			CT0 1500
Form 990	Poturn of Organization Example From Inc	ama Tau	OMB No. 1545-0047
	Return of Organization Exempt From Inc Under section 501(c), 527, or 4947(a)(1) of the Internal Rev		2009
epartment of the Treasury	Under section 501(c), 527, or 4947(a)(1) of the Internal Rev (except black lung benefit trust or private foundation		
ternal Revenue Service	The organization may have to use a copy of this return to satisfy state report 11 (01)		Open to Public Inspection
Check if applicable:	r, or tax year beginning 11/01 , 2009, and endin	The second secon	, 2010 Identification Number
Address change IRS labe			734079
Name change or print	C/O 857 S. SAN PEDRO ST. #300	E Telephone	
Initial return See specific	LOS ANGELES, CA 90014	(323)) 586-4600
Termination Instruc-			
Amended return	e and address of principal officer: DANIEL HARKHAM	G Gross rec H(a) Is this a group return	
	AS C ABOVE	H(b) Are all affiliates includ	led? Yes No
Tax-exempt status X 50	and the second sec	If 'No,' attach a list. (s	ee instructions)
Website: ► WWW.CIN	EFAMILY.ORG	H(c) Group exemption num	ber 🕨
Form of organization: X Corpo	oration Trust Association Other► L Year of Format	tion: 2007 M Sta	te of legal domicile: CA
art I Summary			
1 Briefly describe the o	rganization's mission or most significant activities: <u>THE ORGA</u>	NIZATION PROM	OTES THE
	RFORMING ARTS AND EDUCATES THE PUBLIC CON AVE ARTISTIC VALUE BUT WHICH HAVE HAD INS		
	ANG ARTISTIC VALUE DUI MAICH HAVE HAD INS	AGNIELCANT RE	CENT PUBLIC
2 Check this box ►	if the organization discontinued its operations or disponsed	FERES% of its as	
3 Number of voting me	mbers of the governing body (Part VI, line 1a) Altomay Gan	eral's Office	3 6
	ent voting members of the governing body (Part VI, line 1b)	4 2011	4 6
 5 Total number of empl 6 Total number of volur 	loyees (Part V, line 2a)	4. 20.11	5 28 6 100
	business revenue from Part VIII, column (C), line 12 Regist		6 100 7a 0.
b Net unrelated busines	ss taxable income from Form 990-T, line 34 Charitable	a Trusis	7b 0.
		Prior Year	Current Year
8 Contributions and gra	ants (Part VIII, line 1h)		
	nue (Part VIII, line 2g)		
	Part VIII, column (A), lines 3, 4, and 7d)		
11 Other revenue (Part V	/III, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,89	
12 Total revenue – add	lines 8 through 11 (must equal Part VIII, column (A), line 12)		3. 515,790.
13 Grants and similar an	nounts paid (Part IX, column (A), lines 1-3)		<u> </u>
13 Grants and similar an14 Benefits paid to or for	r members (Part IX, column (A), line 4)		
13 Grants and similar an14 Benefits paid to or for15 Salaries, other competition	r members (Part IX, column (A), line 4) ensation, employee benefits (Part IX, column (A), lines 5-10)	118,92	4
 Grants and similar an Benefits paid to or for Salaries, other competing Professional fundrais 	r members (Part IX, column (A), line 4) ensation, employee benefits (Part IX, column (A), lines 5-10) ing fees (Part IX, column (A), line 11e)	118,92	4. 3. 200, 982. 7. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.
 13 Grants and similar an 14 Benefits paid to or for 15 Salaries, other competing 16a Professional fundraising b Total fundraising experience 	r members (Part IX, column (A), line 4) ensation, employee benefits (Part IX, column (A), lines 5-10) ing fees (Part IX, column (A), line 11e) enses (Part IX, column (D), line 25) ►	<u> </u>	4. 0
 13 Grants and similar an 14 Benefits paid to or for 15 Salaries, other competing 16 Professional fundraising b Total fundraising expenses 17 Other expenses (Part 	r members (Part IX, column (A), line 4) ensation, employee benefits (Part IX, column (A), lines 5-10) ing fees (Part IX, column (A), line 11e) enses (Part IX, column (D), line 25) ► IX, column (A), lines 11a-11d, 11f-24f)	118,92 4,28 207,70	4. 200,982. 7. 344,010.
 13 Grants and similar an 14 Benefits paid to or for 15 Salaries, other competing 16a Professional fundraising b Total fundraising experision 17 Other expenses (Part 18 Total expenses. Add 	r members (Part IX, column (A), line 4) ensation, employee benefits (Part IX, column (A), lines 5-10) ing fees (Part IX, column (A), line 11e) enses (Part IX, column (D), line 25) ► IX, column (A), lines 11a-11d, 11f-24f) lines 13-17 (must equal Part IX, column (A), line 25)	118,92 4,28 207,70 330,92	4. 200.982. 7. . 9. 344,010. 0. 544,992.
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 13 Grants and similar an 14 Benefits paid to or for 15 Salaries, other competing 16a Professional fundraising experimental fundraising experimental fundraising experimental fundraises (Part 17 Other expenses (Part 18 Total expenses. Add 19 Revenue less expense) 	r members (Part IX, column (A), line 4) ensation, employee benefits (Part IX, column (A), lines 5-10) ing fees (Part IX, column (A), line 11e) enses (Part IX, column (D), line 25) ► IX, column (A), lines 11a-11d, 11f-24f) lines 13-17 (must equal Part IX, column (A), line 25) es. Subtract line 18 from line 12	118, 92 4, 28 207, 70 330, 92 35, 06 Beginning of Yea	4. 200,982. 7. 9. 9. 344,010. 0. 544,992. 3. -29,202. wr End of Year
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Form 990 (2009) THE CINEFAMILY	26-1734079 Page 2
Part III Statement of Program Service Accomplishments	
1 Briefly describe the organization's mission: THE ORGANIZATION PROMOTES THE THEATRICAL PERFORMING ART CONCERNING CLASSIC FILMS AND FILMS WHICH HAVE ARTISTIC INSIGNIFICANT RECENT PUBLIC EXPOSURE.	
2 Did the organization undertake any significant program services during the year which we Form 990 or 990-EZ?	
 3 Did the organization cease conducting, or make significant changes in how it conducts, a If 'Yes,' describe these changes on Schedule O. 	any program services? Yes X No
 4 Describe the exempt purpose achievements for each of the organization's three largest p and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amore expenses, and revenue, if any, for each program service reported. 	rogram services by expenses. Section 501(c)(3) unt of grants and allocations to others, the total
4a (Code: (Expenses \$ 502,279. including grants of \$ 102,279. including grants) (Revenue \$) ISTIC VALUE AND EDUCATING THE
4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d Other program services. (Describe in Schedule O.)	
(Expenses \$ including grants of \$) (Revenue \$)
4e Total program service expenses ► 502,279.	-/

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_	m 990 (2009) THE CINEFAMILY 26-17340	79	F	⁵ age 3
Pa	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	1	X	
2			X	
3				x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.	4		x
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III.	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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.	6		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	7		x
8	B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		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.	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? 'Yes,' complete Schedule D, Part V.	// 10		x
11 	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	x	40
•	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.			de la composición de la comp
	• 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			
	• Did the organization report an amount for investments- program related in Part X, line 13 that is 5% or more of its tota assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.			
	 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. Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. 			
	 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? If Yes, ' complete Schedule D, Part X 			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.	12		x
	A Was the organization included in consolidated, independent audited financial statement for the tax Yes No year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional. 12 A X Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 12 A X			v
	a Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	<u> </u>	X X
	 b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I 	146		x
	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, Part II.	15		x
	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? <i>If 'Yes,' complete Schedule F, Part III</i>	16		x
	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	17		X
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes</i> ,' <i>complete Schedule G, Part III</i>	19		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u>X</u>

	n 990 (2009) THE CINEFAMILY 26-17340	79	F	^D age 4
Pa	rt 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</i> ,' <i>complete Schedule I, Parts I and II</i>	. 21		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? If 'Yes,' complete Schedule I, Parts I and III			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> .	nt . 23		x
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d an complete Schedule K. If 'No,'go to line 25.	d . 24a		x
l	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	. 24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?			
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	. 25a		x
:	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, an 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.			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? If 'Yes,' complete Schedule L, Part II	. 26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III.	. 27		x
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	1. P		- \$ 21
, i	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	. 28a		X
I	b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i> .	. 28b		x
l	c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	er) 28c	x	
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.	. 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	. 30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part L	. 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		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? If 'Yes,' complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		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? If 'Yes,' complete Schedule R, Part VI	s 37		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 Q		x	
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orm 990 (2009) THE CINEFAMILY	26-173407	9	P	age :
Part V Statements Regarding Other IRS Filings and Tax Compliance				
		Loss of Junear Pr	Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	a 0			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	b 0			
c Did the organization comply with backup withholding rules for reportable payments to vendors ar (gambling) winnings to prize winners?	nd reportable gaming	1c		
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	a 28			
2b If at least one is reported on line 2a, did the organization file all required federal employment tax	x returns?	2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.				200
3a Did the organization have unrelated business gross income of \$1,000 or more during the year co this return?		3a		x
b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule Q</i>		3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or of financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account).	other authority over, a cial account)?	4a		x
b If 'Yes,' enter the name of the foreign country: ►				
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Fore Financial Accounts.	•			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax ye		5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter to		5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Tax Shelter Transaction?	Regarding Prohibited	5c		
a Does the organization have annual gross receipts that are normally greater than \$100,000, and c solicit any contributions that were not tax deductible?	did the organization	6a		x
b If 'Yes,' did the organization include with every solicitation an express statement that such contrideductible?	ibutions or gifts were not	6b		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly provided to the payor?	y for goods and services	7a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which Form 8282?	it was required to file	7c		х
d If 'Yes,' indicate the number of Forms 8282 filed during the year	on a personal		12	
benefit contract?	ages of the first state of the	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit		7 f		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as requ		7g		
 h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 10 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, have 	rganizations. Did the	7 h		
holdings at any time during the year?		8		
9 Sponsoring organizations maintaining donor advised funds.	1.1.2 · · · · ·			
a Did the organization make any taxable distributions under section 4966?		9a		
b Did the organization make any distribution to a donor, donor advisor, or related person?		9b		
0 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12				
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10	b			
1 Section 501(c)(12) organizations. Enter:				
	1	10000000000000000000000000000000000000		e
a Gross income from other members or shareholders	a		See 1	
a Gross income from other members or shareholders. 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b	>			
a Gross income from other members or shareholders.	n 1041?	<u>12a</u>		

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Form 990 (2009)

Form 990 (2009) THE CINEFAMILY

26-1734079

Page 6

PartW 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.

Section A. Governing Body and Management

			Yes	No
	Enter the number of voting members of the governing body	6		
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?SEE. SCHEDULE. O	2	x	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents	4		X
	since the prior Form 990 was filed?			
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
7 a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: SEE SCHEDULE O			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
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	9		.: X
Sec	tion B. Policies (This Section B requests information about policies not required by the Interna	a/		

Revenue Code.)			
		Yes	No
10 a Does the organization have local chapters, branches, or affiliates?1	0a	. · .	: X'
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	0ь	1 A.	1
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	1	$(1,2) \in \mathbb{R}$	X
11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE. SCHEDULE O		25. C	i .: ,2,
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	2a	1.4	X.
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	2b		· · · · · · ·
c Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If. Yes, describe in schedule O how this is done</i>	2c		<u>.</u>
13 Does the organization have a written whistleblower policy?	3	est.	X
14 Does the organization have a written document retention and destruction policy?	4 /		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	5a		Х
b Other officers of key employees of the organization.	5b		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	6a		х
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	6b		
Section C. Disclosures			

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

Own website Another's website X Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: DANIEL HARKHAM 611 N FAIRFAX LOS ANGELES CA 90036 (323) 586-4600

Page 7

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

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 organizations's tax year. Use Schedule J-2 if additional space is needed.

• 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. See instructions for definition of 'key employees.'

• 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 the organization did not compensate any current officer, director, or trustee.

(A)	(B)			(c)			(D)	(E)	(F)
Name and Title	Average hours		tion (k all f	hat app		Reportable	Reportable	Estimated
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
DANIEL HARKHAM										
PRESIDENT	2	x		x				0.	0.	0.
SAMUEL HARKHAM				**				<u>0</u> .	<u>.</u>	<u>0.</u>
SECRETARY/TREAS	2	x		Х		• •		0.	0.	0.
LIZ GOLDWYN										
DIRECTOR	1 1	х						0.	0.	0.
RICK ROSS										
DIRECTOR	1	х					v.	0.	0.	0.
XAN CASSAVETES								÷ 1		
DIRECTOR	1	Х						0.	0.	0
ALLISON ANDERS	e dana const ana ana ana ang								e get en en en en	يس رويه من من مر د مدر
DIRECTOR	1	X				•		0.	0.	0.
HADRIAN BELOVE	· · ·			** • •	•					
EXECUTIVE DIREC	40			X		was d		21,840.	0.	. 0.
	··	e sa	,	•		se	•			
• • • • • • • • • • • • • • • • • • •										
					_					
			_							
							-+			······································
			+							
			+	+	-				·	
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Form 990 (2009) THE CINEFAMILY									26-173407	
Part VII Section A. Officers, Directors, Trus	tees, k	<u> (ey</u>	En			es,	an			
(A)	(B)	Deel	N		c)			(D)	(E)	(F)
Name and Title	Average hours					_	-	Reportable compensation from	Reportable compensation from	Estimated amount of other
	hours per week	dividual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	relatéd organizations (W-2/1099-MISC)	compensation from the organization and related organizations
· · · · · · · · · · · · · · · · · · ·		<u> </u>								
							-			
		<u> </u>		ļ						
			•							-
				-					. , ^a ng t i ang ti ng ting ting ting ting ting ting ting ti	
				-						· · · ·
	,		•							
1 b Total	<u></u>	<u> </u>			· 	<u>L.:</u>		21,840.	0.	0.
2 Total number of individuals (including but not limite							o red			
from the organization <> 0										· ·
 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such ii 4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater th individual 	ndividua portable han \$15	e con	npei	nsat	ion	ee, o and	othe	er compensation f	rom	Yes No 3 X
5 Did any person listed on line 1a receive or accrue of	omoene	ation	fro		-	upro	lata	d organization for		
rendered to the organization? If 'Yes,' complete Sch Section B. Independent Contractors	ieaule J	tor :	sucl	n pe	rsoi	7			· · · · · · · · · · · · · · · · · · ·	5 X
 Complete this table for your five highest compensation from the organization. 	ed inder	pend	ent	con	trac	tors	that	t received more th	an \$100,000 of	
(A) Name and business address	S							(B) Description o	f Services	(C) Compensation
			<u> </u>							
	· · · · · ·									
2 Total number of independent contractors (including t \$100,000 in compensation from the organization >	out not l	imite	ed to	o the	ose	liste	d at	oove) who receive	d more than	
BAA	<u> </u>									States Store and States

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Form 990 (2009) THE CINEFAMILY

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Page 9

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Pa				na sala na sala sala sala sala sala sala sala sa	(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
						function revenue	revenue	under sections 512, 513, or 514
GIFTS, GRANTS LAR AMOUNTS	b	Federated campaigns Membership dues Fundraising events	1b					
	d	Related organizations	1d					
CONTRIBUTIONS, AND OTHER SIMI	e f	Government grants (contributional other contributions, gifts, g						
D OTHI	c	similar amounts not included in Noncash contribns included in	above 1f	· · · · · · · · · · · · · · · · · · ·	-			
		Total. Add lines 1a-1f		▶	7,664.			en en en en en en en en en en en en en e
PROGRAM SERVICE REVENUE	0.	MURAMOD ADMICTON		Business Code	508,126.	508,126.	1	
REVE	Z a b	THEATER ADMISSION			508,120.	508,128.		
VICE	c							
SER	d	l						
RAM	e	All other program convi						
PROG		All other program servion Total. Add lines 2a-2f			508,126.			
	3	Investment income (inc	luding dividend	ls, interest and				
	4	other similar amounts). Income from investmen			•			
	5	Royalties.			•	· · ·		
	_		(i) Real	(ii) Personal	Poles All Providence			
		Gross Rents						
		Rental income or (loss)						
	Ċ	Net rental income or (Ic		•	•			
	7 a	Gross amount from sales of assets other than inventory.	(i) Securities	(ii) Other				
·		Less: cost or other basis and sales expenses				and the second se		
		: Gain or (loss)					227 - 1974 B	
	. •	Net gain or (loss)					<u>La Costana.</u> References	
ENUE	00	Gross income from fund (not including \$ of contributions reported						
OTHER REVE		See Part IV, line 18		а				
THE		Less: direct expenses		b				
0		Net income or (loss) fro	-					an a marine a construction of the second second
	9a	Gross income from gam See Part IV, line 19	ning activities.	а		-united and a second second second second second second second second second second second second second second		
	b	Less: direct expenses		b			and the second second second second second second second second second second second second second second second	na Sila a. Maria da mangana ang katala
		Net income or (loss) fro		vities				
	10 a	Gross sales of inventory and allowances	, less returns	a				
	b	Less: cost of goods sold						
ŀ	С	Net income or (loss) from						
ŀ	11 a	Miscellaneous Revenu		Business Code				
	b							
	с							
		All other revenue	1					
		Total. Add lines 11a-11d Total revenue. See instru			515,790.	508,126.	0.	0.
BAA					40109L 02/12/10	500,120.		Form 990 (2009)

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).

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				 A model /ul>
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16			an Sakaran Marin	
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees.	21,840.	18,564.	3,276.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	133,987.	120,588.	13,399.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions).				
9	Other employee benefits				
10	Payroll taxes		40,640.	4,515.	
11	Fees for services (non-employees)				
	Management				
	Legal			<u>-1, -275.</u>	
	Accounting				
	Lobbying			· · · · · · · · · · · · · · · · · · ·	
	Prof fundraising svcs. See Part IV, In 17			r far i Sagan an	
	Investment management fees			e gland ne ja	
	l Other			4,103.	
12	Advertising and promotion			to again the pro-	
13	Office expenses		13,660.	1,518.	
14	Information technology				
15	Royalties			- 人們有些時時代。	
16	Occupancy			en en en en en en en en en en en en en e	
17	Travel	1,225.	1,225.	a magnetic a	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials			e o contratta e e e e e e e e e e e e e e e e e e	
- 19	Conferences, conventions, and meetings			a in the state of	
·′20	Interest			ا ي موجع و ا	
21	Payments to affiliates		·		
22	Depreciation, depletion, and amortization	2,068.	1,861.	207.	
23	Insurance	12,548.	12,548.	······································	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.).				
а	FILM EXPENSE	112,628.	112,628.		
b	REPAIRS/MAINTENANCE	32,883.	29,595.	3,288.	
	THREATER SUPPLIES	20,580.	20,580.		
	CONCESSION SUPPLIES	20,401.	20,401.		
	UTILITIES	17,376.	15,638.	1,738.	
f	All other expenses	35,273.	24,879.	10,394.	
	Total functional expenses. Add lines 1 through 24f	544,992.	502,279.	42,713.	0.
	Joint costs. Check here ► if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational			,	0.
BAA	campaign and fundraising solicitation.				Form 990 (2009)

Form 990 (2009) THE CINEFAMILY Part X Balance Sheet

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					(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing				1	
	2	Savings and temporary cash investments			33,250.	2	7,558.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			3,000.	4	
	5	Receivables from current and former officers, director and highest compensated employees. Complete Part	s, truste II of Scł	es, key employees, nedule L		5	
	6	Receivables from other disqualified persons (as define	ed unde	r section 4958(f)(1))		14.000	
		and persons described in section 4958(c)(3)(B). Com	olete Pa	rt II of Schedule L		6	
A S E T	7	Notes and loans receivable, net				7	
S E	8	Inventories for sale or use				8	
т S	9	Prepaid expenses and deferred charges				9	
	10 a	Land, buildings, and equipment: cost or other basis.	10 a	10,339.			
		Complete Part VI of Schedule D					
	b	Less: accumulated depreciation	10Ь	3,963.	8,444.	10 c	6,376.
	11	Investments – publicly-traded securities				11	
	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				16	13,934
	17	Accounts payable and accrued expenses				17	9,968
	18	Grants payable				18	5,500.
	19	Deferred revenue				19	
L	20	Tax-exempt bond liabilities				20	
A B	21	•				20	
B L L	22	Escrow or custodial account liability. Complete Part I Payables to current and former officers, directors, tru highest compensated employees, and disqualified per			(Normality)	21	and a start of the start of
÷.		of Schedule L				22	
Ē	23	Secured mortgages and notes payable to unrelated th			· · · · · · · · · · · · · · · · · · ·	22	
	24	Unsecured notes and loans payable to unrelated the					
	24 25	Other liabilities: Complete Part X of Schedule D				24	
	25	Total liabilities. Add lines 17 through 25	100 A 40		<u> </u>	25	
	20	Organizations that follow SFAS 117, check here			<u> </u>	26	9,968.
NET	ŀ		and	complete lines		tan Salah Kasar	
Ă	27	27 through 29 and lines 33 and 34. Unrestricted net assets		• • • •	1997 E		2050.00 000.00 000.000
S	27					27	
Ţ	28	Temporarily restricted net assets				28	
0R	29	Permanently restricted net assets.			an an an an an an an an an an an an an a	29	and the second second second second second second second second second second second second second second second
		Organizations that do not follow SFAS 117, check he	re 🏲 .	X and complete			
FUZD		lines 30 through 34.				1200	
	30	Capital stock or trust principal, or current funds				30	
B	31	Paid-in or capital surplus, or land, building, and equip			the second second second second second second second second second second second second second second second s	31	
Å	32	Retained earnings, endowment, accumulated income,			33,168.	32	3,966.
AZCEN	33	Total net assets or fund balances			33,168.	33	3,966.
s BAA	34	Total liabilities and net assets/fund balances	<u></u>	· · · · · · · · · · · · · · · · · · ·	44,694.	34	13,934.

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Form 990 (2009)

Form 990 (2009) THE CINEFAMILY	26-1734079	Pa	age 12
Part XI Financial Statements and Reporting			
		Yes	No
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?		1	X
b Were the organization's financial statements audited by an independent accountant?	2t)	X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for over review, or compilation of its financial statements and selection of an independent accountant?	ersight of the audit,	:	
If the organization changed either its oversight process or selection process during the tax year, ex in Schedule O.	(plain		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year consolidated basis, separate basis, or both:			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set for Audit Act and OMB Circular A-133?	orth in the Single		x
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not under or audits, explain why in Schedule O and describe any steps taken to undergo such audits	rgo the required audit		

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Form 990 (2009)

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SCH	EDU	LE /	A
(Form	990 (or 99	0-EZ)

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.

	2	0	0	9		
0			Di	ibli	<u> </u>	
Ŭ	Ins	spe	cti	ubli on	•	

OMB No. 1545-0047

Departr Internal	nent of the Treasury Revenue Service	► Attach to	o Form 990 or Form 990-E	EZ. ► Se	e separa	ate inst	ructions	5.	1	Insp	ection	
Name o	of the organization							1		tion number		
	CINEFAMILY							· ·	734079			
		r Public Charity Stat					· · · · · · · · · · · · · · · · · · ·) See i	nstruct	ions		
The o	č	a private foundation beca		-		•						
1		vention of churches or as			n sectio	n 170(b	X1XAX i).				
2		cribed in section 170(b)(1)										
3		cooperative hospital servi	Ŷ		,		• •	0/1->/1>/				_
4		search organization opera	ted in conjunction with a l	nospitai	describe	ed in se	ction 17	U(D)(1)(A)(III) . Er	nter the no	spitals	5
5	name, city, a An organizati 170(b)(1)(A)(i	on operated for the benef v). (Complete Part II.)	it of a college or universit	y owned	or oper	ated by	a gove	rnmenta	l unit de	scribed in	sectio	n
6		te, or local government o										
7	in section 17	on that normally receives 0(b)(1)(A)(vi). (Complete	Part II.)		_	overnme	ental un	it or fror	n the gei	neral publi	c desc	ribed
8	= '	trust described in section					,				. 1 -	
9	from activities investment in	n that normally receives: (1 related to its exempt function come and unrelated busin 5. See section 509(a)(2). (ons – subject to certain exc ness taxable income (less	eptions,	and (2) r	no more	than 33	-1/3 % oi	f its suppo	ort from arc	DSS	after
10	🗌 An organizati	on organized and operate	d exclusively to test for p	ublic saf	ety. See	e sectio	n 509(a)	(4).				
11	more publicly	on organized and operate supported organizations type of supporting organ	described in section 509	(a)(1) or	section	509(a)(a)	nctions (2). See	of, or ca section	arry out ti 5 09(a)(3	he purpose I). Check	es of o the box	ne or x that
	a Type I	b 🗌 Type I	I c Type I	II – Fun	ctionally	integra	ated		d 🗌	Type III-	- Othei	r
e	By checking than foundati 509(a)(2).	this box, I certify that the on managers and other th	organization is not contro an one or more publicly s	lled dire supporte	ctly or ir d organi	directly zations	by one describ	or more ed in se	e disqual ction 509	ified perse 9(a)(1) or s	ons oth section	her 1
f	check this bo	ation received a written de x 17, 2006, has the organiz			• • • • • • • •						on, 	
9	onice August	T7, 2000, has the organiz	cation accepted any gift t	or contin		on any	or the r	unowing	l hersons	S :	Yes	No
	(i) a perso	n who directly or indirectly	controls, either alone or	togethe	r with pe	ersons o	describe	d in (ii)	and (iii)		103	
		the governing body of the								5.07		
		member of a person des controlled entity of a perso								. 11 g (ii)		<u> </u>
h		blowing information about			••••••	• • • • • • •				. 11 g (iii))	
	(i) Name of Support	×	(iii) Type of organization	T	Is the	(A) Did	116					·····
	Organization		(described on lines 1-9 above or IRC section (see instructions))	organiza (i) liste gove	tion in col. d in your erning ment?	the orga	you notify nization in (i) of upport?	organizat (i) organi	Is the tion in col. zed in the S.?	(vii) Amou	nt of Sup	port
				Yes	No	Yes	No	Yes	No			
					ļ							
									·			
				<u> </u>								

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

Schedule A (Form 990 or 990-EZ) 2009

	edule A (Form 990 or 990-EZ) 200					26-173407	
Pa	t II Support Schedule for	-			(b)(1)(A)(iv) an	d 170(b)(1)(A)	(vi)
<u> </u>	(Complete only if you check	ed the box on line	e 5, 7, or 8 of Par	t I.)			
	tion A. Public Support	1			Γ		
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	membership fees received. (Do not include 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4	Total. Add lines 1-through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	AND AND AND AND AND AND AND AND AND AND					
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2 <u>005</u>	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						· · · · · · · · · · · · · · · · · · ·
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on.					ana ang ang ang ang ang ang ang ang ang	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					entrational (Decomposition) Admitistica Administration (Decomposition) Administration (Decomposition) Administration (Decomposition)	
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	vities, etc. (see ins	structions)				
13	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secor	nd, third, fourth, a	or fifth tax year as	a section 501(c)	(3) ► □
	tion C. Computation of Pul	blic Support P	ercentage				
14 15	Public support percentage for 20 Public support percentage from 2						<mark>%</mark>
16 a	33-1/3 support test – 2009. If the and stop here. The organization	e organization did	not check the boy	v on line 13 and	the line 11 is 22	1/2 % or more al	and this have
b	33-1/3 support test – 2008. If the and stop here. The organization	e organization did	not check a box (on line 13 or 16a	and line 15 is 23	1/2% or more	haali thia hay
	10%-facts-and-circumstances te or more, and if the organization r the organization meets the 'facts	neers me tacis-a	na-circumstances	TAST Chack this	hov and close have	Evalaia in Davi	
	10%-facts-and-circumstances te or more, and if the organization r organization meets the 'facts-and	-circumstances' I	test. The organiz	ation qualifies as	box and stop here a publicly suppor	Explain in Part led organization.	IV how the ►
18 BAA	Private foundation. If the organiz	ation did not cheo	<u>ck a box on line, 1</u>	13, 16a, 16b, 17a,			tructions ►

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Schedule A (Form 990 or 990-EZ) 2009 THE CINEFAMILY

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support (f) Total Calendar year (or fiscal yr beginning in)> (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.').... 1 10,025 7,664 17,689. Gross receipts from 2 admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt 353,863. 508,126 861,989. purpose..... 3 Gross receipts from activities that are not an unrelated trade or business 0. under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on 0. its behalf The value of services or facilities furnished by a governmental unit to the Ο. organization without charge. 0 0 0. 363,888. 515,790 879,678. 6 Total. Add lines 1 through 5... 7a Amounts included on lines 1. 2, 3 received from disgualified 0 0 0. 0 0 0. persons..... b Amounts included on lines 2 and 3 received from other than disgualified persons that exceed the greater of 1% of the amount on line 13 for the 0. 0 0 0 0 0 0. 0. 0 0 0 0. c Add lines 7a and 7b... 8 Public support (Subtract line 20. ay 12-1. A. 1. A. 1. 89020 1997 - 1994 - 1. ti di der le baa 7c from line 6.). 879,678. Section B. Total Support (a) 2005 (b) 2006 (c) 2007 Calendar year (or fiscal yr beginning in) ► (d) 2008 (e) 2009 (f) Total 0 9 Amounts from line 6..... 0. 0 363,888 515,790 879,678 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form similar sources..... 0. b Unrelated business taxable income (less section 511 taxes) from businesses 0. acquired after June 30, 1975. 0. 0. 0 c Add lines 10a and 10b..... 0 0 0. Net income from unrelated business 11 activities not included inline 10b, whether or not the business is regularly carried on 0. Other income. Do not include gain or loss from the sale of čapital assets (Explain in Part IV.) 0. 13 Total support. (add Ins 9, 10c, 11, and 12.) 879,678. 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 14 ► X Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f). 15 15 % Public support percentage from 2008 Schedule A, Part III, line 15 16 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))..... 17 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17..... 18 % 19 a 33-1/3 support tests - 2009. 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** – **2008.** If the organization did not check a box on line 14 or 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

Schedule A (Form 990 or 990-EZ) 2009

26-1734079

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Page 4

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. Provide any other additional information. See instructions.

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601	HEDULE D					OMB No. 1545-0047
	rm 990)	Sup	Statements		2009	
	·	► Comple	0,	Open to Public		
Depar Intern	tment of the Treasury al Revenue Service	► Att	Part IV, lines 6, 7, 8, 9, 10, 1 ach to Form 990. ► See sepa	rate instructions		Inspection
Name	of the organization				Employ	er Identification number
TH	E CINEFAMILY	,				
10 Mar 1000				<u> </u>		734079
Pa	the organizat	zation answered 'Yes' t	r Advised Funds or Othe o Form 990, Part IV, line	6.	or Accounts	
			(a) Donor advised f	unds	(b) Funds a	nd other accounts
1		end of year				10- 4 and 1
2	00 0	outions to (during year)				
3	** * -	from (during year)			<u> </u>	
4		at end of year	And a second second second second second second second second second second second second second second second			
5	funds are the org	anization's property, subject	nor advisors in writing that the to the organization's exclusive	legal control?		
6	Did the organizat used only for cha purpose conferrir	tion inform all grantees, donc aritable purposes and not for ang impermissible private ben	ors, and donor advisors in writir the benefit of the donor or don efit??	ng that grant funds i or advisor or for an	may be y other	Yes No
Pa			ete if the organization an			
1	Purpose(s) of cor	nservation easements held b	y the organization (check all th	at apply).		· · · · · · · · · · · · · · · · · · ·
	Preservation	of land for public use (e.g., r	recreation or pleasure)	Preservation of a	in historically imp	ortant land area
	Protection of	natural habitat		Preservation of c	ertified historic s	tructure
		of open space				н 1
2	Complete lines 2 last day of the ta	a through 2d if the organizati x year.	on held a qualified conservatio	n contribution in the	e form of a conse	rvation easement on the
						t the End of the Year
						- Construction of the second s
1	D lotal acreage res	stricted by conservation ease	ments	· · · · · · · · · · · · · · · · · · ·	25	· · · · · · · · · · · · · · · · · · ·
		rvation easements on a certi	fied historic structure included in (c) acquired after 8/17/06	ın (a)	20	
3			transferred, released, extingui			
3						
4,	Number of states	where property subject to co	onservation easement is locate	d ►	مىلىمى بىرى مەربەر بىر	an an an an an an an an an an an an an a
5	Does the organiz and enforcement	ation have a written policy re of the conservation easeme	garding the periodic monitoring	g, inspection, handl	ing of violations,	Yes
6	during the year	er hours devoted to monitori	ng, inspecting, and enforcing c	onservation easeme	ents	se latar le set à tr
7	Amount of expen during the year	ses incurred in monitoring, in	nspecting, and enforcing conse	rvation easements	\$	
8	Does each conse 170(h)(4)(B)(i) ar	rvation easement reported or nd 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the rea	quirements of section	n .	Yes No
9	include, if applica	able, the text of the footnote	s conservation easements in its re to the organization's financial s	evenue and expense tatements that desc	statement, and ba cribes the organiz	lance sheet, and ration's accounting for
Par	conservation ease	tions Maintaining Colle	ctions of Art, Historical	Freasures, or Of	ther Similar A	ssets
	Complete	if the organization ansi	wered 'Yes' to Form 990,	Part IV, line 8.		
	the text of the foc	er similar assets held for pub otnote to its financial stateme	r SFAS 116, not to report in its lic exhibition, education, or res ents that describes these items	earch in furtherance	e of public service	e, provide, in Part XIV,
b	amounts relating	to these items:	SFAS 116, to report in its reve ic exhibition, education, or rese	earch in furtherance	e of public service	e, provide the following
	(II) Assets include	ed in Form 990, Part X	line 1		••••••••••••••	\$
	If the organization amounts required	received or held works of a to be reported under SFAS	rt, historical treasures, or other 116 relating to these items:	similar assets for f	inancial gain, pro	vide the following
а	Revenues include	d in Form 990, Part VIII, line	1		••••••	\$
D	Assets included in	1 Form 990, Part X				\$
BAA	For Privacy Act a	nd Bananyark Deduction A-	t Notice, see the Instructions (······································

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

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Schedule **D** (Form 990) 2009

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Schedule D (Form 990) 2009 THE C	INEFAMILY			26-173	34079	Page 2
Part III Organizations Maintain	ning Collecti	ons of Art, Histo	rical Treasures, o	r Other Similar As	sets (con	tinued)
3 Using the organization's acquisitio items (check all that apply):	n accession and	d other records, cheo	ck any of the following	that are a significant u	se of its col	lection
a 🛄 Public exhibition		d 🗌 Loan d	or exchange programs			
b Scholarly research		e 📃 Other				
c 🗌 Preservation for future genera	itions					
4 Provide a description of the organ Part XIV.			-		se in	
5 During the year, did the organizati assets to be sold to raise funds ra	ion solicit or rec ather than to be	eive donations of arl maintained as part o	t, historical treasures, of of the organization's co	or other similar illection?	Yes	No
Part IV Escrow and Custodial 9, or reported an amou	Arrangemen	its Complete if o	rganization answe			IV, line
1 a Is the organization an agent, trust included on Form 990, Part X?	ee, custodian, c	or other intermediary	for contributions or ot	her assets not	Yes	No
b If 'Yes,' explain the arrangement i	in Part XIV and	complete the followi	ng table:			
					Amount	
c Beginning balance						
d Additions during the year						
e Distributions during the year						
f Ending balance						
2a Did the organization include an ar		990, Part X, line 21?	· · · <i>· · · · · · · · · · · · · · · · </i>	••••••	Yes	No
b If 'Yes,' explain the arrangement						
Part V Endowment Funds Con						
-	(a) Current yea	r (b) Prior year	(c) Two years bac	ck (d) Three years back	(e) Four	r years back
1a Beginning of year balance		······		and a second second second second second second second second second second second second second second second		
b Contributions		<u>.</u>				
c Net Investment earnings, gains, and losses	· · ·					
d Grants or scholarships				n anna an Standigh a' Standard an Anna an Anna an Anna an Anna an Anna an Anna an Anna an Anna an Anna an Anna An Anna an Anna		
e Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance			anterior por su			
2 Provide the estimated percentage		and the second second second second second second second second second second second second second second second			· · · ·	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
a Board designated or quasi-endow	-	%		a an an an an an an an an an an an an an	يان المكافعين فيعر	. av 1
b Permanent endowment				te de de la composition de la	n in in	a a a a
c Term endowment	%			1	· ·	
3a Are there endowment funds not in	the possessior	of the organization	that are held and adm	inistered for the	· · · · ·	
organization by:						es No
(i) unrelated organizations					. 3a(i)	
(ii). related organizations	• • • • • • • • • • • • • • • • • • • •					
b If 'Yes' to 3a(ii), are the related or					. 3b	
4 Describe in Part XIV the intended	uses of the org	anization's endowme	ent funds.			
Part VI Investments-Land, Bu						
Description of investment		Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Boo	k Value
1a Land						
b Buildings.						
c Leasehold improvements						
d Equipment			10,339.	3,963.		6,376.
e Other						
Total. Add lines 1a through 1e (Column	(d) must equal	Form 990, Part X, co	olumn (B), line 10(c).)			6,376.
BAA				Sched	dule D (Forn	n <mark>990) 2009</mark>

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Schedule D (Form 990) 2009 THE CINEFAMILY Part VII Investments-Other Securities See F	orm QQO Dort V 1		734079 Page
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	arket value
Financial derivatives			
Closely-held equity interests			
Other			
	·		· · · · · · · · · · · · · · · · · · ·
	·		
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.)			
Part VIII Investments-Program Related (See			
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	uation
	1		
· ·		-	
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.)	· · · · · · · · · · · · · · · · · · ·		
Part IX Other Assets (See Form 990, Part X,	line 15) N/A		
(a) De	scription		(b) Book value
-	·		
·	··		
·		·····	
	· · ·		
	· · · · · ·		
		····	
	· · · ·		
Total. (Column (b) must equal Form 990, Part X, col.(B), I	ne 15)	•••••••••••••••••••••••••••••••••••••••	
Part X Other Liabilities (See Form 990, Part			
(a) Description of Liability	(b) Amount		
Federal Income Taxes			
		The second s	
		Tetra	
otal. (Column (b) must equal Form 990, Part X, col. (B) line 25)			

2. FIN 48 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.

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Part XIIII Reconciliation of Change in Net Assets from Form 990 to Financial Statements N/A 1 Total revenue (Form 990, Part VII, column (A), line 12)	Schedule D (Form 990) 2009 THE CINEFAMILY		26-1	734079	Page 4
1 Total revenue (Form 990, Part IX, 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 gams (losses) on investments. 5 Donated services and use of facilities. 6 Investment expenses. 7 Prior period adjustments (net). Add lines 4 through 8. 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9. PeartXILII Pecconcilitation of Revenue per Audited Financial Statements With Revenue per Return N/A 1 Total revenue, gains, and other support per audited financial statements. 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. 2a 2 2d 2 Add lines 2a through 24. 2 2e 3 A mounts included on Form 990, Part VIII, line 12, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b. 4a 4 Amounts included on Form 990, Part VIII, line 7b. 4c 5 Total expenses and line		m Form 990 to Financial State	ments	N/A	
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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.

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Part XIV Supplemental Information (continued)	
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Page 5

Schedule D (Form 990) 2009 THE CINEFAMILY

SCHEDULE L (Form 990 or 990-EZ)

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Transactions with Interested Persons

OMB No. 1545-0047

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

THE CINEFAMILY

26-1734079

Part I Excess	s Benefit Trans	sactions (section	on 501(c)(3) an	d section 501(c)(4) organizations only).
Complet	e if the organization	on answered 'Yes'	on Form 990, Part IV	V, line 25a or 25b, or F	orm 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?		
			Yes	No	

2	Enter the amount of tax imposed on the organization managers or disqualified persons during the year under		
	section 4958	-	Ş
-			

3	Enter	the amount	t of tax,	if any,	on line 2	2, above,	reimbursed by	the	organization	\$	

Part II Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan the orga	to or from anization?	(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	То	From			Yes	No	Yes	No	Yes	No
			·····							
<u>Total</u>	. <i>.</i>		<u></u> ►\$							
PartIII Grants or Assistance Ben Complete if the organization	efitting I on answe	ntereste ered 'Yes	d Persons. s' on Form 990, P	art IV, line 27.	• •	та н. 1911 г.	1 5 1 11	a i aite e	i i ka N	
(a) Name of interested person		b) Relationshi	p between interested person the organization		(c) Amoun					
					-,			·		
· · · ·										
									<u> </u>	

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	organi	aring of zation's nues?
				Yes	No
HARKHAM FAMILY ENTERPRISES	PARNTS OF BD MEMBR	24,000.	RENT THEATER FROM PTRS		X
		<u>_</u>	···		
BAA For Privacy Act and Paperwork Red	uction Act Notice, see the Instru	ctions for Form 990	Schedule L (Form 990 o	000 E7	2000

or 990-EZ.

Supplementa	Information	to Form	990
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SCHEDULE O (Form 990)

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

OMB No. 1545-0047 2009 Open to Public

Department of the Treasury Internal Revenue Service	Form 990 o	r to provide any additional information. ► Attach to Form 990.		Open to Public Inspection
Name of the organization THE CINEFAMILY			Employer identif 26-17340	
	·· 	R FAMILY RELATIONSHIP OF OFFIC	<u>ERS, DIRECT</u>	
DANIEL_HARKHAM_	AND_SAMUEL_HARKHAM	1 ARE SIBLINGS		
FORM 990, PART V	, LINE 8 - EXPLANATIO	N OF NO CONTEMPORANEOUSLY	OCUMENTATI	ON OF MEETINGS
THE ORGANIZATIC	N HAS NO COMMITTEE	2 <u>5</u>		
FORM 990, PART \	/I, LINE 11 - FORM 990	REVIEW PROCESS		
THE PRESIDENT A	ND SEC/TREAS REVIE	EW_FORM_990_PRIOR_TO_FILING.		
FORM 990, PART V	I, LINE 19 - OTHER ORG	ANIZATION DOCUMENTS PUBLICLY		
COPIES OF THE G	OVERNING DOCUMENTS	S AND FINANCIAL STATEMENTS A	RE AVAILABL	E BY WRITTEN
OR ORAL REQUEST	TO ANY MEMBER OF	THE BOARD OF DIRECTORS, THE	PRESIDENT	OR THE
EXECUTIVE DIREC	TOR.			
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Schedule O (Form 990) 2009	Page 2
Name of the organization	Employer identification number
THE CINEFAMILY	26-1734079
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10/31/10

2009 FEDERAL BOOK SUMMARY DEPRECIATION SCHEDULE

THE CINEFAMILY

26-1734079

PAGE 1

<u>NO.</u>	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	_METHODLIFE	CURRENT DEPR
FORM	A 199								
	POINT OF SALES SYSTEM	11 /17 /09		10 220			1 905	S/1	2 069
1		11/17/08		10,339			1,895	S/L S	<u> </u>
	TOTAL MACHINERY AND EQUIPME			10,339		0	1,895		2,068
	TOTAL DEPRECIATION			10,339		0	1,895		2,068
	GRAND TOTAL DEPRECIATION			10,339		0	1,895		2,068
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THE CINEFAMILY									26-173407	
NO	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR	_METHOD_ LIFE.	CURRENT DEPR.	
FORM 199	RY AND EQUIPMENT									
	T OF SALES SYSTEM	11/17/08		10,339			1,895	S/L 5	2,068	
TOTAL MACHINERY AND EQUIPME		NE		10,339		0	1,895		2,068	
				10,339		0	1,895		2,068	
GRAND TOTAL DEPRECIATION				10,339		0	1,895		2,068	
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