

**Short Form  
Return of Organization Exempt From Income Tax**

**2009**

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A For the 2009 calendar year, or tax year beginning** , 2009, and ending

<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p><b>C</b> <b>ADVANCED MEDIA WORKFLOW ASSOCIATION, INC</b> C/O MAIN COMMUNICATIONS 436 N. WESTFIELD ROAD MADISON, WI 53717</p>	<p><b>D</b> Employer identification number 04-3497785</p> <p><b>E</b> Telephone number 608-833-9655</p> <p><b>F</b> Group Exemption Number</p>
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Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method.  Cash  Accrual  
Other (specify)

**I Website:** N/A

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**J Tax-exempt status (check only one)** -  501(c) ( 6 ) (insert no.)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 242,937.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

	<b>1</b> Contributions, gifts, grants, and similar amounts received		
	<b>2</b> Program service revenue including government fees and contracts		21,054.
	<b>3</b> Membership dues and assessments		219,155.
	<b>4</b> Investment income		2,728.
REVENUE	<b>5a</b> Gross amount from sale of assets other than inventory	5a	
	<b>b</b> Less. cost or other basis and sales expenses	5b	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	<b>6</b> Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	<b>a</b> Gross revenue (not including \$ of contributions reported on line 1)	6a	
	<b>b</b> Less. direct expenses other than fundraising expenses	6b	
	<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	<b>7a</b> Gross sales of inventory, less returns and allowances	7a	
	<b>b</b> Less. cost of goods sold	7b	
	<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	<b>8</b> Other revenue (describe)	8	
	<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	242,937.
EXPENSES	<b>10</b> Grants and similar amounts paid (attach schedule)	10	
	<b>11</b> Benefits paid to or for members	11	
	<b>12</b> Salaries, other compensation, and employee benefits	12	118,000.
	<b>13</b> Professional fees and other payments to independent contractors	13	2,387.
	<b>14</b> Occupancy, rent, utilities, and maintenance	14	
	<b>15</b> Printing, publications, postage, and shipping	15	
	<b>16</b> Other expenses (describe SEE STATEMENT 1)	16	133,679.
	<b>17 Total expenses.</b> Add lines 10 through 16	17	254,066.
	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-11,129.
ASSETS	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	200,333.
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	20	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	21	189,204.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	200,333.	189,204.
<b>23</b> Land and buildings		
<b>24</b> Other assets (describe)		
<b>25 Total assets.</b>	200,333.	189,204.
<b>26 Total liabilities</b> (describe)	0.	0.
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	200,333.	189,204.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

SCANNED JUL 14 2010

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**Part V Other Information** (Note the statement requirements in the instrs for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
35a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
37b	Did the organization file <b>Form 1120-POL</b> for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
38b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b	N/A
39	Section 501(c)(7) organizations. Enter.		
39a	Initiation fees and capital contributions included on line 9	39a	N/A
39b	Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>N/A</u> , section 4912 ▶ <u>N/A</u> , section 4955 ▶ <u>N/A</u>		
40b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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? If 'Yes,' complete Schedule L, Part I.		
40c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
40d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		0.
40e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41	List the states with which a copy of this return is filed ▶ <u>NONE</u>		

42a The organization's books are in care of ▶ JAMES B. GILMER Telephone no ▶ \_\_\_\_\_  
 Located at ▶ 2207 RINGSMITH DRIVE ATLANTA GA ZIP + 4 ▶ 30345

		Yes	No
42b	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)? If 'Yes,' enter the name of the foreign country: . . . ▶ _____		X
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.</b>			
42c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: . . . ▶ _____		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here . . . ▶  N/A  
 and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ 43 N/A

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ . . . . .		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ . . . . .		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> 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.		
<b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		
<b>49b</b> If 'Yes,' was the related organization a section 527 organization?		

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

**f** Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

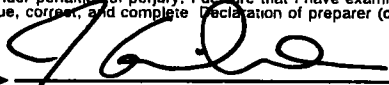
**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

**Sign Here**


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.

Signature of officer:  Date: 5/17/10

**JAMES B. GILMER** EXECUTIVE DIRECTOR

Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature:  Date: 5/11/10

Firm's name (or yours if self-employed), address, and ZIP + 4: **KENNETH B. KLINZING, S.C.**  
**5936 SEMINOLE CENTRE CT STE 105**  
**MADISON, WI 53711**

Check if self-employed:  Preparer's Identifying Number (See instructions): N/A

EIN: N/A Phone no: (608) 277-8780

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No

CLIENT 1033

ADVANCED MEDIA WORKFLOW ASSOCIATION, INC  
C/O MAIN COMMUNICATIONS

04-3497785

5/11/10

01.13PM

**STATEMENT 1  
FORM 990-EZ, PART I, LINE 16  
OTHER EXPENSES**

BANK SERVICE CHARGES	\$	2,710.
CONFERENCES, CONVENTIONS, AND MEETINGS		55,130.
INSURANCE		4,457.
LICENSES & PERMITS		60.
MARKETING		12,852.
OFFICE EXPENSES		4,571.
SOFTWARE DEVELOPMENT		28,350.
TELEPHONE		750.
TRAVEL		7,409.
WEBSITE EXPENSE		17,390.
TOTAL	\$	<u>133,679.</u>

**STATEMENT 2  
FORM 990-EZ, PART III  
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

ADVANCED MEDIA WORKFLOW ASSOCIATION, INC. (AMWA) IS A TRADE ASSOCIATION WITH THE PRIMARY MISSION TO LEAD THE MEDIA INDUSTRY WORLDWIDE IN DEVELOPING AND ADVANCING THE USE OF STANDARDS AND TECHNOLOGY THAT ENABLE MORE EFFECTIVE NETWORKED MEDIA WORKFLOWS. THE ASSOCIATION'S VISION IS TO OPERATE AN OPEN, COMMUNITY-DRIVEN FORUM FOCUSED ON THE CREATION OF TIMELY, INNOVATIVE BUSINESS DRIVEN SPECIFICATIONS AND TECHNOLOGIES FOR NETWORKED MEDIA WORKFLOWS.

**STATEMENT 3  
FORM 990-EZ, PART III, LINE 28  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

TWO MAJOR EDUCATIONAL EVENTS WERE HELD TO EXPAND THE AWARENESS AND UNDERSTANDING OF STANDARDS AND MEDIA WORKFLOW IN THE INDUSTRY. THE FIRST WAS A THREE-DAY MEETING THAT WAS ATTENDED BY 32 PEOPLE IN SANTA FE, NM. TWO DAYS WERE DEVOTED TO PRESENTATIONS ON AMWA TECHNICAL PROJECTS, SPECIFICALLY, AS-03 MXF PROGRAM DELIVERY, AS-05 AAF EFFECTS PROTOCOL, MS-06 BXF-MXF MAPPING, AND IS-03 MEDIA AUTHORIZING WITH JAVA. THE THIRD DAY FEATURED A PANEL COMPRISED OF NINE MEDIA REPRESENTATIVES FROM THE US AND EUROPE WHO SPOKE ON "REAL-WORLD EXPERIENCES WITH FILE-BASED WORKFLOWS." THIS SESSION WAS ALSO FEATURED AS A WEBINAR, WHICH ATTRACTED NINE REGISTRANTS. IN OCTOBER, THE AMWA AND THE SMPTE CO-SPONSORED A HALF-DAY SEMINAR ON "ADVANCED MEDIA WORKFLOWS AND MXF" IN HOLLYWOOD, CA. THE SEMINAR FEATURED SIX STUDIO EXECUTIVES AND INDUSTRY CONSULTANTS WHO TALKED ABOUT DIGITAL WORKFLOWS AND AN INTEROPERABILITY DEMONSTRATION FEATURING THIRTEEN VENDORS. THE SEMINAR DREW AN ATTENDANCE OF NEARLY 200 REGISTRANTS. AN ADDITIONAL AMWA EUROPE MEETING WAS HELD ON MARCH 19 AT SUN MICROSYSTEMS' LONDON OFFICE.

THE LIAISON RELATIONSHIP WITH THE EUROPEAN BROADCAST UNION (EBU) PROGRESSED WITH PRINCIPALS HOLDING SEVERAL MEETINGS THAT RESULTED IN THE FORMATION OF A NEW JOINT TASK FORCE TO ADDRESS SYSTEM INTEGRATION ISSUES AND STANDARDS IN MODERN AND COMPLEX TV PRODUCTION ENVIRONMENTS.

A NEW LIAISON RELATIONSHIP WAS FORMED WITH THE INTEROPERABLE MASTERING FORMAT (IMF) TO ENSURE COMPATIBILITY OF AMWA SPECIFICATIONS WITH THE HOLLYWOOD COMMUNITY.

CLIENT 1033

ADVANCED MEDIA WORKFLOW ASSOCIATION, INC  
C/O MAIN COMMUNICATIONS

04-3497785

5/11/10

01:15PM

**STATEMENT 4**  
**FORM 990-EZ, PART IV**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
BARBARA MAIN 436 N. WESTFIELD ROAD MADISON, WI 53717	SECRETARY 16.00	\$ 18,000.	\$ 0.	\$ 0.
GILES BAKER 345 PARK AVENUE SAN JOSE, CA 95110	DIRECTOR 2.00	0.	0.	0.
JAN WEIGNER MUELLERSTR. 27 MUNICH, 80469 GERMANY	DIRECTOR 2.00	0.	0.	0.
JERRY BUTLER 2100 CHRYSTAL DRIVE ARLINGTON, VA 94110	DIRECTOR 2.00	0.	0.	0.
JOHN FOOTEN 700 NORTH BRAND BLVD, 10TH FL GLENDALE, CA 91203	DIRECTOR 2.00	0.	0.	0.
OLIVER MORGAN 24 WACHUSETT DRIVE LEXINGTON, MA 02421	DIRECTOR 2.00	0.	0.	0.
JAMES B. GILMER 2207 RINGSMITH DRIVE ATLANTA, GA 30345	EXECUTIVE DIREC 24.00	100,000.	0.	0.
HAROLD GELLER 405 LEXINGTON AVENUE NEW YORK, NY 10174	DIRECTOR 2.00	0.	0.	0.
PETER GUGLIELMINO 294 ROUTE 100 SOMERS, NY 10589	DIRECTOR 2.00	0.	0.	0.
AL KOVALICK 2650 WEBSTER CT. SANTA CLARA, CA 95051	DIRECTOR 2.00	0.	0.	0.
GWYNNE MCCONKEY 309 WEST 49TH STREET NEW YORK, NY 10019	DIRECTOR 2.00	0.	0.	0.
JIM MCGRATH 2255 ONTARIO STREET, STE 350 BURBANK, CA 91505	DIRECTOR 2.00	0.	0.	0.

CLIENT 1033

ADVANCED MEDIA WORKFLOW ASSOCIATION, INC  
C/O MAIN COMMUNICATIONS

04-3497785

5/11/10

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STATEMENT 4 (CONTINUED)  
FORM 990-EZ, PART IV  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
LOWELL PUTNAM 146 CHESTNUT STREET SPRINGFIELD, MA 01103	DIRECTOR 2.00	\$ 0.	\$ 0.	\$ 0.
PHIL TUDOR KINGSWORTH WARREN TADWORTH, SURREY KT20 6NP UNITED KINGDOM	DIRECTOR 2.00	0.	0.	0.
CLYDE D. SMITH ONE CNN CENTER, SE0701B ATLANTA, GA 30303	DIRECTOR 2.00	0.	0.	0.
PAUL TURNER 65 STEWART DRIVE SUNNYVALE, CA 94085	DIRECTOR 2.00	0.	0.	0.
	TOTAL	\$ 118,000.	\$ 0.	\$ 0.