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Return of Organization Exempt From Income Tax

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

2011

Department of the Treasury
Internal Revenue Service

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

Open to Public
Inspection

A For the 2011 calendar year, or tax year beginning May 1, 2011, and ending Apr 30, 2012

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization Catamount Film & Arts Company

Doing Business As

Number and street (or P O box if mail is not delivered to street add)

Room/suite

115 Eastern Avenue P.O. Box 324

City, town or country

State ZIP code + 4

Saint Johnsbury

VT 05819

F Name and address of principal officer

Jodi Fried PO Box 324 St Johnsbury VT 05819

D Employer Identification Number

03-0276780

E Telephone number

(802) 748-2600

G Gross receipts \$ 509,672.

H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) Are all affiliates included?
If 'No,' attach a list (see instructions) ☐ Yes ☒ NoI Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: N/A

H(c) Group exemption number

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of Formation 1975

M State of legal domicile VT

Part I Summary

1 Briefly describe the organization's mission or most significant activities. <u>Promotion of film and arts</u>	
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)	22
4 Number of independent voting members of the governing body (Part VI, line 1b)	22
5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	
6 Total number of volunteers (estimate if necessary)	50
7a Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b Net unrelated business taxable income from Form 990-T, line 34	
8 Contributions and grants (Part VIII, line 1h)	Prior Year 132,031. Current Year 259,651.
9 Program service revenue (Part VIII, line 2g)	147,306. 171,695.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,001. 3,258.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	79,727. 56,110.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	365,065. 490,714.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	167,100. 207,786.
16a Professional fundraising fees (Part IX, column (A), line 11e)	
b Total fundraising expenses (Part IX, column (D), line 25)	97,714.
17 Other expenses (Part IX, column (A), lines 11e-14e)	339,589. 357,503.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	506,689. 565,289.
19 Revenue less expenses. Subtract line 18 from line 12	-141,624. -74,575.
20 Total assets (Part X, line 16)	Beginning of Current Year 1,404,149. End of Year 1,417,288.
21 Total liabilities (Part X, line 26)	828,292. 913,051.
22 Net assets or fund balances Subtract line 21 from line 20	575,857. 504,237.

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	Date			
	Jodi Fried Type or print name and title	11/20/2012			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Lee A. White CPA, PFS, CFP	Lee A. White CPA	10/01/12		P00750923
	Firm's name	WHITE & ASSOCIATES			
	Firm's address	86 SUMMER STREET BARRE VT 05641			
				Firm's EIN	04-3366373
				Phone no	(802) 476-6191

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 07/05/11

Form 990 (2011)

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SCANNED DEC 27 2012

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:

Promotion of film and arts

- 2**
- Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

- 3**
- Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

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

- 4**
- Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 95,981. including grants of \$ 0.) (Revenue \$ 61,285.)Perf. Series - Major local presentations of music, theatre, dance & live performances. Approx. 15,000 benefited.**4b** (Code _____) (Expenses \$ 145,073. including grants of \$ 0.) (Revenue \$ 65,661.)Film Series - Film presentations, 52 titles per year, 1 show nightly, winter matinees. Approx. 4500 benefited.**4c** (Code _____) (Expenses \$ 19,439. including grants of \$ 0.) (Revenue \$ 8,844.)Education Program - Residences in schools, live performances. Approx. 1500 benefited.

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

(Expenses \$ 144,163. including grants of \$ 0.) (Revenue \$ 110,973.)**4e** Total program service expenses **▶** 404,656.

Part IV Checklist of Required Schedules

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

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
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and 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
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a 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
25b 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III</i>		X
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)		
28a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
28c 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
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b 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>		X
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	

BAA

Form 990 (2011)

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

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

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

☒**Section A. Governing Body and Management**

	Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	22	
b Enter the number of voting members included in line 1a, above, who are independent	22	
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?		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?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?	X	
7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director or 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		X

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

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

Section C. Disclosure

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

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 ☒ 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 during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
Jody Fried 115 Eastern Avenue St. Johnsbury, VT 05819 (802) 748-2600

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <u>Jody Fried</u> <u>Ex Dir</u>	40.00			X	X			53,287.	0.	0.
(2) _____										
(3) _____										
(4) _____										
(5) _____										
(6) _____										
(7) _____										
(8) _____										
(9) _____										
(10) _____										
(11) _____										
(12) _____										
(13) _____										
(14) _____										

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) _____										
(16) _____										
(17) _____										
(18) _____										
(19) _____										
(20) _____										
(21) _____										
(22) _____										
(23) _____										
(24) _____										
(25) _____										
1 b Sub-total								53,287.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								53,287.	0.	0.

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

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

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

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

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

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

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

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

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 92,235.				
	b Membership dues	1b 36,724.				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 43,658.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 87,034.				
	g Noncash contributions included in lns 1a-1f \$					
	h Total. Add lines 1a-1f		259,651.			
PROGRAM SERVICE REVENUE	Business Code					
	2a Performance Series	711190	61,285.	61,285.	0.	0.
	b Film Series	711190	65,661.	65,661.	0.	0.
	c Education Prog Rev	711190	8,844.	8,844.	0.	0.
	d Gallery Income	711190	1,694.	1,694.	0.	0.
	e Visual Arts	711190	1,450.	1,450.	0.	0.
	f All other program service revenue		32,761.	32,761.	0.	0.
	g Total. Add lines 2a-2f		171,695.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		1,707.	0.	0.	1,707.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real (ii) Personal				
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)		1,551.	0.	0.	1,551.
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a 75,068.				
	b Less direct expenses	b 18,958.				
	c Net income or (loss) from fundraising events		56,110.		0.	56,110.
	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					
	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					
Miscellaneous Revenue Business Code						
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		490,714.	171,695.	0.	59,368.	

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	53,287.	34,859.	2,775.	15,653.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	128,877.	84,314.	6,704.	37,859.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	10,316.	4,564.	1,240.	4,512.
10 Payroll taxes	15,306.	10,073.	762.	4,471.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	2,000.	0.	2,000.	0.
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	32,748.	31,600.	0.	1,148.
13 Office expenses	14,297.	6,570.	6,241.	1,486.
14 Information technology	3,241.	2,626.	0.	615.
15 Royalties				
16 Occupancy	3,760.	3,328.	288.	144.
17 Travel	1,676.	1,305.	0.	371.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	29,948.	0.	29,948.	0.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	73,245.	58,124.	7,560.	7,561.
23 Insurance	5,046.	3,566.	1,318.	162.
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Artist/Teacher Fees	19,368.	19,368.	0.	0.
b Dues & Subscriptions	912.	665.	82.	165.
c Equipment Rental	9,058.	9,058.	0.	0.
d Exhibition Fees	14,689.	14,689.	0.	0.
e All other expenses	147,515.	119,947.	4,001.	23,567.
25 Total functional expenses Add lines 1 through 24e	565,289.	404,656.	62,919.	97,714.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing	935.	1	1,851.
	2 Savings and temporary cash investments	7,969.	2	11,491.
	3 Pledges and grants receivable, net	26,047.	3	85,026.
	4 Accounts receivable, net	35.	4	1,973.
	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	540.	9	1,240.
	10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a 1,691,969.		
	b Less accumulated depreciation	10b 448,574.	1,292,609.	10c 1,243,395.
	11 Investments — publicly traded securities	76,014.	11	72,312.
	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		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		1,404,149.	16	1,417,288.
LIABILITIES	17 Accounts payable and accrued expenses	43,071.	17	61,129.
	18 Grants payable		18	
	19 Deferred revenue	23,338.	19	20,124.
	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		22	
	23 Secured mortgages and notes payable to unrelated third parties	761,883.	23	831,798.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		828,292.	26
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	465,827.	27	335,408.
	28 Temporarily restricted net assets	110,030.	28	168,829.
	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	575,857.	33	504,237.
	34 Total liabilities and net assets/fund balances		1,404,149.	34

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Form 990 (2011)

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	490,714.
2	Total expenses (must equal Part IX, column (A), line 25)	2	565,289.
3	Revenue less expenses. Subtract line 2 from line 1	3	-74,575.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	575,857.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	2,955.
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	504,237.

Part XII Financial Statements and Reporting

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

☐

- 1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O

- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?

- b Were the organization's financial statements audited by an independent accountant?

- c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

- 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

☒ Separate basis ☐ Consolidated basis ☐ 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?

- b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

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Form 990 (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

Catamount Film & Arts Company

Employer identification number

03-0276780

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 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 is a Type I, Type II or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (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 column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2011

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	312,824.	375,618.	570,843.	359,064.	487,456.	2,105,805.
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	312,824.	375,618.	570,843.	359,064.	487,456.	2,105,805.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						2,105,805.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	312,824.	375,618.	570,843.	359,064.	487,456.	2,105,805.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,445.	-7,802.	3,537.	6,001.	3,258.	8,439.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						2,114,244.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	99.60 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	99.24 %
16a 33-1/3% support test — 2011. If the organization did not check the box on line 13, and the 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 — 2010. 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 — 2011. 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 — 2010. 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"/>		

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Schedule A (Form 990 or 990-EZ) 2011

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 yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33-1/3% support tests – 2011. 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 – 2010. 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; and Part III, line 12. Also complete this part for any additional information.
(See instructions).

Form 990 p 7: Part VII Compensation of Officers etc.

**Smart Worksheet for Officers, Directors, Trustees, Key Employees and
Highest Compensated Employees**

Note: Enter all the information below for Part VII, Section A. The first 14 entries will be placed on the appropriate lines on page 7. The next 10 entries will be placed on the appropriate lines on page 8. If more than 25 items are entered, the remainder will be placed on continuation sheets for Part VII.

(A) Name and Title	Ck if B u s i n e s s	(B) Avg hrs/wk (desc hrs for related orgs in Sch O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compn from the organi- zation (W-2/ 1099-MISC)	(E)	(F) Est amt of oth compn from org and related orgs
			C1 - Indiv trustee or dir C2 - Institutional trustee C3 - Officer C4 - Key employee C5 - Highest compensated employee C6 - Former									
			C1	C2	C3	C4	C5	C6		Reportable compn from related orgs (W-2/1099-MISC)		
(1) <u>Jody Fried</u> <u>Ex Dir</u>	<input type="checkbox"/>	40.00	<input type="checkbox"/>	<input type="checkbox"/>	X	X	<input type="checkbox"/>	<input type="checkbox"/>	53,287.	0.	0.	
(2) _____	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
(3) _____	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
(4) _____	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
(5) _____	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
(6) _____	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
(7) _____	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
(8) _____	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
(9) _____	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
(10) _____	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

Employer identification number

Catamount Film & Arts Company

03-0276780

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

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

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

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

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

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

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

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

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

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

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

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

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

9 In Part 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.

1 a 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

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

	Amount
1 c	
1 d	
1 e	
1 f	

2 a 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 the organization answered 'Yes' to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a 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 current year end balance (line 1g, column (a)) held as

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

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

3 a 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

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

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

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 property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings		1,274,121.	115,706.	1,158,415.
c Leasehold improvements				
d Equipment		319,255.	257,594.	61,661.
e Other		98,593.	75,274.	23,319.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶ 1,243,395.

BAA

Schedule D (Form 990) 2011

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, column (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, column (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, column (B), line 15.) ▶	

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total (Column (b) must equal Form 990, Part X, column (B) line 25.) ▶	

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)

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

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

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

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.

Pärt XIV Supplemental Information (continued)

This image shows a full page of white paper designed for handwriting practice. It features 20 evenly spaced, horizontal dashed lines that run across the entire width of the page. The lines are thin and black, providing a guide for letter height and placement. There are no margins, text, or other markings on the page.

Department of the Treasury
Internal Revenue Service

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

2011

Open to Public Inspection

Name of the organization

Catamount Film & Arts Company

Employer identification number

03-0276780

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 column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Total

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

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

Schedule G (Form 990 or 990-EZ) 2011

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 <u>Auction</u> (event type)	(b) Event #2 <u>Raffle</u> (event type)	(c) Other events <u>OTHER</u> (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1 Gross receipts	33,096.	33,150.	8,822.	75,068.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	33,096.	33,150.	8,822.	75,068.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes		18,958.		18,958.
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d)				18,958.
11 Net income summary Combine line 3, column (d), and line 10				56,110.	

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 column (a) through column (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 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 _____

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

b If 'Yes,' explain _____

- | | | | |
|----|---|------------------------------|-----------------------------|
| 11 | Does the organization operate gaming activities with nonmembers? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- 13** Indicate the percentage of gaming activity operated in

a The organization's facility

b An outside facility

13a	8
-----	---

13b	
-----	--

- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶

- 15a** Does the organization have a contact 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 explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Noncash Contributions

- **Complete if the organizations answered 'Yes'**
on Form 990, Part IV, lines 29 or 30.
► **Attach to Form 990.**

OMB No 1545-0047

2011

Open To Public
Inspection

Employer identification number

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	1	0.	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If 'Yes,' describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Yes No

30a		
31		
32a		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

Catamount Film & Arts Company

Employer identification number

03-0276780

Pt VI, Line 6 The organization has members.

Pt VI, Line 7a Yes, the stockholders elect the governing board.

Pt VI, Line 7b Decisions of the governing body is subject to approval by members.

Pt VI, Line 11a The accountant prepares the 990 and gives a copy to the governing body to review.
After they review the 990 they sign it and mail it in.

Pt VI, Line 12c Any conflicts are noted at each meeting and dealt with at that time.

Pt VI, Line 15 The organization uses comparability data along with comparing local area
organizations compensation to make their determination.

Pt VI, Line 19 They are available to anyone who requests them.

Schedule O (Form 990), Supplemental Information to Form 990

Form 990, Page 2, Part III, Line 4d (continued)

Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 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.

Code	Description:	<u>Gallery Income (Expense = 34,535) (Income = 1,694)</u>
Expenses	<u>144,163.</u>	<u>Visual Arts (Expense = 15,807) (Income = 1,450)</u>
Grants Of	<u>0.</u>	<u>Special Events (Expense = 31,221) (Income = 75,068)</u>
Revenue	<u>110,973.</u>	<u>20/20 Vision (Expense = 6,375) (Income = 0)</u>
		<u>Ticketing (Expense = 56,225) (Income = 32,761)</u>

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545 0172

2011Attachment
Sequence No **179**

Name(s) shown on return

Catamount Film & Arts Company

Business or activity to which this form relates

Form 990 / Form 990EZ

Identifying number

03-0276780**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	7.

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

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	68,431.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B – Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		24,030.	5.0 yrs	MQ	200 DB	4,807.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C – Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations — see instructions	22	73,245.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

BAA For Paperwork Reduction Act Notice, see separate instructions.

FDZ0812 05/20/11

Form 4562 (2011)

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?					Yes <input type="checkbox"/> No <input type="checkbox"/>		24b If 'Yes,' is the evidence written?			Yes <input type="checkbox"/> No <input type="checkbox"/>	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)								25			
26 Property used more than 50% in a qualified business use											
27 Property used 50% or less in a qualified business use											
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1									28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1									29		

Section B – Information on Use of Vehicles

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

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

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

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

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year (see instructions)					
43 Amortization of costs that began before your 2011 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report.					44

Catamount Film & Arts Company

Depreciation Schedule by G/L Account Number

For the 12 Months Ended 04/30/12

08/01/12
09 59AM

Asset No	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 05/01/11	Current Depreciation	Accum Depr 04/30/12
1450 BUILDING									
217	BUILDING	10/01/08	SL REAL	39/00	N	1,274,121 30	83,035 69	32,669 78	115,705 47
	Total for (BUILDING)					1,274,121 30	83,035 69	32,669 78	115,705 47
1560 Loan Closing Costs									
262	Appraisal For Mortgage	03/05/12	200% DB	05/00	N	1,500 00	0 00	300 00	300 00
	Total for (Loan Closing Costs)					1,500 00	0 00	300 00	300 00
1600 EQUIPMENT									
6	OTHER ASSETS VARIOUS ITEMS	09/30/98	200% DB	05/00	N	32,875 00	32,875 00	0 00	32,875 00
7	DELL MONITOR	10/01/00	200% DB	05/00	N	742 00	645 74	0 00	645 74
8	EPSON SCANNER	10/01/00	200% DB	05/00	N	400 00	349 04	0 00	349 04
9	HP LASERJET 2200M	10/01/00	200% DB	05/00	N	750 00	654 20	0 00	654 20
10	COMPAQ 5WV254 5000 SERIES (10/01/00	200% DB	05/00	N	800 00	698 08	0 00	698 08
11	COMPAQ MV540 MONITOR & KE	10/01/00	200% DB	05/00	N	200 00	174 52	0 00	174 52
12	BROTHER INTELLIFAX 770	10/01/00	200% DB	05/00	N	100 00	87 76	0 00	87 76
13	APC OFFICE 280 SURGE SUPRE	10/01/00	200% DB	05/00	N	50 00	43 88	0 00	43 88
14	DELL DIMENSION COMPUTER	10/01/00	200% DB	05/00	N	1,696 00	1,479 69	0 00	1,479 69
15	COMPUTER SCANNER STAPLES	10/28/01	200% DB	05/00	N	130 00	130 00	0 00	130 00
16	COMPUTER REG DELL	11/07/01	200% DB	05/00	N	2,552 00	2,552 00	0 00	2,552 00
17	SNOWBLOWER - ST J HARDWA	11/16/01	200% DB	05/00	N	350 00	349 48	0 00	349 48
18	SCANNER STAPLES	11/16/01	200% DB	05/00	N	130 00	130 00	0 00	130 00
19	SOFTWARE BOX OFFICE MARTE	12/14/01	200% DB	05/00	N	1,995 00	1,822 66	0 00	1,822 66
20	COMPUTER STAPLES	12/15/01	200% DB	05/00	N	915 00	915 00	0 00	915 00
21	TELEPHONE	01/11/02	200% DB	05/00	N	52 00	52 00	0 00	52 00
22	SOFTWARE STAPLES	01/18/02	200% DB	05/00	N	200 00	190 60	0 00	190 60
23	NETWORKING STAPLES	01/26/02	200% DB	05/00	N	125 00	125 00	0 00	125 00
24	BOX OFFICE PRINTER	02/22/02	200% DB	05/00	N	60 00	60 00	0 00	60 00
25	FOLDING TABLE	03/19/02	200% DB	05/00	N	31 00	31 00	0 00	31 00
26	CDRW DRIVE	03/24/02	200% DB	05/00	N	236 00	236 00	0 00	236 00
27	COMPUTER EQUIPMENT	03/29/02	200% DB	05/00	N	294 00	294 00	0 00	294 00
28	PRINTER	07/26/02	200% DB	05/00	N	370 00	369 56	0 00	369 56
29	HP LJ1200	10/13/02	200% DB	05/00	N	470 00	469 36	0 00	469 36
30	PRINTER BRYAN	11/21/02	200% DB	05/00	N	299 00	299 00	0 00	299 00
31	NETWORK EQUIPMENT	11/21/02	200% DB	05/00	N	250 00	250 00	0 00	250 00
32	MICRON COMPUTER SYSTEM	11/25/02	200% DB	05/00	N	1,051 00	1,050 69	0 00	1,050 69
33	DIGITAL CAMERA	12/13/02	200% DB	05/00	N	600 00	599 80	0 00	599 80
34	AIR CONDITIONER	06/13/03	200% DB	05/00	N	330 00	330 00	0 00	330 00
35	HP DESKJET 1220CSE	08/21/03	200% DB	05/00	N	420 00	419 60	0 00	419 60
36	DVD PLAYER	10/31/03	200% DB	05/00	N	89 00	88 72	0 00	88 72
37	MBNA COMPUTER SUPP	11/07/03	200% DB	05/00	N	177 00	176 96	0 00	176 96
38	SOFTWARE	11/14/03	200% DB	05/00	N	141 00	117 81	0 00	117 81
39	SOFTWARE UNION BANK	11/14/03	200% DB	05/00	N	347 00	290 55	0 00	290 55
40	COMPUTER EQUIPMENT- STAPL	11/21/03	200% DB	05/00	N	328 00	328 00	0 00	328 00
41	BOOKCASES	11/21/03	200% DB	05/00	N	240 00	222 02	0 00	222 02
42	SOFTWARE WINDOWS XP PRO	11/24/03	200% DB	05/00	N	283 00	237 14	0 00	237 14
43	SOFTWARE	12/05/03	200% DB	05/00	N	143 00	117 88	0 00	117 88

Catamount Film & Arts Company
Depreciation Schedule by G/L Account Number
For the 12 Months Ended 04/30/12

08/01/12

09:59AM

Asset No	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 05/01/11	Current Depreciation	Accum Depr 04/30/12
1600 EQUIPMENT									
44	SOFTWARE MBNA	12/09/03	200% DB	05/00	N	172 00	140 47	0 00	140 47
45	SOFTWARE UPGRADE	12/19/03	200% DB	05/00	N	160 00	131 02	0 00	131 02
46	WINDOWS XP UPGRADE	12/21/03	200% DB	05/00	N	180 00	147 76	0 00	147 76
47	COMPUTER EQ-40G EXTERNAL	12/21/03	200% DB	05/00	N	170 00	169 60	0 00	169 60
48	WIRELESS RADIO SHACK	12/26/03	200% DB	10/00	N	167 00	148 08	7 13	155 21
49	SOFTWARE	01/02/04	200% DB	05/00	N	31 00	31 00	0 00	31 00
50	SOFTWARE MBNA	01/09/04	200% DB	05/00	N	419 00	419 00	0 00	419 00
51	COMPUTER MBNA	01/09/04	200% DB	05/00	N	830 00	830 00	0 00	830 00
52	SOFTWARE	01/09/04	200% DB	05/00	N	143 00	143 00	0 00	143 00
53	CALCULATOR	02/21/04	200% DB	05/00	N	78 00	78 00	0 00	78 00
54	BATTERY BACKUP	02/21/04	200% DB	05/00	N	60 00	60 00	0 00	60 00
55	SOFTWARE MBNA	03/09/04	200% DB	05/00	N	131 00	131 00	0 00	131 00
56	VACUUM CLEANER	11/09/04	200% DB	05/00	N	217 00	216 60	0 00	216 60
57	HP LJ 2300 PRINTER	12/03/04	200% DB	05/00	N	485 00	485 00	0 00	485 00
58	725VA UPS	12/03/04	200% DB	05/00	N	70 00	70 00	0 00	70 00
59	COMPUTER MEMORY	04/11/05	200% DB	05/00	N	204 00	204 00	0 00	204 00
60	DVD BURNER	04/21/05	200% DB	05/00	N	120 00	120 00	0 00	120 00
67	HP LASERJET 1160	05/20/05	200% DB	05/00	N	349 78	349 78	0 00	349 78
68	SONY DVD	05/20/05	200% DB	05/00	N	129 98	129 98	0 00	129 98
69	CANON SCANNER	06/22/05	200% DB	05/00	N	79 98	79 98	0 00	79 98
70	MBNA	07/11/05	200% DB	05/00	N	127 19	127 19	0 00	127 19
71	HP PRINTER	08/23/05	200% DB	05/00	N	299 98	299 98	0 00	299 98
72	FUNDRAISING SOFTWARE	09/19/05	200% DB	05/00	N	505 00	505 00	0 00	505 00
73	FAX MACHINE	11/21/05	200% DB	05/00	N	179 98	179 98	0 00	179 98
74	1GB CRUZER	11/25/05	200% DB	05/00	N	73 19	73 19	0 00	73 19
75	SOFTWARE	12/09/05	200% DB	05/00	N	479 90	479 90	0 00	479 90
76	MAXTOR 200G EXTERNAL	02/21/06	200% DB	05/00	N	139 94	139 94	0 00	139 94
77	HP 8450 PRINTER	11/10/06	200% DB	05/00	N	129 99	122 50	7 49	129 99
78	VACUUM CLEANER	11/25/06	200% DB	05/00	N	130 00	122 51	7 49	130 00
79	DELL DIM E521 COMPUTER	12/01/06	200% DB	05/00	N	469 98	442 91	27 07	469 98
80	SANYO PLV-Z5 HDTV PROJECTOR	12/20/06	200% DB	05/00	N	1,597 97	1,505 93	92 04	1,597 97
81	HP 1020 PRINTER	12/21/06	200% DB	05/00	N	137 78	129 84	7 94	137 78
82	MAXTOR 300G INTERNAL	12/21/06	200% DB	05/00	N	139 98	131 92	8 06	139 98
83	PNY MEMORY	12/21/06	200% DB	05/00	N	74 96	70 64	4 32	74 96
84	COMPUTER HARDWARE	02/12/07	200% DB	05/00	N	153 00	144 19	8 81	153 00
87	Software - Bank of America	03/09/08	200% DB	05/00	N	158 70	131 27	18 29	149 56
88	Theater Seating - Irwin Seating Co	04/09/08	200% DB	05/00	N	9,565 35	7,912 46	1,101 93	9,014 39
89	Bank of America Software	04/09/08	200% DB	05/00	N	31 94	26 42	3 68	30 10
91	SOFTWARE	05/09/08	200% DB	05/00	N	179 91	128 09	20 73	148 82
92	THEATER SEATING	05/10/08	200% DB	05/00	N	9,565 35	6,810 53	1,101 93	7,912 46
93	FURNITURE	05/22/08	200% DB	05/00	N	7,747 00	5,515 86	892 46	6,408 32
94	THEATER SEATING	06/05/08	200% DB	05/00	N	9,375 30	6,675 22	1,080 03	7,755 25
95	PRINTER & CARTRIDGE	06/09/08	200% DB	05/00	N	291 10	207 26	33 54	240 80
199	EASTERN CINEMA SUP	06/09/08	200% DB	05/00	N	49,347 50	35,135 42	5,684 83	40,820 25

Catamount Film & Arts Company
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For the 12 Months Ended 04/30/12

08/01/12
09 59AM

Asset No	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 05/01/11	Current Depreciation	Accum Depr 04/30/12
1600 EQUIPMENT									
96	MASONIC	06/20/08	200% DB	05/00	N	129 98	92 55	14 97	107 52
100	COMPUTER SERVER	07/05/08	200% DB	05/00	N	17,028 00	12,123 94	1,961 62	14,085 56
101	TABLE	07/09/08	200% DB	05/00	N	348 25	247 95	40 12	288 07
102	SOFTWARE	07/09/08	200% DB	05/00	N	120 90	86 08	13 93	100 01
103	SOFTWARE	07/17/08	200% DB	05/00	N	24 00	17 09	2 76	19 85
104	COMPUTER EQUIPMENT	07/18/08	200% DB	05/00	N	398 00	283 38	45 85	329 23
105	COMPUTER EQUIPMENT	07/19/08	200% DB	05/00	N	3,556 00	2,531 87	409 65	2,941 52
106	HEWETT PACKARD	07/21/08	200% DB	05/00	N	2,095 00	1,491 64	241 34	1,732 98
107	MASONIC	07/23/08	200% DB	05/00	N	142 95	101 78	16 47	118 25
108	CABINETS	07/23/08	200% DB	05/00	N	2,791 00	1,987 19	321 52	2,308 71
109	BAR STOOLS	07/24/08	200% DB	05/00	N	580 00	412 96	66 82	479 78
110	EQUIPMENT	07/25/08	200% DB	05/00	N	316 40	225 28	36 45	261 73
111	BATHROOM PARTITIONS	07/25/08	200% DB	05/00	N	1,500 00	1,068 00	172 80	1,240 80
112	SOFTWARE	07/28/08	200% DB	05/00	N	296 10	210 82	34 11	244 93
113	EQUIPMENT	07/29/08	200% DB	05/00	N	519 36	369 79	59 83	429 62
114	EQUIPMENT	07/31/08	200% DB	05/00	N	663 26	472 24	76 41	548 65
115	KAHR'S ACTIVITY FLOOR	07/31/08	200% DB	05/00	N	10,455 50	7,444 32	1,204 47	8,648 79
116	EQUIPMENT	08/01/08	200% DB	05/00	N	247 99	176 57	28 57	205 14
200	PROJECTION/EQUIPMENT	08/07/08	200% DB	05/00	N	9,735 45	6,931 64	1,121 52	8,053 16
117	FRAMES-STARGATE CINEMA	08/09/08	200% DB	05/00	N	489 94	348 84	56 44	405 28
118	SOFTWARE	08/09/08	200% DB	05/00	N	45 96	32 72	5 30	38 02
119	PLAQUES-DINN BROS	08/09/08	200% DB	05/00	N	57 00	40 58	6 57	47 15
120	HUSKY ACTIVITY TABLE	08/11/08	200% DB	05/00	N	275 25	195 98	31 71	227 69
121	AMPLIFIED PODIUM	08/21/08	200% DB	05/00	N	675 00	480 60	77 76	558 36
122	MASONIC	08/21/08	200% DB	05/00	N	245 87	175 06	28 32	203 38
201	SOUND SYSTEM	08/21/08	200% DB	05/00	N	9,066 83	6,455 58	1,044 50	7,500 08
123	CABLES, ETC	08/22/08	200% DB	05/00	N	317 78	226 26	36 61	262 87
124	ATLAS CHAIRS & TABLES	08/22/08	200% DB	05/00	N	3,381 00	2,407 27	389 49	2,796 76
125	2 BLU-RAY DISC PLAYERS	08/25/08	200% DB	05/00	N	1,243 72	885 53	143 28	1,028 81
126	NETWORK INSTALLATION	08/27/08	200% DB	05/00	N	1,999 50	1,423 64	230 34	1,653 98
202	HDTV	08/27/08	200% DB	05/00	N	2,492 99	1,775 01	287 19	2,062 20
127	VACUUM	08/28/08	200% DB	05/00	N	389 91	277 61	44 92	322 53
128	PLAQUES	08/28/08	200% DB	05/00	N	170 92	121 70	19 69	141 39
129	6 COPPER DRAWER	08/28/08	200% DB	05/00	N	71 38	50 82	8 22	59 04
130	BEVERAGE CENTER/REFRIGER	08/28/08	200% DB	05/00	N	968 00	689 22	111 51	800 73
131	ARMCHAIR/LOVESEAT	08/28/08	200% DB	05/00	N	3,720 00	2,648 64	428 54	3,077 18
132	PLAQUES	08/28/08	200% DB	05/00	N	552 90	393 67	63 69	457 36
133	EQUIPMENT	08/28/08	200% DB	05/00	N	64 93	46 23	7 48	53 71
134	TOSHIBA UPCONV	08/28/08	200% DB	05/00	N	184 07	131 05	21 21	152 26
135	POPCORN MACHINE	08/28/08	200% DB	05/00	N	970 50	691 00	111 80	802 80
136	SCREEN	08/28/08	200% DB	05/00	N	109 99	78 32	12 67	90 99
137	2 TABLE DRYING RACKS	08/29/08	200% DB	05/00	N	381 88	271 90	43 99	315 89
138	COPIER	08/29/08	200% DB	05/00	N	9,935 00	7,073 72	1,144 51	8,218 23
139	CABINETS	08/31/08	200% DB	05/00	N	1,025 00	729 80	118 08	847 88

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Depreciation Schedule by G/L Account Number
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08/01/12
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Asset No	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 05/01/11	Current Depreciation	Accum Depr 04/30/12
1600 EQUIPMENT									
140	CONFERENCE TABLES	08/31/08	200% DB	05/00	N	1,301 00	926 31	149 88	1,076 19
141	DVD PLAYER	09/01/08	200% DB	05/00	N	574 00	408 69	66 12	474 81
142	SIGN LETTERS	09/02/08	200% DB	05/00	N	895 42	637 54	103 15	740 69
143	PIANO TROLLEY	09/04/08	200% DB	05/00	N	571 43	406 86	65 83	472 69
144	SHARP IMAGER COPIER	09/04/08	200% DB	05/00	N	800 00	569 60	92 16	661 76
145	USED CASH REGISTER	09/05/08	200% DB	05/00	N	50 00	35 60	5 76	41 36
203	CABLES-MOVIE THEATER	09/05/08	200% DB	05/00	N	150 44	107 11	17 33	124 44
146	SMALL EQUIPMENT	09/08/08	200% DB	05/00	N	35 02	24 93	4 04	28 97
147	SIGNS	09/09/08	200% DB	05/00	N	100 00	71 20	11 52	82 72
148	BUTTER MACHINE	09/09/08	200% DB	05/00	N	329 54	234 63	37 96	272 59
149	PHONE EQUIPMENT	09/12/08	200% DB	05/00	N	3,495 00	2,488 44	402 62	2,891 06
150	CALCULATOR	09/13/08	200% DB	05/00	N	41 99	29 90	4 84	34 74
151	8/1 DEHUMIDIFIER	09/15/08	200% DB	05/00	N	71 54	50 94	8 24	59 18
152	PLEXI	09/18/08	200% DB	05/00	N	62 40	44 43	7 19	51 62
204	EASTERN CINEMA SUP	09/19/08	200% DB	05/00	N	7,337 68	5,224 43	845 30	6,069 73
153	APPLICANCES	09/22/08	200% DB	05/00	N	2,716 44	1,934 11	312 93	2,247 04
154	PHONE EQUIPMENT	09/22/08	200% DB	05/00	N	670 00	477 04	77 18	554 22
155	SMALL REFRIGERATOR	09/22/08	200% DB	05/00	N	99 99	71 20	11 52	82 72
156	BOOKCASES, CARTS	09/22/08	200% DB	05/00	N	361 96	257 72	41 70	299 42
157	TELEPHONE EQUIPMENT	09/23/08	200% DB	05/00	N	782 50	557 14	90 14	647 28
158	CABINET	09/24/08	200% DB	05/00	N	122 00	86 86	14 06	100 92
159	MIRRORS	09/25/08	200% DB	05/00	N	440 67	313 76	50 76	364 52
160	TABLES	09/30/08	200% DB	05/00	N	500 00	356 00	57 60	413 60
161	VIDEO CAMERA SOFTWARE	09/30/08	200% DB	05/00	N	350 00	249 20	40 32	289 52
162	PHONE EQUIPMENT	09/30/08	200% DB	05/00	N	60 00	42 72	6 91	49 63
163	SOFTWARE	10/01/08	200% DB	05/00	N	299 95	213 56	34 56	248 12
164	DVD POLY SLEEVE, CABLES	10/01/08	200% DB	05/00	N	234 10	166 68	26 97	193 65
165	NETWORK EQUIPMENT	10/03/08	200% DB	05/00	N	2,195 55	1,563 23	252 93	1,816 16
166	REMOTE CONTROL	10/04/08	200% DB	05/00	N	37 09	26 41	4 27	30 68
167	SIGNS/LETTERS	10/04/08	200% DB	05/00	N	311 32	221 66	35 86	257 52
168	CURTAINS-PERFORMANCE	10/04/08	200% DB	05/00	N	100 00	71 20	11 52	82 72
169	SIGN WORK	10/06/08	200% DB	05/00	N	522 00	371 66	60 14	431 80
170	STAPLES	10/08/08	200% DB	05/00	N	154 94	110 32	17 85	128 17
171	SHREDDER	10/09/08	200% DB	05/00	N	129 99	92 56	14 97	107 53
172	DISPLAY RACK	10/09/08	200% DB	05/00	N	209 32	149 03	24 12	173 15
173	SIGN WORK	10/15/08	200% DB	05/00	N	1,497 40	1,066 15	172 50	1,238 65
174	FIRE EXTINGUISHER	10/16/08	200% DB	05/00	N	61 68	43 92	7 10	51 02
175	FIXTURES	10/29/08	200% DB	05/00	N	7,179 50	5,111 80	827 08	5,938 88
176	CABLES	11/09/08	200% DB	05/00	N	91 54	65 18	10 54	75 72
177	TABLES	11/09/08	200% DB	05/00	N	1,242 00	884 30	143 08	1,027 38
178	SWEETWATER SOUND	11/09/08	200% DB	05/00	N	74 85	53 29	8 62	61 91
179	SHELVES	11/09/08	200% DB	05/00	N	92 40	65 79	10 64	76 43
180	SOFTWARE	11/09/08	200% DB	05/00	N	36 95	26 31	4 26	30 57
181	DIAPER DEPOT	11/09/08	200% DB	05/00	N	220 64	157 09	25 42	182 51

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09.59AM

Asset No	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 05/01/11	Current Depreciation	Accum Depr 04/30/12
1600 EQUIPMENT									
182	LAMINATOR	11/21/08	200% DB	05/00	N	217 28	154 71	25 03	179 74
183	MELAMINE FLDG	11/21/08	200% DB	05/00	N	190 76	135 82	21 98	157 80
184	SNOWBLOWER	11/25/08	200% DB	05/00	N	361 98	257 73	41 70	299 43
185	STEPLADDER	11/25/08	200% DB	05/00	N	134 99	96 12	15 55	111 67
186	TABLE	11/30/08	200% DB	05/00	N	410 00	291 92	47 23	339 15
187	SIGN	12/09/08	200% DB	05/00	N	315 82	224 86	36 38	261 24
188	EXTENSION CORD	12/25/08	200% DB	05/00	N	59 99	42 72	6 91	49 63
205	SOFTWARE	01/09/09	200% DB	05/00	N	458 00	326 10	52 76	378 86
189	MICROSOFT WIRELESS LASER	01/22/09	200% DB	05/00	N	89 99	64 08	10 36	74 44
190	OMNITECH MP3 PLAYER	01/22/09	200% DB	05/00	N	29 99	21 36	3 45	24 81
191	PHONE EQUIPMENT	01/22/09	200% DB	05/00	N	190 00	135 28	21 89	157 17
206	SOFTWARE-WINDOWS XP PRO	01/23/09	200% DB	05/00	N	135 00	96 12	15 55	111 67
207	SOFTWARE	01/30/09	200% DB	05/00	N	43 94	31 29	5 06	36 35
208	COMPUTER TOOL KIT	02/06/09	200% DB	05/00	N	104 80	74 62	12 07	86 69
192	TUNING KIT - PIANO	02/09/09	200% DB	05/00	N	75 88	54 03	8 74	62 77
193	INTEL PROGRAM	02/09/09	200% DB	05/00	N	302 98	215 72	34 90	250 62
194	BFG GE	02/09/09	200% DB	05/00	N	332 89	237 02	38 35	275 37
195	J&R MUSIC-X3 1000 WATT	02/09/09	200% DB	05/00	N	200 32	142 62	23 08	165 70
196	COMPUTER COOLER	02/09/09	200% DB	05/00	N	89 36	63 63	10 29	73 92
197	COMPUTER EQUIPMENT	02/09/09	200% DB	05/00	N	176 57	125 71	20 34	146 05
209	MAXTOR DRIVE	02/20/09	200% DB	05/00	N	129 99	92 56	14 97	107 53
210	WINDOWS VISTA	03/06/09	200% DB	05/00	N	253 93	180 80	29 25	210 05
198	NETWORK FIXES	03/13/09	200% DB	05/00	N	168 75	120 15	19 44	139 59
211	PYLE PYP-1 STEREO PRE-A	03/20/09	200% DB	05/00	N	79 83	56 84	9 20	66 04
212	SOFTWARE	03/20/09	200% DB	05/00	N	49 99	35 60	5 76	41 36
213	WIRELESS ROUTER	04/09/09	200% DB	05/00	N	180 17	128 28	20 76	149 04
214	SOFTWARE	04/09/09	200% DB	05/00	N	63 94	45 53	7 36	52 89
215	CABLES	04/09/09	200% DB	05/00	N	37 61	26 78	4 33	31 11
218	DRAFTING CHAIR	05/21/09	200% DB	05/00	N	129 99	67 60	24 96	92 56
219	FILE CABINET	05/22/09	200% DB	05/00	N	45 00	23 40	8 64	32 04
220	LIGHT, 3 DESK LIGHTS	07/06/09	200% DB	05/00	N	770 00	400 40	147 84	548 24
221	INSTALL MET OPERA EQ	07/21/09	200% DB	05/00	N	100 00	52 00	19 20	71 20
222	FOR STREAMING MET OPERA	08/05/09	200% DB	05/00	N	4,449 26	2,313 61	854 26	3,167 87
223	AIR CONDITIONER	08/25/09	200% DB	05/00	N	239 99	124 80	46 08	170 88
224	2 SATELITES	09/02/09	200% DB	05/00	N	1,137 00	591 24	218 30	809 54
225	RADIO SHACK EQUIPMENT	09/09/09	200% DB	05/00	N	23 31	12 12	4 48	16 60
226	MET LIVE EQUIPMENT	10/09/09	200% DB	05/00	N	63 94	33 25	12 28	45 53
227	24' EXT LADDER	10/25/09	200% DB	05/00	N	185 99	96 72	35 71	132 43
228	COAT RACK	10/28/09	200% DB	05/00	N	20 00	10 40	3 84	14 24
229	CLEAR DONATION BOX	11/09/09	200% DB	05/00	N	350 60	182 31	67 32	249 63
230	AV EQUIPMENT	11/09/09	200% DB	05/00	N	23 31	12 12	4 48	16 60
231	STAPLES EQUIPMENT	02/01/10	200% DB	05/00	N	639 98	332 79	122 88	455 67
232	PROJECTION EQUIPMENT	02/12/10	200% DB	05/00	N	4,000 36	2,080 19	768 07	2,848 26
233	HP Wide Printer	05/24/10	200% DB	05/00	N	229 99	46 00	73 60	119 60

Catamount Film & Arts Company

Depreciation Schedule by G/L Account Number

For the 12 Months Ended 04/30/12

 08/01/12
 09 59AM

Asset No	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 05/01/11	Current Depreciation	Accum Depr 04/30/12
1600 EQUIPMENT									
234	Blackbaud Server	06/16/10	200% DB	05/00	N	402 00	80 40	128 64	209 04
235	Server for Blackbaud	07/01/10	200% DB	05/00	N	997 00	199 40	319 04	518 44
236	Server for Blackbaud Inst	07/21/10	200% DB	05/00	N	1,578 19	315 64	505 02	820 66
238	Support for Blackbaud	08/06/10	200% DB	03/00	N	95 00	31 67	42 22	73 89
239	Blackbaud parts	08/09/10	200% DB	05/00	N	57 01	11 40	18 24	29 64
240	Blackbaud Equipment	08/09/10	200% DB	05/00	N	445 63	89 13	142 60	231 73
237	Blackbaud Software	08/31/10	200% DB	05/00	N	2,510 16	502 03	803 25	1,305 28
243	Projection Equipment	09/24/10	200% DB	05/00	N	108 01	21 60	34 56	56 16
244	Folding Tables	12/24/10	200% DB	05/00	N	159 98	32 00	51 19	83 19
245	Customize Blackbaud	01/15/11	200% DB	05/00	N	4,575 00	915 00	1,464 00	2,379 00
246	Software New Server	01/25/11	200% DB	05/00	N	313 00	62 60	100 16	162 76
247	Film Equipment External Harddrive	02/21/11	200% DB	05/00	N	79 99	16 00	25 60	41 60
248	DVD Player	04/09/11	200% DB	05/00	N	42 39	8 48	13 56	22 04
249	Mitel Phone	04/15/11	200% DB	05/00	N	79 00	15 80	25 28	41 08
250	DVD Player	05/09/11	200% DB	05/00	N	69 95	0 00	13 99	13 99
251	HP 2035 Printer DMG	10/24/11	200% DB	05/00	N	224 98	0 00	45 00	45 00
252	Canon Laser Fax	10/24/11	200% DB	05/00	N	199 98	0 00	40 00	40 00
253	32% Match NCIC Technic	12/08/11	200% DB	05/00	N	4,448 00	0 00	889 60	889 60
254	Vacuum Cleaner	01/05/12	200% DB	05/00	N	337 95	0 00	67 59	67 59
255	SonicWall Firewall	02/22/12	200% DB	05/00	N	1,220 00	0 00	244 00	244 00
256	Install SonicWall Firewall	02/28/12	200% DB	05/00	N	511 35	0 00	102 27	102 27
257	Equipment-New Website	03/30/12	200% DB	05/00	N	9,452 00	0 00	1,890 40	1,890 40
258	Microsoft Software - Tech	04/09/12	200% DB	05/00	N	173 00	0 00	34 60	34 60
259	Stage Lighting System	04/09/12	200% DB	05/00	N	380 71	0 00	76 14	76 14
260	Stage Lighting System	04/09/12	200% DB	05/00	N	131 26	0 00	26 25	26 25
261	2 HP Compaq Elite 8200	04/17/12	200% DB	05/00	N	1,658 00	0 00	331 60	331 60
Total for (EQUIPMENT)						319,255 44	222,515 60	35,077 72	257,593 32
1700 VIDEOS									
61	VIDEO LIBRARY	06/30/95	ST LINE	10/00	N	44,403 00	36,645 15	0 00	36,645 15
62	VIDEO PURCHASES	11/01/01	ST LINE	10/00	N	7,001 00	6,650 92	350 08	7,001 00
63	VIDEOS	11/01/02	ST LINE	10/00	N	7,357 00	6,444 80	608 13	7,052 93
64	VIDEO PURCHASES	04/01/04	ST LINE	10/00	N	10,438 00	7,700 64	1,094 94	8,795 58
65	VIDEO PURCHASES	04/01/05	ST LINE	10/00	N	7,644 00	4,851 37	797 89	5,649 26
66	VIDEO PURCHASES	04/01/06	ST LINE	10/00	N	5,844 31	3,214 37	584 43	3,798 80
85	VIDEO PURCHASES	04/01/07	ST LINE	10/00	N	4,599 80	2,069 91	459 98	2,529 89
86	Rental Video Purchases	11/01/07	ST LINE	10/00	N	3,364 14	1,522 72	283 30	1,806 02
216	RECLASSIFY 2009 VIDEOS	04/30/09	ST LINE	10/00	N	2,718 28	679 57	271 83	951 40
263	4/2011 Videos - Correction	05/01/11	200% DB	05/00	N	1,504 05	0 00	300 81	300 81
264	Reclassify FY 2012 Purch	04/30/12	200% DB	05/00	N	2,218 57	0 00	443 71	443 71
Total for (VIDEOS)						97,092 15	69,779 45	5,195 10	74,974 55
Client Subtotal Before Sales						1,691,968 89	375,330 74	73,242 60	448,573 34
Less Assets Sold						0 00			0 00
Total						1,691,968 89	375,330 74	73,242 60	448,573 34

Supporting Statement of:

Form 990 p 9/Federated Campaigns

Description	Amount
Capital Campaign	1,430.
20/20 Donations	1,825.
20/20 Pledges	88,980.
Total	92,235.

Supporting Statement of:

Form 990 p 9/Other amt. not included

Description	Amount
Business donations	30,971.
Foundation and other grants	11,250.
Individual donations	38,763.
Business sponsorships	5,200.
Individual sponsorships	850.
Total	87,034.

Supporting Statement of:

Form 990 p 9/Line 3 Column D

Description	Amount
Interest Income	65.
Investment Income	1,642.
Total	1,707.

Form 990 p 9: Part VIII Statement of Revenue

Line 2f - All Other Program Service Revenue Smart Worksheet

The total of the following items carry to line 2f below:

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<u>Ticketing Services</u>	<u>32,761.</u>	<u>32,761.</u>	<u>0.</u>	<u>0.</u>

Form 990 p 10: Part IX Statement of Functional Expenses

Line 22 - Depreciation, Depletion, and Amortization Smart WorksheetTo enter assets, **QuickZoom** to Asset Entry Worksheet

To view a calculated report of all depreciation information for Form 990,

QuickZoom to the Depreciation/Amortization Report**QuickZoom** to Form 4562 for Form 990

The following items carry to line 22 below

Description		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
A	Depreciation	73,245.	58,124.	7,560.	7,561.
B	Depletion				
C	Amortization				

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990, Page 10, Line 24e All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Grant Writing	7,350.	0.	0.	7,350.
Licensing & fees	24,007.	15,603.	0.	8,404.
Printing expense	8,629.	7,891.	0.	738.
Postage & mailing	12,683.	11,881.	297.	505.
Production expense	45,040.	43,861.	0.	1,179.
Bookkeeping	9,750.	7,117.	975.	1,658.
Refreshments	6,501.	5,721.	0.	780.
Repairs & maintenance	9,952.	8,823.	711.	418.
Supplies expense	892.	796.	64.	32.
Telephone	2,860.	2,044.	280.	536.
Training	1,230.	0.	0.	1,230.
Utilities	18,421.	16,210.	1,474.	737.
Bad debt expense	200.	0.	200.	0.

Supporting Statement of:

Form 990 p 11/Line 1, column (B)

Description	Amount
Cash - on hand	935.
Cash - operating checking	916.
Total	<u>1,851.</u>

Supporting Statement of:

Form 990 p 11/Line 2, column (B)

Description	Amount
Cash - capital projects	5,287.
Cash - USDA reserve	6,204.
Total	<u>11,491.</u>

Supporting Statement of:

Form 990 p 11/Line 4, column (B)

Description	Amount
Accounts Receivable	223.
Grants Receivable	1,750.
Total	<u>1,973.</u>

Supporting Statement of:

Form 990 p 11/Line 17, column (B)

Description	Amount
Cash - Overdraft	1,416.
Accounts payable	51,735.
Accrued payroll	2,172.
Accrued payroll and other taxes	5,806.
Total	<u>61,129.</u>

Supporting Statement of:

Form 990 p 12/Part XI, Line 5

Description	Amount
In-kind donations	5,439.
Unrealized gain/loss	-2,486.
Rounding	2.
Total	<u>2,955.</u>

Supporting Statement of:

Sch D, page 2/Other col (b)

Description	Amount
Loan closing costs	1,500.
Video library	97,093.
Total	<u>98,593.</u>

Supporting Statement of:

Sch D, page 2/Other col (c)

Description	Amount
A/D Loan closing costs	300.
A/D Video library	74,974.
Total	<u>75,274.</u>

8868

Form
(Rev. January 2012)Department of the Treasury
Internal Revenue ServiceApplication for Extension of Time To File an
Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

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

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions		Employer identification number (EIN) or
	Catamount Film & Arts Company		<input checked="" type="checkbox"/> 03-0276780
	Number, street, and room or suite number. If a P.O. box, see instructions		Social security number (SSN)
	115 Eastern Avenue P.O. Box 324		<input type="checkbox"/>
City, town or post office, state, and ZIP code. For a foreign address, see instructions			
Saint Johnsbury			VT 05819

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	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 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 ► Jody Fried

Telephone No ► (802) 748-2600

FAX No ► (802) 748-0852

- 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 Dec 17, 20 12, to file the exempt organization return for the organization named above. The extension is for the organization's return for

► ☐ calendar year 20 ____ or► ☒ tax year beginning May 1, 20 11, and ending Apr 30, 20 12

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	\$	0.
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	\$	0.
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	\$	0.

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

BAA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 1-2012)