULE F,

GRANTEES ARE PROVIDED INITIAL FUNDING UPON COMPLETION OF REQUIREMENTS UNDER THE GRANT AGREEMENT, WHICH INCLUDES WORKING WITH THE ORGANIZATION'S STAFF TO DEVELOP A PROJECT ACCORDING TO MUTUALLY-AGREED UPON DEADLINES AND TO PROVIDE ORGANIZATION'S STAFF WITH COPIES OF SCREENPLAY DRAFTS, PROJECT UPDATES, ROUGH CUTS, AND OTHER ASSOCIATED MATERIALS AS APPLICABLE AND WHEN REQUESTED. THE REMAINDER OF THE FUNDING FOR A SPECIFIC GRANT IS PROVIDED AFTER THE GRANTEE PROVIDES, OR CAUSES THE PRODUCER OR DISTRIBUTOR OF THE COMPLETED PROJECT, AS APPLICABLE, TO PROVIDE, AN EXHIBITION PRINT OR OTHER FORMAT OF THE FILM THAT RESULTS FROM THE PROJECT, ALONG WITH ANY OTHER MATERIAL REASONABLY REQUIRED BY THE ORGANIZATION FOR A SCREENING THAT OCCURS AT THE COMPLETION OF SUCH FILM.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions

OMB No 1545-0047

2010

**Open To Public
Inspection**

Name of the organization

TRIBECA FILM INSTITUTE, INC.

Employer identification number

80-0006057

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 INNOVATIVE PHILANTHROPY	FUNDRAISER		X	854,929	73,670	
CLAUDIA WAGNER/MANATT PHELPS PHILLIPS	FUNDRAISER		X	54,000	48,000	
3						
4						
5						
6						
7						
8						
9						
10						
Total				908,929	121,670	

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing
NY,

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events
		FILM SCREENING (event type)	(event type)	0 (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	800,828.		800,828.
	2	Less. Charitable contributions			
	3	Gross income (line 1 minus line 2)	800,828.		800,828.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	41,870.		41,870.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Combine line 3, column (d), and line 10				758,958.

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

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

- 9 Enter the state(s) in which the organization operates gaming activities. _____
- a Is the organization licensed to operate gaming activities in each of these states? Yes No
- b If "No," explain: _____
- 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
- b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in.

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions.

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

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

**SCHEDULE I
(Form 990)**

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

TRIBECA FILM INSTITUTE, INC.

Employer identification number

80-0006057

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

Part III Grants and Other Assistance to Individuals in the United States. 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 non-cash assistance
1 GRANTS FOR PROMOTION OF FILMMAKING U.S.	50.	330,950.			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I

GRANTEES ARE GENERALLY PROVIDED INITIAL FUNDING UPON COMPLETION OF REQUIREMENTS UNDER THE GRANT AGREEMENT, WHICH INCLUDES WORKING WITH THE ORGANIZATION'S STAFF TO DEVELOP A PROJECT ACCORDING TO MUTUALLY-AGREED UPON DEADLINES AND TO PROVIDE ORGANIZATION'S STAFF WITH COPIES OF SCREENPLAY DRAFTS, PROJECT UPDATES, ROUGH CUTS, AND OTHER ASSOCIATED MATERIALS AS APPLICABLE AND WHEN REQUESTED. THE REMAINDER OF THE FUNDING FOR A SPECIFIC GRANT IS PROVIDED AFTER THE GRANTEE PROVIDES, OR CAUSES THE PRODUCER OR DISTRIBUTOR OF THE COMPLETED PROJECT, AS APPLICABLE, TO PROVIDE, AN EXHIBITION PRINT OR OTHER FORMAT OF THE FILM THAT RESULTS

Part III Grants and Other Assistance to Individuals in the United States. 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 non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

FROM THE PROJECT, ALONG WITH ANY OTHER MATERIAL REASONABLY REQUIRED BY THE ORGANIZATION FOR A SCREENING THAT OCCURS AT THE COMPLETION OF SUCH FILM.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open To Public Inspection

Name of the organization: **TRIBECA FILM INSTITUTE, INC.** Employer identification number: **80-0006057**

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1) ROBERT DE NIRO; INTEREST DUE ON										
(2) BALANCE PAYABLE FOR EXPENSES PAID ON										
(3) BEHALF OF ENTITY	X		1,811.	1,811.		X		X		X
(4) JANE ROSENTHAL AND CRAIG HATKOFF;										
(5) INTEREST DUE ON BALANCE PAYABLE FOR										
(6) EXPENSES PAID ON BEHALF OF ENTITY	X		2,106.	2,106.		X		X		X
(7)										
(8)										
(9)										
(10)										
Total				3,917.						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990 or 990-EZ) 2010

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SEE PART V, ITEM (1)	SEE PART V, ITEM (2)	126,815.	PROVIDE SERVICES/PAID EXPENSES		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

(1)

SCHEDULE L, PART IV, LINE 1(A)

ROBERT DE NIRO, JANE ROSENTHAL, CRAIG HATKOFF AND JON TISCH ARE OFFICERS OR OWNERS OF TRIBECA FILM FESTIVAL NYC, LLC, WHICH PROVIDES SERVICES TO THE ORGANIZATION AND PAID EXPENSES ON BEHALF OF THE ORGANIZATION.

(2)

SCHEDULE L, PART IV, LINE 1(B)

ROBERT DENIRO, JANE ROSENTHAL, CRAIG HATKOFF AND JON TISCH ARE DIRECTORS OF THE ORGANIZATION.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

TRIBECA FILM INSTITUTE, INC.

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Employer identification number

80-0006057

PART III - LINE 4D - OTHER PROGRAM SERVICES

OTHER PROGRAM SERVICES RELATE TO EDUCATIONAL AND CULTURAL INITIATIVES IN
LINE WITH THE ORGANIZATION'S MISSION.

PART VI - GOVERNANCE, MANAGEMENT AND DISCLOSURE, SECTION A, QUESTION 2

ROBERT DENIRO, JANE ROSENTHAL AND CRAIG HATKOFF HAVE A BUSINESS
RELATIONSHIP.

JANE ROSENTHAL AND CRAIG HATKOFF HAVE FAMILY RELATIONSHIP THROUGH
MARRIAGE.

PART VI - GOVERNANCE, MANAGEMENT AND DISCLOSURE, SECTION B, QUESTION 11A

A DRAFT COPY OF THE ORGANIZATION'S FORM 990 IS CIRCULATED TO THE
ORGANIZATION'S BOARD OF DIRECTORS AND PROFESSIONAL SERVICE PROVIDERS FOR
THEIR REVIEW PRIOR TO FILING. CONFERENCE CALLS AND/OR MEETINGS ARE HELD
TO ENSURE REVIEW PROCESS IS COMPLETE.

PART VI - GOVERNANCE, MANAGEMENT AND DISCLOSURE, SECTION C, QUESTION 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION HAS A WRITTEN
CONFLICT OF INTEREST POLICY AND WILL MAKE IT AVAILABLE TO THE PUBLIC UPON
REQUEST AS WELL.

PART VI, SECTION A, QUESTION 6

THE ORGANIZATION IS A NON-STOCK CORPORATION WITH MEMBERS, WHO ALSO SERVE

Name of the organization TRIBECA FILM INSTITUTE, INC.	Employer identification number 80-0006057
--	--

ON THE BOARD OF DIRECTORS.

PART VI, SECTION A, QUESTION 7A & 7B

UNDER THE ORGANIZATION'S MEMBERSHIP STRUCTURE, INDIVIDUALS WHO SERVE FROM TIME TO TIME ON THE BOARD OF DIRECTORS ALSO SERVE AS MEMBERS OF THE ORGANIZATION. THE ORGANIZATION'S MEMBERS HAVE THE RIGHT TO VOTE IN THE ELECTION OF DIRECTORS AND TO APPROVE FUNDAMENTAL CORPORATE CHANGES, SUCH AS BY-LAW AMENDMENTS.

PART VI, SECTION A, QUESTION 8A & 8B

THE ORGANIZATION MAINTAINS WRITTEN MINUTES OF THE MEETINGS OF ITS BOARD OF DIRECTORS AND EXECUTIVE COMMITTEE.

PART VI - GOVERNANCE, MANAGEMENT AND DISCLOSURE, SECTION B, QUESTION 13

THE ORGANIZATION HAS A WRITTEN WHISTLEBLOWER POLICY THAT IT PROVIDES TO EMPLOYEES IN THEIR EMPLOYEE HANDBOOK.

ATTACHMENT 1

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
ATTACHMENT 2	124,000.	876,143.	14,286.
TOTALS	<u>124,000.</u>	<u>876,143.</u>	<u>14,286.</u>

Name of the organization

TRIBECA FILM INSTITUTE, INC.

Employer identification number

80-0006057

ATTACHMENT 2FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
PREPAID EXPENSES	15,232.	58,091.
TOTALS	<u>15,232.</u>	<u>58,091.</u>

ATTACHMENT 3FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
MARKETABLE EQUITY SECURITIES	2,572.	3,974.
TOTALS	<u>2,572.</u>	<u>3,974.</u>

ATTACHMENT 4FORM 990, PART X - DEFERRED REVENUE

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
DEFERRED REVENUE	410,910.	400,115.
TOTALS	<u>410,910.</u>	<u>400,115.</u>

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

TRIBECA FILM INSTITUTE, INC.

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Employer identification number
80-0006057

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2010

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) SEE ATTACHMENT # 7			N/A									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b	Gift, grant, or capital contribution to other organization(s)		X
c	Gift, grant, or capital contribution from other organization(s)		X
d	Loans or loan guarantees to or for other organization(s)	X	
e	Loans or loan guarantees by other organization(s)	X	
f	Sale of assets to other organization(s)		X
g	Purchase of assets from other organization(s)		X
h	Exchange of assets		X
i	Lease of facilities, equipment, or other assets to other organization(s)		X
j	Lease of facilities, equipment, or other assets from other organization(s)	X	
k	Performance of services or membership or fundraising solicitations for other organization(s)	X	
l	Performance of services or membership or fundraising solicitations by other organization(s)	X	
m	Sharing of facilities, equipment, mailing lists, or other assets		X
n	Sharing of paid employees	X	
o	Reimbursement paid to other organization for expenses		X
p	Reimbursement paid by other organization for expenses		X
q	Other transfer of cash or property to other organization(s)		X
r	Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds		(b) Transaction type (a-t)	(c) Amount involved	(d) Method of determining amount involved
(1)	SEE ATTACHMENT # 8			
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1) _____										
(2) _____										
(3) _____										
(4) _____										
(5) _____										
(6) _____										
(7) _____										
(8) _____										
(9) _____										
(10) _____										
(11) _____										
(12) _____										
(13) _____										
(14) _____										
(15) _____										
(16) _____										

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Tribeca Film Institute, Inc
EIN: 80-0006057
For Year Ended 12/31/2010

Schedule R - Page 2 - Related Organizations - Part III

Identification of Related Organizations Taxable as a Partnership:

(A) Name, address, and EIN	(B) Primary activity	(C) Legal domicile (state or foreign county)	(D) Direct Controlling entity	(E) Predominant income (related investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General managing partner?
Turtle Pond Publications, LLC C/O Craig Hatkoff, One West 72nd St New York, NY 10013 EIN# 13-4099610	Publishing	NY	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Tribeca Enterprises LLC C/O Berdon LLP 360 Madison Ave 8th fl New York, NY 10017 EIN# 20-2267968	Branded Media and Entertainment	NY	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Tribeca Film Festival NYC, LLC C/O Tribeca Enterprises, LLC 375 Greenwich Street New York, NY 10013 EIN# 20-0694990	Film Festival	NY	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Tribeca Cinemas, LLC C/O Berdon LLP 360 Madison Ave 8th fl New York, NY 10017 EIN#75-3139278	Theater and Event Space	NY	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Schedule R - Page 2 - Related Organizations - Part IV

Identification of Related Organizations Taxable as a Corporation:

(A) Name, address, and EIN	(B) Primary activity	(C) Legal domicile (state or foreign county)	(D) Direct Controlling entity	(E) Predominant income (related investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General managing partner?
Tribeca Film Center, Inc C/O Berdon LLP 360 Madison Ave 8th fl New York, NY 10017 EIN# 13-3496498	Office Space Rental	NY	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Tribeca Productions, Inc C/O Tribeca Enterprises, LLC 375 Greenwich Street New York, NY 10013 EIN# 13-3481393	Film Production	NY	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Tribeca Screening Room, Inc d/b/a Canal Productions Inc C/O Tribeca Enterprises, LLC 375 Greenwich Street New York, NY 10013 EIN# 13-3430601	Private Screening Room	NY	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Canal Productions, Inc C/O Berdon LLP 360 Madison Ave 8th fl New York, NY 10017 EIN# 13-3430601	Film Production	NY	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Tribeca Film Institute, Inc
 EIN: 80-0006057
 For the fiscal Year End 12/31/2010

Schedule R- Part V- Transactions with Related Organizations

(A) Name, address, and EIN	(B) Transaction type	(C) Amount
Tribeca Film Center, Inc C/O Berdon LLP 360 Madison Ave 8th fl. New York, NY 10017 EIN# 13-3496498	Rent office space	14,502
	Amount due to related organization for unpaid expenses at 12/31/10	2,480
Turtle Pond Production, LLC C/O Craig Hatkoff, One West 72nd St. New York, NY 10013 EIN# 13-4099610		-
	Amount due to related organization for unpaid expenses at 12/31/10	(2,106)
Tribeca Productions, Inc C/O Tribeca Enterprises, LLC 375 Greenwich Street New York, NY 10013 EIN# 13-3481393	Paid expense including travel, entertainment and other general expenses during year	59
	Amount due to related organization for unpaid expenses at 12/31/10	(692)
Tribeca Cinemas C/O Tribeca Enterprises, LLC 375 Greenwich Street New York, NY 10013 EIN# 75-3139278	Venue and equipment rentals	(1,422)
	Amount due from related organization for expenses paid on it behalf as of 12/31/10	2,085
Tribeca Screening Room, Inc. C/O Tribeca Enterprises, LLC 375 Greenwich Street New York, NY 10013 EIN# 13-3430601	Rental of screening room	550
	Amount due to related organization for unpaid expenses at 12/31/10	
Robert De Niro C/O Canal Productions, Inc C/O Berdon LLP 360 Madison Ave 8th fl New York, NY 10017 EIN# 13-3430601	Interest payable on prior year loan	(1,811)
Tribeca Enterprises C/O Berdon LLP 360 Madison Ave 8th fl. New York, NY 10017 EIN# 20-2267968	Paid expense including legal fees	862
	Amount due from related organization for expenses paid on it behalf as of 12/31/10	29,156
Tribeca Film Festival NYC, LLC C/O Tribeca Enterprises, LLC 375 Greenwich Street New York, NY 10013 EIN# 20-0694990	Paid expenses including catered events, advertising and staffing	(126,815)
	Amount due to related organization for unpaid expenses for fundraising events at 12/31/10	(349,526)

ATTACHMENT 5

FORM 990, PART VIII - CONTRIBUTIONS

NAME AND ADDRESS	DATE	FEDERATED CAMPAIGNS	MEMBERSHIP DUES	FUNDRAISING EVENTS	RELATED ORGANIZATIONS	GOVERNMENT GRANTS	ALL OTHER CONTRIBUTIONS
MISC CONTRIBUTIONS LESS THAN 28							808,957.
VA							
VA,							
FUNDRAISING				800,828.			
VA							
VA,							
GOVERNMENT CONTRIBUTIONS						60,511.	
NA							
NA,							
SEE ATTACHMENT # 6							1,364,000.
NA							
NA,							
TOTALS				<u>800,828.</u>		<u>60,511.</u>	<u>2,172,957.</u>

Description of Property

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me- thod	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
EQUIPMENT	06/20/2002	1,283.	100.000			1,283.	1,286.	1,286.	SL		3.000				
EQUIPMENT	12/31/2002	580.	100.000			580.	580.	580.	SL		3.000				
OFFICE EQUIPMENT	09/10/2002	325.	100.000			325.	325.	325.	SL		3.000				
OFFICE EQUIPMENT	09/10/2002	334.	100.000			334.	334.	334.	SL		3.000				
OFFICE EQUIPMENT	10/17/2002	4,025.	100.000			4,025.	4,025.	4,025.	SL		3.000				
OFFICE EQUIPMENT	11/21/2002	1,267.	100.000			1,267.	1,267.	1,267.	SL		3.000				
OFFICE EQUIPMENT	12/06/2002	825.	100.000			825.	825.	825.	SL		3.000				
OFFICE EQUIPMENT	12/31/2002	1,025.	100.000			1,025.	1,025.	1,025.	SL		3.000				
EQUIPMENT	01/24/2003	581.	100.000			581.	581.	581.	SL		3.000				
EQUIPMENT	01/24/2003	404.	100.000			404.	404.	404.	SL		3.000				
OFFICE EQUIPMENT	02/05/2003	1,415.	100.000			1,415.	1,415.	1,415.	SL		3.000				
OFFICE EQUIPMENT	02/28/2003	50.	100.000			50.	50.	50.	SL		3.000				
OFFICE EQUIPMENT	03/14/2003	314.	100.000			314.	314.	314.	SL		3.000				
OFFICE EQUIPMENT	03/25/2003	129.	100.000			129.	129.	129.	SL		3.000				
OFFICE EQUIPMENT	07/14/2003	364.	100.000			364.	364.	364.	SL		3.000				
OFFICE EQUIPMENT	09/11/2003	10,852.	100.000			10,852.	10,852.	10,852.	SL		3.000				
TELEPHONE EQUIPMEN	09/11/2003	2,500.	100.000			2,500.	2,500.	2,500.	SL		3.000				
FURNITURE	02/05/2003	222.	100.000			222.	222.	222.	SL		5.000				
FURNITURE	02/05/2003	1,388.	100.000			1,388.	1,388.	1,388.	SL		5.000				
Less Retired Assets															
Subtotals						211,894.	172,795.	196,480.							23,685.

Listed Property

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
Less Retired Assets							
Subtotals		211,894.	172,795.	196,480.			23,685.

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
Subtotals		211,894.	172,795.	196,480.			23,685.
TOTALS		211,894.	172,795.	196,480.			23,685.

Description of Property															
DEPRECIATION															
Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-thod	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
FURNITURE	02/05/2003	379.	100.000			379.	379.	379.	SL		5.000				
FURNITURE	02/05/2003	88.	100.000			88.	88.	88.	SL		5.000				
FURNITURE	02/21/2003	281.	100.000			281.	281.	281.	SL		5.000				
FURNITURE	02/20/2003	222.	100.000			222.	222.	222.	SL		5.000				
FURNITURE	02/20/2003	194.	100.000			194.	194.	194.	SL		5.000				
FURNITURE	03/07/2003	2,613.	100.000			2,613.	2,613.	2,613.	SL		5.000				
FURNITURE	03/13/2003	757.	100.000			757.	757.	757.	SL		5.000				
FURNITURE	03/18/2003	1,250.	100.000			1,250.	1,250.	1,250.	SL		5.000				
FURNITURE	03/28/2003	150.	100.000			150.	150.	150.	SL		5.000				
FURNITURE	04/03/2003	283.	100.000			283.	283.	283.	SL		5.000				
FURNITURE	04/15/2003	323.	100.000			323.	323.	323.	SL		5.000				
FURNITURE	05/05/2003	93.	100.000			93.	93.	93.	SL		5.000				
OFFICE EQUIPMENT	02/06/2004	364.	100.000			364.	365.	365.	SL	HY	3.000		3		
OFFICE EQUIPMENT	06/24/2004	500.	100.000			500.	500.	500.	SL		3.000				
TELEPHONE EQUIP	02/03/2004	925.	100.000			925.	924.	924.	SL	HY	3.000		3		
TELEPHONE EQUIP	02/26/2004	1,930.	100.000			1,930.	1,930.	1,930.	SL	HY	3.000		3		
FURNITURE	04/05/2004	2,716.	100.000			2,716.	2,716.	2,716.	SL	HY	5.000		5		
FURNITURE	04/30/2004	520.	100.000			520.	520.	520.	SL	HY	5.000		5		
FURNITURE	12/21/2004	652.	100.000			652.	651.	651.	SL	HY	5.000		5		
Less Retired Assets															
Subtotals															
Listed Property															
Less Retired Assets															
Subtotals															
TOTALS															
AMORTIZATION															
Asset description	Date placed in service	Cost or basis					Accumulated amortization	Ending Accumulated amortization	Code	Life					Current-year amortization
TOTALS															

Description of Property

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-thod	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
OFFICE EQUIPMENT	02/28/2005	915.	100.000			915.	915.	915.	SL	HY	3.000		3		
TELEPHONE EQUIP	04/19/2005	1,752.	100.000			1,752.	1,752.	1,752.	SL	HY	3.000		3		
FURNITURE	01/18/2005	380.	100.000			380.	342.	380.	SL	HY	5.000		5		38.
FURNITURE	02/23/2005	706.	100.000			706.	635.	706.	SL	HY	5.000		5		71.
TELEPHONE EQUIP	03/09/2006	658.	100.000			658.	658.	658.	SL		3.000				
FURNITURE	12/08/2006	1,354.	100.000			1,354.	948.	1,219.	SL		5.000				271.
FURNITURE	12/08/2006	1,555.	100.000			1,555.	1,089.	1,400.	SL		5.000				311.
FURNITURE	12/08/2006	1,705.	100.000			1,705.	1,193.	1,534.	SL		5.000				341.
FURNITURE	12/31/2006	756.	100.000			756.	529.	580.	SL		5.000				151.
FURNITURE	12/31/2006	773.	100.000			773.	542.	597.	SL		5.000				155.
FURNITURE	12/31/2006	400.	100.000			400.	280.	360.	SL		5.000				80.
LEASEHOLD IMPROV	09/29/2006	33,058.	100.000			33,058.	33,058.	33,058.	SL		3.000				
LEASEHOLD IMPROV	09/29/2006	33,058.	100.000			33,058.	33,058.	33,058.	SL		3.000				
LEASEHOLD IMPROV	10/13/2006	2,100.	100.000			2,100.	2,100.	2,100.	SL		3.000				
EQUIPMENT	02/12/2007	813.	100.000			813.	677.	813.	SL		3.000				136.
EQUIPMENT	04/19/2007	6,574.	100.000			6,574.	5,478.	6,574.	SL		3.000				1,096.
OFFICE EQUIPMENT	02/12/2007	962.	100.000			962.	802.	962.	SL		3.000				160.
OFFICE EQUIPMENT	04/17/2007	913.	100.000			913.	760.	913.	SL		3.000				153.
OFFICE EQUIPMENT	06/12/2007	3,481.	100.000			3,481.	2,900.	3,481.	SL		3.000				581.
Less Retired Assets															
Subtotals															

Listed Property

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
Less Retired Assets							
Subtotals							
TOTALS							

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
Less Retired Assets							
Subtotals							
TOTALS							

Description of Property

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation	
OFFICE EQUIPMENT	07/01/2008	688.	100.000			688.	344.	573.	SL		3.000				229.	
OFFICE EQUIPMENT	07/01/2008	1,656.	100.000			1,656.	828.	1,380.	SL		3.000				552.	
TELEPHONE EQUIPME	07/01/2008	7,505.	100.000			7,505.	3,753.	6,255.	SL		3.000				2,502.	
TELEPHONE EQUIPME	07/01/2008	5,893.	100.000			5,893.	2,946.	4,910.	SL		3.000				1,964.	
LEASEHOLD IMPROV	01/01/2008	12,300.	100.000			12,300.	6,200.	12,300.	SL		3.000				4,100.	
LEASEHOLD IMPROV	01/01/2008	680.	100.000			680.	454.	680.	SL		3.000				226.	
LEASEHOLD IMPROV	01/01/2008	1,075.	100.000			1,075.	716.	1,074.	SL		3.000				358.	
LEASEHOLD IMPROV	01/01/2008	2,400.	100.000			2,400.	1,600.	2,400.	SL		3.000				800.	
LEASEHOLD IMPROV	01/01/2008	1,050.	100.000			1,050.	701.	1,050.	SL		3.000				349.	
LEASEHOLD IMPROV	12/31/2008	1,755.	100.000			1,755.	1,170.	1,755.	SL		3.000				585.	
OFFICE EQUIPMENT	07/01/2009	5,511.	100.000			5,511.	919.	2,756.	SL		3.000				1,837.	
FURNITURE & FIXTUR	07/01/2009	2,696.	100.000			2,696.	272.	811.	SL	HY	5.000	5			539.	
OFFICE EQUIPMENT	07/01/2010	2,817.	100.000			2,817.		470.	SL		3.000				470.	
FURNITURE & FIXTUR	07/01/2010	848.	100.000			848.		85.	SL		5.000				85.	
LEASEHOLD IMPROV	01/01/2010	2,100.	100.000			2,100.		700.	SL		3.000				700.	
Less Retired Assets																
Subtotals		211,894.														

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
Less Retired Assets							
Subtotals							
TOTALS							

TRIBECA FILM INSTITUTE, INC.

EIN: 80-0006057

12/31/2010

FORM 990, PART IX- STATEMENT OF FUNCTIONAL EXPENSE- OTHER EXPENSE

<u>DESCRIPTION</u>	<u>TOTAL</u>	<u>PROGRAM SERVICES</u>	<u>MANAGEMENT AND GENERAL</u>	<u>FUNDRAISING</u>
POSTAGE AND SHIPPING	24,687	7,884	16,803	
VENUE RENTAL	36,173	36,173		
PROGRAM EVENTS	51,368	9,498		41,870
UTILITIES	479	72	407	
FILM FESTIVAL PROGRAMS	364,640	364,640		
CONTRACTED SERVICES	259,565	65,992	23,411	170,162
HOSPITALITY	63,115	63,115		
DUES & SUBSCRIPTIONS	7,130		7,130	
MEALS	29,965	8,244	776	20,945
MISCELLANEOUS	101,938	92,339	9,599	
TELEPHONE EXPENSE	16,406	2,461	13,945	
EQUIPMENT AND VEHICLE RENTAL	68,684	61,201	7,483	
PROFESSIONAL FEES	1,302	391	911	
SUPPLIES	19,811	8,727	11,084	
TOTALS	1,045,263	720,737	91,549	232,977

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

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

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

Electronic filing (e-file) You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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

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

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

Type or print	Name of exempt organization TRIBECA FILM INSTITUTE, INC.	Employer identification number 80-0006057
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P O. box, see instructions. C/O BERDON LLP, 360 MADISON AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10017	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ SANDY O'HEAREN, TRIBECA FILM
- Telephone No. ▶ 212 941-2427 FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for
 - ▶ calendar year 20 10 or
 - ▶ tax year beginning _____, 20 _____, and ending _____, 20 _____.
- 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

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

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

For Paperwork Reduction Act Notice, see Instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing your return. See instructions	Name of exempt organization TRIBECA FILM INSTITUTE, INC.	Employer identification number 80-0006057
	Number, street, and room or suite no. If a P O box, see instructions. C/O BERDON LLP, 360 MADISON AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10017	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **SANDY O'HEAREN, TRIBECA FILM**
Telephone No FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until 11/15, 2011.
- For calendar year 2010, or other tax year beginning 20, and ending 20.
- If the tax year entered in line 5 is for less than 12 months, check reason. Initial return Final return Change in accounting period
- State in detail why you need the extension ADDITIONAL TIME IS REQUIRED TO GATHER AND COMPILE INFORMATION, INCLUDING INFORMATION FROM THIRD PARTIES, NECESSARY TO PREPARE AND FILE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c \$ <u>NONE</u>

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title Date