CT0150024

=₀m 990

Department of the Treasury Internal Revenue Service **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)

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

2012

Open to Public Inspection

Form 990 (2012)

	_					
A F	or the	2012 calendar year, or tax year beginning $f NOV 1 , 2012 $	OCT 31, 2013	3		
Вс	heck if	C Name of organization	D Employer identif	ication number		
aų	pplicable					
	Address change	THE CINEFAMILY				
〒	Name change	Doing Business As	─ 26~1	.734079		
H	Initial			_		
늗	_iretum Termin-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
늗	ated	611 N. FAIRFAX AVE.	(323	•		
느	Amende	City, town, or post office, state, and ZIP code	G Gross receipts \$	1,435,078.		
	Application	LOD MICHELL, CA 30030	H(a) Is this a group r	return		
	pending	F Name and address of principal officer: HADRIAN BELOVE	for affiliates?	Yes X No		
		SAME AS C ABOVE	H(b) Are all affiliates in	cluded? Yes No		
	97.070	mpt status: X 501(c)(3)	— ` '	a list. (see instructions)		
		www.cinefamily.org	H(c) Group exemption			
				M State of legal domicile: CA		
			ear of formation: 2007	M State of legal comicile: CA		
Pa		Summary		T. G. T. T.		
ø	1 6	briefly describe the organization's mission or most significant activities: ${ t TO}$ ${ t PROMO}$	TE THE THEATH	CICAL		
Ĕ	l I	PERFORMING ARTS AND EDUCATE THE PUBLIC CONCE	RNING CLASSIC	FILMS.		
Ë	2 (Check this box $lacktriangle$ if the organization discontinued its operations or disposed of $\mathfrak n$	ore than 25% of its net a	ssets.		
š	3 1	lumber of voting members of the governing body (Part VI, line 1a)	з	13		
Ğ		lumber of independent voting members of the governing body (Part VI, line 1b)		12		
Š		otal number of individuals employed in calendar year 2012 (Part V, line 2a)		34		
Activities & Governance						
ξ	b	otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, column (C), line 12 RECEIVE	<u> </u>			
Ac	7a T	otal unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	 		
	ÞΝ	let unrelated business taxable income from Form 990-T, line 34 Attorney General's				
		SEP 1 8 201	Prior Year	Current Year		
9	8 0	Ontributions and grants (Fart VIII, line 111)	342,0321			
Revenue	9 F	Program service revenue (Part VIII, line 2g)	786,900.	827,487.		
ě	10 li	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.		
æ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	76 0.	0.		
			1,127,934.			
_		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.		
		denefits paid to or for members (Part IX, column (A), line 4)				
es		salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	374,974.	453,948		
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) 95,775.	0.	0		
ğ	ьт	otal fundraising expenses (Part IX, column (D), line 25) 95,775.				
ű		other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	741,268.	902,961.		
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,116,242.	1,356,909.		
		levenue less expenses. Subtract line 18 from line 12	11,692.			
<u>= %</u>		OVERTICAL CASCAGA CASC	Beginning of Current Year	End of Year		
Net Assets or Fund Balances	gn -	istal consts (Part V. line 16)	56,113.	121,244.		
Sign Sign Sign Sign Sign Sign Sign Sign	20 T	otal assets (Part X, line 16)		1		
동	21 T	otal liabilities (Part X, line 26)	17,123.	4,085.		
		let assets or fund balances. Subtract line 21 from line 20	38,990.	117,159.		
	rt II	Signature Block	ı			
Unde	er penali	ies of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of m	y knowledge and belief, it is		
true,	correct,	and complete. Declaration of preparer (other than officer) is based on all information of which prepared	arer has any knowledge 👡 👚	/ l		
	Ī			75/14		
Sigr	.	Signature of officer	Date	· · · · · · · · · · · · · · · · · · ·		
		HADRIAN BELOVE, EXECUTIVE DIRECTOR	,	1		
Her	⁶	Type or print name and title		<u></u>		
	_		Date Check	IT PTIN		
		Print/Type preparer's name Preparer's signature)] 3,,,,,	 '		
Paid	_	MANAZ BENYAMINI	09/12/14 self-emptor			
Prep		Firm's name SINGERLEWAK LLP	Firm's EIN	95-2302617		
Use	Only [Firm's address 10960 WILSHIRE BLVD. STE 700				
		LOS ANGELES, CA 90024-3783	Phone no. (310) 477-3924		
Mav	the IR	S discuss this return with the preparer shown above? (see instructions)	1	X Yes No		

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

232001 12-10-12

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Form 990 (2012) THE CINEFAMI 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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			.
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
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	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l •		1
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	 		
•	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	Ť		
	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 temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	11a	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	11b		Х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	امدا		Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Α.
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Н.		
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	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 and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	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			7.5
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			х
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Λ
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	,,		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	''-		 -
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"	-~		
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	aan /	2012)

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Form 990 (2012) THE CINEFAMILY

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
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	22	,	х
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? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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?	24d		
	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		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
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? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X	
С	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? If "Yes," complete Schedule L, Part IV	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 I	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		х
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, Part II, III, or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35ь		
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	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197			
	Note, All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2012)

Enter the number reported in Box 3 of Form 1006, Enter 0- if not applicable 1s 38 to 10 Cold the organization comply with backing rules for reportable payments to vendors and reportable gaming (gambling) without providing to pitz without providing to the complex services of the organization or comply with backing rules for reportable payments to vendors and reportable gaming (gambling) without providing to pitz without providing the p		Check if Schedule O contains a response to any question in this Part V				
tall Enter the number reported in Exx 3 of form 1096. Enter of if not applicable					Yes	No
b Enter the number of Forms W-26 included in the 1a. Enter 0-finet applicable Cold the organization comply with backup withfulding rules for reportable payments to vendors and reportable gamning (gamthing) winnings to prize winners? 2a. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 2b. If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 3b. If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 3c. Did the organization have unrelated business gross income of \$5,000 or more during the year? 3c. Did the organization have unrelated business gross income of \$5,000 or more during the year? 3c. Did any taxes at filed a Form 900 Tor this year? If "No, *provide an explanation is Sendular Country". 3c. Did any taxes at filed a Form 900 Tor this year? If "No, *provide an explanation is Sendular Country". 3c. Did any taxes at filed a Form 900 Tor this year? If "No, *provide an explanation of the fine accountry". 3c. Did any taxes at filed a Form 900 Tor this year? If "No, *provide an explanation of or other financial accountry". 3c. Did any taxes be organization than 15 90.22.1, Report of Foreign Bank and Financial Accounts. 3c. Did any taxes be party neity the organization that twas or is a party to a prohibited sus wheter transaction at any time during the tax year? 3c. Did any taxes be party neity the organization that twas or is a party to a prohibited sus wheter transaction and party for year. 3c. Did any taxes be party neity the organization file Form 8886.17 3c. Did the organization that many receive deductible as charitable contributions? 3c. Did the organization selection that may receive deductible as charitable contributions? 3c. Did the organization selection that the selection of the value of the goods or services provided? 3c. Did the organization selection of the selection of the value of the goods or services provided? 3c. Did the o	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	_{1a} 38		1,00	
c Did the organization comply with backup withhoding rules for reportable payments to vendros and reportable gamining (gamiling) winnings to price winners? 2a Eiter the number of engloyees reported on Form W3. Transmittal of Wage and Tax Statements, field for the celendar year ending with or within the year covered by this return. 3 If all teast one is reported on line 2a, did the organization file all required federal employment tax returns? 3 If all teast one is reported on line 2a, did the organization file all required federal employment tax returns? 3 If If Yes, Institute is an 2 as is greater than 250, you may be required to e-file (see instructions) 3 If If Yes, Institute is an 2 as is greater than 250, you may be required to e-file (see instruction) 3 If Yes, Institute is an 2 as is greater than 250, you may be required to e-file (see instruction) 3 If Yes, Institute is an 2 as is greater than 250, you may be required to e-file (see instruction) 3 If Yes, Institute is an activity of the year? If Yes, Institute is a special payment of the year? 4 If Yes, Institute the name of the foreign country (such as a bank account, securities account, or other financial account; a financial account; a financial account, a financial account, and the file of the year of the organization self of the year of the year of the year year of the year of the year year year year year year year yea		· · · · · · · · · · · · · · · · · · ·	 ,	1		
gambling) winnings to prize winners? 2	c		portable gaming	1		
First for the calendary year ending with or within the year covered by this return 2a 34 34 34 34 34 34 34 3		•	=	1c	х	
b If a least one is reported on line 2e, 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) 3a	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
b If a least one is reported on line 2e, did the organization file all required federal employment tax returns? Note, if the sum of lines 1e and 2e is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If Yes, *has it filed a Form 900 To this year? If *No.*, *pravide an explanation in Schedule 0 3b A At any time during the calendary year, cild 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 accountly? 4a At any time the man of the foreign country: ► See instructions for filing requirements for Form TD # 9022.1, Report of Foreign Bank and Financial Accounts. 5b If Yes, *I old no signal party to a prohibited tax shelter transaction at any time during the tax year? 5c If Yes, *I old no signal party not a prohibited tax shelter transaction? 5c If Yes, *I old no signal party not a prohibited tax shelter transaction? 5c If Yes, *I old no signal party not a prohibited tax shelter transaction? 5c If Yes, *I old no signal party not a prohibited tax shelter transaction? 5c If Yes, *I old not seem and gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c If Yes, *I old the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7d If Yes, *I old the organization notify the donor of the value of the goods or services provided? 7e Did the organization selection of the value of the goods or services provided? 7f Did the organization selection of the value of the goods or services provided? 7f If If If If I I I I I I I I I I I I I		filed for the calendar year ending with or within the year covered by this return	2a 34	Ŀ		
Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-rife (see instructions) 3	ь		is?	2b	Х	•
b If "Yes." has it field a Form 990-T for this year? If "No." provide an explanation in Schedule O 4a At any time during the catendar 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)? 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. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 3a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 3a or 5b, did the organization file Form 8866 ?? 6d 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? 6d 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). a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? b If "Yes," clid the organization notify the chore of the value of the goods or services provided? 7 D X b If "Yes," indicate the number of Forms 8282 filed during the year b Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 D X 7 D X b If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? b If the organization received a contribution of cars, boats, aphanes, or other veribles, did the organization file Form 900. 5 Sponsoring organizations mai						
4a A 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)? See instructions for filing requirements for Form TD F 50-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 50-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 50-22.1, Report of Foreign Bank and Financial Accounts. See instructions of the graphical to the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5a	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country: P See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shetter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shetter transaction at any time during the tax year? 5b X X b Did any taxable party notify the organization file Form 8886-7? 6b 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 as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). b If "Yes," cid the organization notify the donor of the value of the goods or services provided to the payor? 7 If "Yes," indicate the number of Forms 8282 filed during the year. b Did the organization need, each pay any permitures, directly or indirectly, to pay premiums on a personal benefit contract? 7 If Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 If Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? 7 If Did the organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9 Sponsoring organizations make a distribution is need as each of the property, did the organization file form them.) 10 Section 501(c)(7) organizations. Enter: a Initiation fees and captalle contributions included on Part VIII, line 12. b Gross income from ther sources (bo not net amounts due or paid to other sources against	ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
b If "Yes," enter the name of the foreign country; So instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. So Was the organization a pearly to a prohibited tax shelter transaction at any time during the tax year? So Was the organization have the present of the state of the property of the organization that it was or is a party to a prohibited tax shelter transaction? So Ut 1' Yes, 1' bine So or 50, to line organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? So li H' Yes, ' did the organization notify the donor of the value of the goods or services provided? To lid the organization receive any funds, clirectly or indirectly, to pay premiums on a personal benefit contract? To lid the organization receive any funds, clirectly or indirectly, to pay premiums on a personal benefit contract? To lid the organization neceive any funds, clirectly or indirectly, to pay premiums on a personal benefit contract? Did the organization neceive any funds, clirectly or indirectly, to pay premiums on a personal benefit contract? By life the organization neceive any funds, clirectly or indirectly, to pay premiums on a personal benefit contract? By life the organization of careive and payments, clirectly or indirectly, on a personal benefit contract? By life the organization of the section of qualified intellectual property, did the organization file Form 8989 as required? By life the organization of the	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
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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? Sponsoring organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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. 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 Enter the amount of reserves on hand The Did the organization receive any payments for indoor tanning services during the tax year? 14a X Bi if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	_	• • • • • • • • • • • • • • • • • • • •				
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9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 b 10 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 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. 14b	•			a		
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b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	а			9a		
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11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13b Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a 13a 14a 15b 15b 16b 17b 17b 17b 17b 17b 17b 17b 17b 17b 17	b	, , , , , , , , , , , , , , , , , , , ,			Ī	
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. 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. 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 c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 13a 13b 13c 14a X b if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		amounts due or received from them.)	11b			
Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 13a 13b 13b 13c		1.7.	041?	12a		
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. 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 c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a X b if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b		12b			
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		· · · · · · · · · · · · · · · · · · ·		\sqcup		
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organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 13c 14a No, * provide an explanation in Schedule 0 14b		•				
c Enter the amount of reserves on hand	Ь	· · · · · · · · · · · · · · · · · · ·			l	
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0 14b						
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b				46		
		- · · · · · · · · · · · · · · · · · · ·			┵	
		in res, has it lieu a rount (20 to report these payments? It into, provide an explanation in Schedule	<u> </u>		990 /	20121

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

	Check if Schedule O contains a response to any question in this Part VI			X			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13						
	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.						
b	Enter the number of voting members included in line 1a, above, who are independent 1b 12						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1					
	officer, director, trustee, or key employee?	2		х			
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		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х			
6	Did the organization have members or stockholders?	6	Х				
7a							
more members of the governing body?							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
persons other than the governing body?							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b					
_	The governing body?	8a	x				
þ	Each committee with authority to act on behalf of the governing body?	8b		X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	ľ	Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
•			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		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?							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b					
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	in Schedule O how this was done	12c					
13	Did the organization have a written whistleblower policy?	13		Х			
14	Did the organization have a written document retention and destruction policy?	14		Х			
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?						
	The organization's CEO, Executive Director, or top management official	15a		X			
þ	Other officers or key employees of the organization	15b		X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			3.5			
	taxable entity during the year?	16a		<u> </u>			
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 take steps to safeguard the organization's						
· ·	exempt status with respect to such arrangements?	16b					
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed CA	•••					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and the section (organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are set in inspection.	vallab	16				
	for public inspection. Indicate how you made these available. Check all that apply.						
40	Own website Another's website X Upon request X Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finan	icial				
~	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 organiza HADRIAN BELOVE - (323) 655-2510	ion: 📂					
	611 N. FAIRFAX AVE., LOS ANGELES, CA 90036						
32000		Form	990	20121			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A)	(B)	Π		((C)			(D)	(E)	(F)
Name and Title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					han	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Instilutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ALBERT BERGER BOARD MEMBER	2.00	x						0.	0.	0.
(2) MICHAEL BACALL	2.00			Н	\vdash	\vdash		* .		
BOARD MEMBER		x						l o.	0.	0.
(3) ED BUCCELLATO	2.00									
BOARD MEMBER		x						0.	0.	0.
(4) DANIEL HARKHAM	2.00									
BOARD MEMBER		X						0.	0.	0.
(5) PHIL HOELTING	2.00	<u> </u>								
BOARD MEMBER		X			L			0.	0.	0.
(6) KASHY KHALEDI	2.00							_	_	_
BOARD MEMBER		X		_	L.			0.	0.	0.
(7) PHIL LORD	2.00	l							_	_
BOARD MEMBER		Х	_		L.			0.	0.	0.
(8) AMY PONCHER	2.00	l						1		_
BOARD MEMBER	2 00	X			L			0.	0.	0.
(9) MELISSA VOLPERT	2.00	۱.,							ا م	•
BOARD MEMBER	2 00	X						0.	0.	0.
(10) ALF LAMONT	2.00	x		x				0.	0.	0.
(11) DEANNA MACLELLAN	5.00	₽	\vdash	_	┝	\vdash		۷٠	0.	<u>U -</u>
PRESIDENT	3.00	x		X	1			٥.	0.	0.
(12) JOHN WYATT	2.00	₽	H	_	_	\vdash			0.	
TREASURER	2.00	х		X				o.	0.	0.
(13) HADRIAN BELOVE	40.00	 	Н			\vdash		**	0,1	
EXECUTIVE DIRECTOR		1		х				43,600.	0.	4,752.
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		L_	Щ	\square	L	Ш				
										
			L							Form 990 (2012)
232007 12-10-12										Form 330 (2012)

232007 12-10-12

rai	T VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st (es (continued)				
	(A)	(B)			•	C)			(D)	(E)		(F)		
	Name and title	Average	(do		Pos heck		n e than	one	Reportable	Reportable	,	E	stimate	ed
		hours per	box	, unle	ss pe	noan	is bot or/trus	h an	1	compensation		аг	nount	of
		week (list any	┢ᠸ			1	T		-	from related		i	other	.4:
		hours for	iect Ect						the organization	organizatior (W-2/1099-MI			pensa rom th	
		related	5	릞			23152		(W-2/1099-MISC)	(44-5) 1099-1411	30)		janizat	
		organizations	Individual trustee or directo	Instillutional trustec	1	g			(1121000 111100)			-	d relat	
		below	흝	LO CA	<u>_</u>	물	8 8	<u></u>					anizati	
		line)	휼	Isu	Officer	кеу етрюусе	Highest compensated employee	Former				L .		
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			<u> </u>	_	<u> </u>	┝	⊢	_						
		<u> </u>			İ	1								
16	Sub-total		<u> </u>	L	L	_	┢	<u> </u>	43,600.	<u>_</u>	0.		4,7	52.
10	Sub-total Total from continuation sheets to Part V	Il Section A	•••••	•••••	•••••	• • • • •			0.		0.		-,,	0.
	Total (add lines 1b and 1c)								43,600.		<u>0.</u>		4,7	
2	Total number of individuals (including but n							no r	<u>. </u>	.000 of reportab	le			
_	compensation from the organization						-,		****************	,				0
													Yes	No
3	Did the organization list any former officer,	director, or tru	stee	e, ke	у ег	nplo	oyee	, or	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual								••••••		3		Х
4	For any individual listed on line 1a, is the su	•							-	-				
_	and related organizations greater than \$15											4		X
5	Did any person listed on line 1a receive or a								ted organization or indivi	dual for services	•	_ !		х
Soc	rendered to the organization? If "Yes," com tion B. Independent Contractors	piete Scheauk	e J n	or st	JCN	pers	son .			***************************************		_5		Λ
1	Complete this table for your five highest co	mnensated inc	- lene	nde	nt c	onti	racto	are f	that received more than	\$100 000 of cor	nnene	ation	from	
•	the organization. Report compensation for	•									пропо	10011		
	(A)	,						Ī	(B)			(0		
	Name and business	address	NC	N	3				Description of s	ervices	C		nsatio	n
									•					
							_	\dashv	<u> </u>					
								_						
								寸			_			
								\perp						
2	Total number of independent contractors (i	_	ot lir	nite	d to		^	sted	above) who received m	ore than				
	\$100,000 of compensation from the organi	zation 🕨				(<u> </u>						വൈ ഗ	
														101101

232008 12-10-12

			INEFAMII	·Υ			26-1734	079 Page 9
Pa	rt VII					<u> </u>		
		Check if Schedule O cont	ains a response	to any question		(8)		
					(A) Total revenue	Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	1a					1
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues		261,647.				
And And		Fundraising events						
E E		Related organizations		11 750				ļ
Sir		Government grants (contribut		11,750.				
ig ja	f	All other contributions, gifts, gran		334,194.				i
of E	_	similar amounts not included abo Noncash contributions included in lines		334,194.				İ
ago	g h	Total. Add lines 1a-1f			607,591.			
				Business Code				
Ŗ	2 a	THEATER ADM, RE	ENT & CO	711110	827,487.	827,487.		i
ه يَ	ь							
S P	С							
Rev	d	·						
Program Service Revenue	е			ļ				
	f	All other program service reve			827,487.			<u> </u>
-	<u> </u>	Total. Add lines 2a-2f Investment income (including			027,407.			
	3	other similar amounts)	•	•				
	4	Income from investment of ta						
	5	Royalties	•	- 1				
		·	(î) Real	(ii) Personal				
	6 a	Gross rents						
		Less: rental expenses						
		Rental income or (loss)		<u> </u>				
		Net rental income or (loss)		1				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
	h	assets other than inventory Less: cost or other basis						
		and sales expenses						
	c	Gain or (loss)						
		Net gain or (loss)						
ø	8 a	Gross income from fundraisin	g events (not					
en e		including \$	of					
ě		contributions reported on line	1c). See					
Other Revenue		Part IV, line 18						
ŧ		Less: direct expenses						
		Net income or (loss) from fund		P				
	98	Gross income from gaming ac Part IV, line 19]]		į		
	h	Less: direct expenses						ļ
		Net income or (loss) from gam				1		
		Gross sales of inventory, less	-					
		and allowances						
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sale	s of inventory	······ >				
		Miscellaneous Revenu	e	Business Code		ļ		
- 1	11 a			 				
	ь			 - 				
	ت ام	All other revenue		 		+		
	e	Total. Add lines 11a-11d						
[12 _	Total revenue. See Instructions.			1,435,078.	827,487.	0.	0.
23200 12-10-	12							Form 990 (2012)

Form 990 (2012) THE CINEFAMIL Part IX Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oti	her organizations must co	omplete column (A).							
	Check if Schedule O contains a response to any question in this Part IX										
	not include amounts reported on lines 6b, 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,	46 535	40 435	2 157	0.043						
	trustees, and key employees	46,535.	_40,435.	3,157.	2,943.						
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
_	persons described in section 4958(c)(3)(B)	345,706.	300,350.	23,365.	21,991.						
7	Other salaries and wages	345,700.	300,330.	23,303.	21,991.						
8	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)	23,679.	20,601.	1,657.	1,421.						
9	Other employee benefits	38,028.	33,084.	2,662.	2,282.						
10	Payroli taxes Fees for services (non-employees):	30,0201	33,004.	2,002.	2,202.						
11	, , , ,										
b	Management										
c	LegalAccounting	1,667.		1,667.							
d	Lobbying										
e	Professional fundraising services. See Part IV, line 17										
ť	Investment management fees	 									
g	Other. (If line 11g amount exceeds 10% of line 25,										
•	column (A) amount, list line 11g expenses on Sch O.)	146,866.	102,805.	29,373.	14,688.						
12	Advertising and promotion	13,707.	10,966.		2,741.						
13	Office expenses	29,569.	20,698.	5,914.	2,957.						
14	Information technology	8,313.	5,819.	1,663.	831.						
15	Royalties										
16	Occupancy	131,669.	92,168.	26,334.	13,167.						
17	Travel	29,800.	20,860.	5,960.	2,980.						
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials	10.00			4						
19	Conferences, conventions, and meetings	10,389.	7,272.	2,078.	1,039.						
20	Interest										
21	Payments to affiliates	0.0.4	E C 2	74.64							
22	Depreciation, depletion, and amortization	804. 19,987.	563. 13,991.	161. 3,997.	80. 1,999.						
23	Insurance	13,301.	13,331,	3,997.	1,999.						
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.)										
а	FILM EXPENSE	306,714.	306,714.								
b	CONCESSION SUPPLIES/MER	68,891.	55,113.		13,778.						
c	EQUIPMENT	34,511.	24,158.	6,902.	3,451.						
d	BANK FEES	33,660.	32,795.	577.	288.						
	All other expenses	66,414.	48,262.	9,013.	9,139.						
25	Total functional expenses. Add lines 1 through 24e	1,356,909.	1,136,654.	124,480.	95,775.						
26	Joint costs. Complete this line only if the organization			· -	<u> </u>						
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)										

Check if Schedule O contains a response to any question in this Part X... (A) (B) Beginning of year End of year 44.557. 19,025. Cash - non-interest-bearing 1 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 100. 22,055. 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other 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 instr). Complete Part II of Sch L 6 Assets 7 Notes and loans receivable, net Inventories for sale or use 8 3.717. 972. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 25,829. basis. Complete Part VI of Schedule D ______ 10a 7,739. 16,582. b Less: accumulated depreciation ______10b 10c Investments - publicty traded securities 11 11 12 Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 62,<mark>610.</mark> O. Other assets. See Part IV, line 11 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 56,113. 121.244. 16 16 6,795. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 10,328 Schedule D 25 26 26 Total liabilities. Add lines 17 through 25 complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances Unrestricted net assets 27 27 28 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 0 Capital stock or trust principal, or current funds 30 30 0. Paid-in or capital surplus, or land, building, or equipment fund 31 38,990. 117,159.Retained earnings, endowment, accumulated income, or other funds 32 32 38,990. 117,159. Total net assets or fund balances 33 33 56.113. 121,244. Total liabilities and net assets/fund balances

Form **990** (2012)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

Form 990 (2012)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-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.

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

2012

Open to Public Inspection

Employer identification number

Name of the organization

THE CINEFAMILY 26-1734079 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.) 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.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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: ____ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 L section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 X 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 🔟 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d Type III - Non-functionally integrated b Type II c Type III - Functionally integrated 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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type II1 supporting organization, check this box 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, Yes Nο the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (iv) is the organization (v) Did you notify the (vi) Is the (i) Name of supported (iii) EIN (iii) Type of organization (vii) Amount of monetary organization in col. (i) organized in the U.S.? in col. (i) listed in your organization in col. (described on lines 1-9 organization support governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes No Yes

232021 12-04-12 Schedule A (Form 990 or 990-EZ) 2012

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2012 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 📂	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and		_				
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	<u> </u>					
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		<u> </u>				
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)						
	Public support. Subtract line 5 from line 4.	<u> </u>	<u> </u>		ļ		
	tion B. Total Support		1				·
	ndar year (or fiscal year beginning in)	(a) 2008	(P) 5009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4		.		<u> </u>]
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
_	and income from similar sources			 		 -	
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on	ļ 		-			
10	Other income. Do not include gain						
	or loss from the sale of capital						
4.4	assets (Explain in Part IV.) Total support. Add lines 7 through 10				 		
	Gross receipts from related activities,	ote lega instructi	lone)		<u> </u>	12	<u> </u>
	First five years. If the Form 990 is for						
13	organization, check this box and stop						▶□
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2012 (I	line 6. column (f) d	livided by line 11.	column (f))		14	%
	Public support percentage from 2011					15	%
	33 1/3% support test - 2012. If the d					nore, check this bo	ox and
	stop here. The organization qualifies						
b	33 1/3% support test - 2011. If the c						
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts∙and-circumstar	ices" test, check t	his box and stop i	here. Explain in Pa	rt IV how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supporte	d organization	.4	
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, o	heck this box and	stop here. Explai	n in Part IV how the	
	organization meets the 'facts-and-circ	cumstances" test.	The organization	qualifies as a publ	licly supported org	anization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, <u>1</u> 6	ia, 16b, 17a, or 17	b, check this box a	and see instruction	s 🕨 🔲
					Sch	edule A (Form 990	or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 THE CINEFAMILY 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and	_					
	membership fees received. (Do not						
	include any "unusual grants.")	10,025.	7,664.	114,736.	341,034.	607,591.	1,081,050.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	353,863.	508,126.	610,428.	786,900.	827,487.	3,086,804.
2	Gross receipts from activities that	300,000.	000,1200	010,1101	, , , , , , , , , , ,	527,2070	
3	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						_
	furnished by a governmental unit to						
	the organization without charge	363,888.	515,790.	725,164.	1,127,934.	1,435,078.	4,167,854.
	Total. Add lines 1 through 5	303,000.	313,730.	123,104.	1,127,934.	1,435,076.	4,107,034.
78	Amounts included on lines 1, 2, and						0.
t	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0.
_	amount on line 13 for the year	_					0.
	Add lines 7a and 7b						4,167,854.
	Public support (Subtract line 7c from fine 6) ction B. Total Support			<u>_</u>	<u> </u>	·	4,107,054.
_	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	363,888.	515,790.	725,164.	1,127,934.	1,435,078.	4,167,854.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	505,000			-,,	_,,	
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			9		:	
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is						
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.)	363,888.	515,790.	725,164.	1,127,934.	1,435,078.	4,167,854.
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	ation,
							<u></u> ▶X
Se	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2012 (line 8, column (f) di	ivided by line 13, c	olumn (f))		15	%
16	Public support percentage from 2011	Schedule A, Part	iii, line 15			16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	12 (line 10c, colun	nn (f) divided by lir	e 13, column (f))		17	%
18	Investment income percentage from	2011 Schedule A, I	Part III, line 17			18	%
198	33 1/3% support tests - 2012. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a	· ·					▶□
t	33 1/3% support tests - 2011. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	. —
	line 18 is not more than 33 1/3%, che		-	•		-	
<u>20</u>	Private foundation. If the organization	n did <u>not check a l</u>	box on line 14, 19	a, or 19b, check th		tructions990	
0200	00 10 04 10				Sch	nailea a learm uar	.or walke /1 20112

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, line 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 Open to Public inspection

Name of the organization

THE CINEBAMILY

Employer identification number 26-1734079

- B-	TRE CINEFAMILI	A		26-1/340/9
Pai		IS OF A	CCOL	Ints.Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.			
	(a) Donor advised funds	(1	b) Fur	ds 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 advi	ised fun	ds	
	are the organization's property, subject to the organization's exclusive legal control?			Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be			
•	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose			
	impermissible private benefit?		_	Yes No
Pai	rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990,			
1	Purpose(s) of conservation easements held by the organization (check all that apply).			
•	Preservation of land for public use (e.g., recreation or education) Preservation of an h	ietoric all	v imn	ortant land area
	Protection of natural habitat			
		i cined i na	SCUIC	structure
_	Preservation of open space			-41
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form	ı or a ço	nserv	ation easement on the last
	day of the tax year.	ı		Hald state Fact state Ton Mana
		j		Held at the End of the Tax Year
	Total number of conservation easements		2a	
	Total acreage restricted by conservation easements		2b_	
C	Number of conservation easements on a certified historic structure included in (a)		2c	
d	•••••••••••••••••••••••••••••••••••••••	ture		
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the	ne organ	izatio	n 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	ı		
	violations, and enforcement of the conservation easements it holds?	*****		Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements	during th	ne yea	ır 🕨
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements durin	g the ye	ar 🟲	\$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 17	0(h)(4)(B)(ī)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expens	e staten	nent, a	and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that describes			
	conservation easements.	_		_
Pai	rt III Organizations Maintaining Collections of Art, Historical Treasures, or C	Other S	Simil	ar Ássets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.			
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue state	ment an	id bala	ance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in further			
	the text of the footnote to its financial statements that describes these items.			
ь	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statemen	nt and ba	alance	sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of pi			
	relating to these items:		, p	av ara ranaming mineville
	(i) Revenues included in Form 990, Part VIII, line 1			\$
_	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financi			
2	•	aı yalıı, j	סועטוע	u
_	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:			•
8				
Þ	Assets included in Form 990, Part X	· · · · · · · · · · · · · · · · · · ·		D

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

Sche	dule D (Form 990) 2012 THE CINE	FAMILY					26-	1734079 Page 2	
Pai	t III Organizations Maintaining Co	llections of A	rt, Histor	ical Tre	easures, e	or Other	Similar A	ssets(continued)	
3	Using the organization's acquisition, accession	n, and other record	ds, check an	y of the	following tha	at are a sign	ificant use o	f its collection items	
	(check all that apply):								
а	Public exhibition	c			hange progra				
ь	Scholarly research	•	e Ll Oth	er					
С	c Preservation for future generations								
4	Provide a description of the organization's coll	ections and explai	in how they	further th	ne organizati	on's exemp	t purpose ir	Part XIII.	
5	During the year, did the organization solicit or	receive donations	of art, histor	rical treas	sures, or oth	er similar a:	ssets		
	to be sold to raise funds rather than to be mail							Yes No	
Pai	t IV Escrow and Custodial Arrang		ete if the org	ganizatio	n answered	"Yes" to Fo	rm 990, Pari	: IV, line 9, or	
	reported an amount on Form 990, Part						_		
1a	Is the organization an agent, trustee, custodia		=						
	on Form 990, Part X?				•••••		***************************************	. Yes Mo	
b	If "Yes," explain the arrangement in Part XIII a	nd complete the fo	ollowing tabl	e:					
								Amount	
	Beginning balance						1c		
	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance								
	Did the organization include an amount on For							.└──Yes ├── No	
_	If "Yes," explain the arrangement in Part XIII. C						<u></u>	<u></u>	
Pai	t V Endowment Funds. Complete if t		T				Thurs	and C. A. Communication in contraction	
		(a) Current year	(b) Prior	year	(c) Iwo yea	rs Dack (d)	Three years t	ack (e) Four years back	
1a	Beginning of year balance					<u> </u>		- 	
þ	Contributions								
C	Net investment earnings, gains, and losses	 –							
d	Grants or schotarships							 	
е	Other expenditures for facilities			ł					
	and programs					+			
f	Administrative expenses					-			
9	End of year balance	nt year and halan	l na /lina 1a a	aluma /a	// bold se:				
2	Provide the estimated percentage of the curre Board designated or quasi-endowment	nt year end balan	se (interig, c %	оципп (а	ij) neid as.				
a b	Permanent endowment	%	— ⁷⁰						
_	Temporarily restricted endowment	% %							
U	The percentages in lines 2a, 2b, and 2c should								
30	Are there endowment funds not in the possess	•	ration that ar	e held a	nd administa	red for the	organization	•	
Old	by:	sion or the organiz	acion that a	O HOIG GI	na daniiniste	il CO IOI IIIC	organizatio.	Yes No	
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							·····	
ь	If "Yes" to 3a(ii), are the related organizations i	isted as required o	n Schedule	R2		•••••		3b	
4	Describe in Part XIII the intended uses of the c					• • • • • • • • • • • • • • • • • • • •			
Pai	t VI Land, Buildings, and Equipme								
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Accu	ımulated	(d) Book value	
		basis (investr		basis (other)	depre	ciation		
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment			2	5,829.		9,247.	16,582.	
	Other	E							
Total	. Add lines 1a through 1e. (Column (d) must equ	ual Form 990, Part	X, column (i	B), line 1	O(c).)		>	16,582.	

► 16,582. Schedule D (Form 990) 2012

1. (a) Description of liability (b) Book value

(1) Federal income taxes

(2) PAYROLL TAXES PAYABLE 563.

(3) SALES TAX PAYABLE 1,885.

(4) WAGES PAYABLE 1,346.

(5)

(6)

(7)

(8)

(9)

(10)

(11)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 3,794.

Schedule D (Form 990) 2012

^{2.} FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2012

TAKEN IN A TAX RETURN. IN ACCORDANCE WITH ASC 740, THE ORGANIZATION

Schedule D (Form 990) 2012

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered

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

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

OMB No. 1545-0047

Quen To Public

Inspection

Name of the organization

Employer identification number

	HE CINE						26	-17	340	79		
Part I Excess Bene	fit Transact	ons (section 5	01(c)(3	3) and s	section 501(c)(4) org	anizations only).				•		_
Complete if the o	rganization ans	wered "Yes" on	Form 9	990. Pa	art IV, line 25a or 25	b, or Form 990-EZ, #	Part V.	line 40	Ob.			
1	(b)	Relationship bet			lified	-				(d)	Corre	cted?
(a) Name of disqualified po	erson	person and o		•	(6	c) Description of train	nsactio	n			es	No
		pondon and o	. g			_				+	+	
						·				+		
										\dashv	-+	
										+	-+	
-	- -										-	
										+	-+	
2 Enter the amount of tax in section 4958		_	_		qualified persons du			. s				
3 Enter the amount of tax, i	fany on line 2	above reimburs	sed by	the or	rganization							
o English and amount of tax,	ir arry, Or arro 2,	abovo, realibore	,		941112440017			•				
Part II Loans to and	or From In	terested Per	sons									
	rnanization ans	wered "Ves" on	Form (000.F7	, Part V, line 38a or	Form 990 Part IV li	ne 26.	or if th	ne Oro:	anizati	nn -	
reported an amou	-				., 1 art 1, 1110 000 01			J. 1, L	.c o.g.	21 112-04-1	011	
	(b) Relationship		(d) Lo	an to or	(e) Original	(f) Balance due	(a) In	(h) Ap	proved	m W	/ritten
interested person	with organization	of loan		n the zation?	principal amount	(1) Dalarice due		ult?	comn	ard or nittee?	agree	ment?
	organization			From			Yes	No	Yes	No	Yes	No
			 '`	1.10			1.00		100	, NO	100	
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Total Part III Grants or Ass	sistance Re	nefiting Inte	reste	d Pe	<u>\$</u>							
		•										
Complete if the or						(d) Turns	- of		l.) Purp		
(a) Name of interested p	erson	(b) Relationship interested personal the organization	son an	and assistance assistance			assista					
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	1											

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

Schedule L (Form 990 or 990-EZ) 2012

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
<u> </u>				Yes	No	
HARKHAM FAMILY ENTERPRIS	ESBOARD MEMBER'S PARE	114,000.	THEATER REN		Х	
	-					
				 		
					<u> </u>	
					 	
Part V Supplemental Information Complete this part to provide addit	ional information for responses to question	s on Schedule L (see	instructions).			
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:			
(A) NAME OF PERSON: HARK	HAM FAMILY ENTERPRISE	S, L.P.				
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AND	D ORGANIZAT	'ION:			
BOARD MEMBER'S PARENT IS	OWNERS OF COMPANY OW	NING THEAT	ER			
(C) AMOUNT OF TRANSACTIO	N \$ 114,000.					
(D) DESCRIPTION OF TRANS	ACTION: THEATER RENT	 				
(E) SHARING OF ORGANIZAT	ION REVENUES? = NO					
			<u> </u>			
						
						

SCHEDULE O (Form 990 or 990-EZ)

G

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

2012
Open to Public Inspection

Name of the organization

THE CINEFAMILY

Employer identification number 26-1734079

FORM 990, PART VI, SECTION A, LINE 6: THIS ORGANIZATION HAS ONE VOTING

MEMBER WITH SUCH RIGHTS AND PRIVILEGES AS ARE CONTAINED IN THE ARTICLES OF

INCORPORATION AND BYLAWS OF THE CORPORATION AND CONFERRED UPON MEMBERS BY

THE CALIFORNIA NONPROFIT CORPORATION LAW.

FORM 990, PART VI, SECTION A, LINE 8B: THE ORGANIZATION DID NOT MAINTAIN A COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S FORM 990 IS

PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND WHO PROVIDE A COPY OF THE FORM

990 TO THE PRESIDENT AND SECRETARY/TREASURER FOR REVIEW. ONCE REVIEWED AND

APPROVED BY THEM, THE FORM 990 IS THEN ELECTRONICALLY FILED.

FORM 990, PART VI, SECTION C, LINE 19: COPIES OF THE GOVERNING DOCUMENTS

AND FINANCIAL STATEMENTS ARE AVAILABLE BY WRITTEN OR ORAL REQUEST TO ANY

MEMBER OF THE BOARD OF DIRECTORS, THE PRESIDENT OF THE ORGANIZATION, OR

EXECUTIVE DIRECTOR.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROJECTIONISTS:

PROGRAM SERVICE EXPENSES 13,926.

MANAGEMENT AND GENERAL EXPENSES 3,979.

FUNDRAISING EXPENSES 1,990.

TOTAL EXPENSES 19,895.

DESIGNERS:

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

Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012)	Page 2 Employer identification number
Name of the organization THE CINEFAMILY	26-1734079
PROGRAM SERVICE EXPENSES	8,120.
MANAGEMENT AND GENERAL EXPENSES	2,320.
FUNDRAISING EXPENSES	1,160.
TOTAL EXPENSES	11,600.
EVENT COORDINATOR:	
PROGRAM SERVICE EXPENSES	3,379.
MANAGEMENT AND GENERAL EXPENSES	965.
FUNDRAISING EXPENSES	483.
TOTAL EXPENSES	4,827.
AUDIO/VISUAL:	
PROGRAM SERVICE EXPENSES	5,373.
MANAGEMENT AND GENERAL EXPENSES	1,535.
FUNDRAISING EXPENSES	768.
TOTAL EXPENSES	7,676.
CATERING:	
PROGRAM SERVICE EXPENSES	2,635.
MANAGEMENT AND GENERAL EXPENSES	753.
FUNDRAISING EXPENSES	376.
TOTAL EXPENSES	3,764.
DEVELOPMENT CONSULTANT:	
PROGRAM SERVICE EXPENSES	16,625.
MANAGEMENT AND GENERAL EXPENSES	4,750.
FUNDRAISING EXPENSES	2,375.
TOTAL EXPENSES 232212 01-04-13	23,750. Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization THE CINEFAMILY	Employer identification number 26-1734079
EVENT CONTRACTORS:	
PROGRAM SERVICE EXPENSES	4,760.
MANAGEMENT AND GENERAL EXPENSES	1,360.
FUNDRAISING EXPENSES	680.
TOTAL EXPENSES	6,800.
EVENT PRODUCER:	
PROGRAM SERVICE EXPENSES	566.
MANAGEMENT AND GENERAL EXPENSES	162.
FUNDRAISING EXPENSES	80.
TOTAL EXPENSES	808.
IT CONSULTANTS:	-
PROGRAM SERVICE EXPENSES	4,465.
MANAGEMENT AND GENERAL EXPENSES	1,276.
FUNDRAISING EXPENSES	638.
TOTAL EXPENSES	6,379.
MAINTENANCE & REPAIRS:	
PROGRAM SERVICE EXPENSES	32,344.
MANAGEMENT AND GENERAL EXPENSES	9,241.
FUNDRAISING EXPENSES	4,621.
TOTAL EXPENSES	46,206.
MARKETING CONSULTANT:	
PROGRAM SERVICE EXPENSES	137.
MANAGEMENT AND GENERAL EXPENSES	39 . Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012) Name of the organization THE CINEFAMILY	Employer identification numb 26-1734079
FUNDRAISING EXPENSES	20
TOTAL EXPENSES	196
PUBLICIST:	
PROGRAM SERVICE EXPENSES	875
MANAGEMENT AND GENERAL EXPENSES	250
FUNDRAISING EXPENSES	125
TOTAL EXPENSES	1,250
OPERATIONS CONSULTANT:	
PROGRAM SERVICE EXPENSES	8,784
MANAGEMENT AND GENERAL EXPENSES	2,510
FUNDRAISING EXPENSES	1,25
TOTAL EXPENSES	12,549
PRODUCTION:	
PROGRAM SERVICE EXPENSES	453
MANAGEMENT AND GENERAL EXPENSES	129
FUNDRAISING EXPENSES	65
TOTAL EXPENSES	645
COMMISSIONS/BONUS:	<u> </u>
PROGRAM SERVICE EXPENSES	280
MANAGEMENT AND GENERAL EXPENSES	80
FUNDRAISING EXPENSES	40
TOTAL EXPENSES	400
ART AND ILLUSTRATION: 232212 01-04-13	Schedule O (Form 990 or 990-EZ) (201



Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization THE CINEFAMILY	Employer identification number 26-1734079
PROGRAM SERVICE EXPENSES	85.
MANAGEMENT AND GENERAL EXPENSES	24.
FUNDRAISING EXPENSES	12.
TOTAL EXPENSES	121.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	146,866.

Form 8	868 (Rev. 1-2013)					Page 2	
• If vo	u are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check this	sbox		► [X]	
Note.	Daly complete Part II if you have already been granted an a	automatic	3-month extension on a previously f	iled Form	B868.		
●• If vo	users filing for an Automatic 3-Month Extension, comple	te only Pa	art (on page 1).				
Part	II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no co	pies needed).		
_			Enter filer's		g number, see ii		
Type o	Name of exempt organization or other filer, see instru	ıctions		Employer	identification nu	mber (EIN) or	
print					26 17240	170	
File by ti					26-1734079		
filing you	. Number, street, and room or suite no. If a P.O. box, s	see instruc	tions.	Social se	curity number (SS	SN)	
return. S Instruction							
0130 acu	City, town or post office, state, and ZIP code. For a P	oreign add	fress, see instructions.				
	LOS ANGELES, CA 90024						
			and the second second			01	
Enter	the Return code for the return that this application is for (相	e a separa	ate application for each return)				
	41	Return	Application			Return	
Applic	ation	Code	Is For			Code	
ls For		01					
	990 or Form 990-FZ	02	Form 1041-A			08	
	990-BL	03 _	Form 4720			_09	
	4720 (Individual)	04	Form 5227	•		10	
_	390-PF 390-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
	990-T (trust other than above)	06	Form 8870			12	
STOP	Do not complete Part II if you were not already granted	d an autor	natic 3-month extension on a pre-	lously file	d Form 8868.		
	DANIEL HARKHAM						
● Th	books are in the care of b 611 N. FAIRFAX	AVE.	- LOS ANGELES, CA	9003	<u>6</u>		
Tot	ephone No. (323) 655-2510		FAX No. ▶				
• If ti	ne organization does not have an office or place of busines	s in the U	nited States, check this box			▶ □	
• If #	his is for a Group Return, enter the organization's four digit	Group Ex	emption Number (GEN)	lf this is fo	r the whole group	, check this	
hov 1	If it is for part of the group, check this box	and atta	ach a list with the names and FINs o	fall memb	ers the extension	is for	
4	I request an additional 3-month extension of time until S	<u>EPTEM</u>	BER 15. 2014			_	
5	For calendar year, or other tax year beginning	<u> NOV 1</u>	, 2012 , and endir	g OCT	<u>31, 201</u>	3	
6	If the tax year entered in line 5 is for less than 12 months,	check reas	son: Initial retum	Final r	eturn		
	Change in accounting period		•				
7	State in detail why you need the extension						
	ADDITIONAL TIME IS NECESSARY	TO GA	THER INFORMATION 1	N OKD	ER TO FI	<u> </u>	
	COMPLETE AND ACCURATE TAX RET	URN.			_	 	
		·				-	
	If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, i	enter the tentative tax, less any	8a	\$	0.	
	nonrefundable credits. See instructions.			 00 -	Ψ		
b	If this application is for Form 990 PF, 990 T, 4720, or 6069	, enter any	y refundable credits and estimated				
	tax payments made. Include any prior year overpayment a	llowed as	a credit and any amount paid	8b	s	0.	
	previously with Form 8868.			- ~	-		
C	Balance due. Subtract line 8b from line 8a. Include your p			8c	s	0.	
	EFTPS (Flectronic Federal Tax Payment System). See insti	nictions.	st be completed for Part II		L_ *		
Under	penalties of perjury, I declare that I have examined this form, incluie, correct, and complete, and tyat I am authorized to prepare this	idina accon	npanying schedules and statements, and	to the best	of my knowledge a	nd belief,	
	7 / 7)			D	ate ▶6/04/2014		
Siona	ure Title T	UFA				(Rev. 1-2013)	
					LOUIT COOL	(nev. 1-2013)	
	ν						

Form **8868**(Rev. January 2013

(Rev. January 2013)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

		a anhi Da	rt Land shock this hav			X
● If you a	re filing for an Automatic 3-Month Extension, complet re filing for an Additional (Not Automatic) 3-Month Ext	e only Pa	omplete only Part II (on page 2 of t	his form).		
If you a	mplete Part II unless you have already been granted a	in automa	tic 3-month extension on a previous	v filed For	m 8868. ·	
Do not coi	mplete Part II unless you have already been granted a cifling (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of time	e to file (6	months for a corp	oration
required to	of file Form 990-T), or an additional (not automatic) 3-mor	th extens	ion of time. You can electronically fil	e Form 88	68 to request an e	xtension
required it of time to	file any of the forms listed in Part I or Part II with the exc	eption of	Form 8870, Information Return for T	ransfers A	ssociated With Ce	rtain
Porsonal F	Benefit Contracts, which must be sent to the IRS in paper	er format	(see instructions). For more details of	n the elec	tronic filing of this f	form,
	irs.gov/efile and click on e-file for Charities & Nonprofits.		·			
Part I	Automatic 3-Month Extension of Time	Only s	ubmit original (no copies nee	ded).		
A corpora	tion required to file Form 990-T and requesting an auton	natic 6-mo	nth extension - check this box and o	complete		
Part Lonly						. []
All other c	orporations (including 1120-C filers), partnerships, REM.	ICs, and ti	rusts must use Form 7004 to reques	t an exten:	sion of time	
	me tax returns.			_		
Type or	Name of exempt organization or other filer, see instru-	ctions.		Employer	identification num!	ber (EIN) or
print					26 172405	7.0
-	THE CINEFAMILY				26-173407	
File by the due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruct	tions.	Social se	curity number (SSN	l)
filing your return. See	611 N. FAIRFAX AVE.					
Instructions.	City, town or post office, state, and ZIP code. For a fo	reign add	ress, see instructions.			
	LOS ANGELES, CA 90036					
	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		to application for each return)			0 1
Enter the	Return code for the return that this application is for (file	a separa	te application for each return,		***************************************	
<u> </u>		Return	Application	•	 -	Return
Application	on .	Code	Is For			Code
Is For	or Form 990-EZ	01	Form 990-T (corporation)	_		07
Form 990		02	Form 1041-A		<u></u>	08
	0 (individual)	03	Form 4720			09
Form 990		04	Form 5227			10
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	-T (trust other than above)	06	Form 8870			12
	DANIEL HARKHAM		-		_	
• The bo	ooks are in the care of 611 N. FAIRFAX	AVE.	- LOS ANGELES, CA	9003	<u>6</u>	
Teleph	one No. ► (323) 655-2510		FAX No. 🕨			
• If the c	roanization does not have an office or place of business	s in the Ur	nited States, check this box			• 📖
• If this i	s for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) I	f this is fo	r the whole group,	check this
box 🕨 [If it is for part of the group, check this box	and atta	ch a list with the names and EINs o	fall memb	ers the extension is	s for.
1 I red	quest an automatic 3-month (6 months for a corporation	required	to file Form 990-T) extension of time	until		
		t organiza	tion return for the organization name	ed above.	The extension	
is fo	or the organization's return for:					
إ	calendar year or		OCM 31 2013			
≱l	X tax year beginning NOV 1, 2012	, an	d ending OCT 31, 2013		- •	
			Initial enture	Final retur	n	
2 If th	ne tax year entered in line 1 is for less than 12 months, c	heck reas	on: Lifnitial return Lif	rinai retur	11	
	_ Change in accounting period					
	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 60ee o	nter the tentative fav. less any			
		ui 0005, 6	intel die terminae tax, less dry	За	\$	0.
nor	nrefundable credits. See instructions. his application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			
	nis application is for Form 990-PF, 990-1, 4720, or 6009, imated tax payments made. Include any prior year over			3ь	\$	0.
est	ance due. Subtract line 3b from line 3a. Include your pa	vment wit	th this form, if required.	1	<u> </u>	 -
c Bal	using EFTPS (Electronic Federal Tax Payment System).	See instr	actions.	3c	\$	0.
Dy'	Using EFTFS (Electronic Federal Tax Full mithod withdrawal)	with this F	orm 8868, see Form 8453-FO and F		_	tructions.

223841

Form 8868 (Rev. 1-2013)

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 88	68 (Rev. 1-2013)						Page 4
	are filing for an Additional (Not Automatic) 3-Month Ex						LXJ
Note. Or	nly complete Part II if you have already been granted an a	automatic	3-month extension on a previously f	iled Form	8868.		
If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I (on page 1).				
Part I	Additional (Not Automatic) 3-Month E	xtensio					 ,
			Enter filer's	identifyir	ig numbe	r, see insi	ructions
Type or Name of exempt organization or other filer, see instructions Emprint					Employer identification number (Eli		
File by the	THE CINEFAMILY				<u> 26-1</u>	73407	9
due date for filling your		see instruc	ctions.	Social se	curity nun	nber (SSN)
instructions	City, town or post office, state, and ZIP code. For a f			·			
	LOS ANGELES, CA 90024						
Enter the	e Return code for the return that this application is for (fil	e a separa	ate application for each return)	······································			01
Applicat	tion	Return	Application				Return
ls For		Code	Is For		_		Code
Form 99	0 or Form 990-F7	.01					ļ
Form 99		02	Form, 1041-A				08
Form 47	20 (individual)	03	Form 4720		_		.09
Form 99	0.PF	.04	Form 5227				10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form.6069	_			11
Form 99	0-T (trust other than above)	06	Form 8870	.—	_,	000	12
STOP! D	o not complete Part II if you were not already granted		matic 3-month extension on a prev	iously file	ea Form 8	868.	
	DANIEL HARKHAM		tog Morteg ga	0002	c		
• The b	books are in the care of 611 N. FAIRFAX	AVE.		9003	0	••••	
	hone No.▶ <u>(323) 655-2510</u>		FAX No. D				
	organization does not have an office or place of busines						book thic
	is for a Group Return, enter the organization's four digit	Group Ex	emption Number (GEN) I ach a list with the names and EINs of	i tilis is io	r ine who	e group, c	for
box -	If it is for part of the group, check this box equest an additional 3-month extension of time until S.			an memi	ers me er	iensiurus	.16.11
4 in	equest an additional 3-month extension of time until 22. In calendar year, or other tax year beginning	NOV 1	, 2012 , and ending	OCT	31.	2013	
6 if i	the tax year entered in line 5 is for less than 12 months, or	check ress		Final			
J III	Change in accounting period	JIICON ICEC					
7 St	ate in detail why you need the extension						
	DDITIONAL TIME IS NECESSARY	TO GA	THER INFORMATION I	N ORD	ER TO	FILE	A
	OMPLETE AND ACCURATE TAX RET						
			. <u> </u>				
8a if i	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, 6	enter the tentative tax, less any				
	nrefundable credits. See instructions			8a	\$		0.
b ift	his application is for Form 990-PF, 990-T, 4720, or 6069,	, enter any	refundable credits and estimated				
tax	k payments made. Include any prior year overpayment al	lowed as a	a credit and any amount paid	- 8b	\$		0.
	reviously with Form 8868.			80	<u> </u>		
	alance due. Subtract line 8b from line 8a. Include your pa	-		8c	s		0.
EF	TPS (Electronic Federal Tax Payment System). See instr	uctions.	st be completed for Part II o				
Under pe it is true,	nalties of perjury, I dectare that I have examined this form, inclu correct, and complete, and that I am authorized to prepare this f	dino accom	panying schedules and statements, and t	o the best	of my know	ledge and t	elief,
Signature	Title >	CPA_		Da	te ►6/0 4	/2014	
TO ME STORE OF THE	1. 1						ev. 1-2013)
	\mathcal{O}					•	ŕ

Form 8868

(Rev. January 2013)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

Internal Reven	<u></u>		out of the second of the secon	_	<u> </u>	. ভো
• If you ar	re filing for an Automatic 3-Month Extension, comple	ete only Pa	rt I and check this box			> X
• If you ar	re filing for an Additional (Not Automatic) 3-Month E	ktension, c	omplete only Part II (on page 2 of	this form).		
Do not co	mplete Part II unless you have already been granted	an automa	tic 3-month extension on a previous	sly filed For	m 8868.	
Electronic	c filing (a-fila). You can electronically file Form 8868 if	you need a	i 3-month automatic extension of tir	ne to file (6	months for a	corporation
required to	o file Form 990-T), or an additional (not automatic) 3-mo	onth extens	ion of time. You can electronically f	ile Form 88	168 to reques	t an extension
of time to	file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers A	ssociated W	ith Certain
Personal E	Benefit Contracts, which must be sent to the IRS in pa	per format	(see instructions). For more details (on the elec	tronic filing o	f this form,
visit www.	irs.gov/efile and click on e-file for Charities & Nonprofit	s				
Part I	Automatic 3-Month Extension of Tim	e. Only s	ubmit original (no copies ne	eded).		
A corpora	tion required to file Form 990-T and requesting an auto	rnatic 6-mo	onth extension - check this box and	complete		. \square
Part Lonly	1			,,		▶ ∟
	corporations (including 1120-C filers), partnerships, REI ome tax retums.	AiCs, and t	rusts must use Form 7004 to reques	st an exten	sion of time	
Type or	Name of exempt organization or other filer, see instr	uctions.		Employer	identification	number (EIN) or
print	THE CINEFAMILY				26-173	
Fite by the industrial due date for filing your	Number, street, and room or suite no. If a P.O. box, 611 N. FAIRFAX AVE.	see instruc	tions.	Social se	curity number	r (SSN)
return. See instructions.	City, town or post office, state, and ZIP code. For a	foreign add	ress, see instructions.			
1134 OCHONA.	LOS ANGELES, CA 90036	. D. O. g				
	200 12:02227, 11:02					
Enter the	Return code for the return that this application is for (f	le a separa	te application for each return)			0 1
		Return	Application	_		Return
Application	on	Code	Is For			Code
Is For		01	Form 990-T (corporation)		_	07
	or Form 990-EZ	02	Form 1041-A			08
Form 990		03	Form 4720			09
	0 (individual)	04	Form 5227			10
Form 990		05	Form 6069	_		11
	-T (sec. 401(a) or 408(a) trust)	06	Form 8870		<u> </u>	12
Form 990	T (trust other than above) DANIEL HARKHAM				-	
A 77 L-	ooks are in the care of 611 N. FAIRFAX	AVE.	- LOS ANGELES, CA	9003	6	
▼ The bo	one No. ► (323) 655-2510		FAX No. ▶		-	
reiepn	organization does not have an office or place of busine	ss in the U				▶ □
• If this i	is for a Group Return, enter the organization's four digi	t Group Ex	emption Number (GEN)	If this is fo	the whole gi	roup, check this
box ▶ [. If it is for part of the group, check this box	and atta	ich a list with the names and EINs o	of all memb	ers <u>the exten</u>	sion is for.
1 rec	quest an automatic 3-month (6 months for a corporation	n required	to file Form 990-T) extension of time	until		
1 116	JUNE 15, 2014 , to file the exem	nt organiza	tion return for the organization nam	ed above.	The extension	n
in fo	or the organization's return for:	F3	•			
	calendar year or					
	X tax year beginning NOV 1, 2012	. ar	od ending OCT 31, 2013		•	
,			<u> </u>			
2 If th	ne tax year entered in line 1 is for less than 12 months,	check reas	on: 🔲 Initial return 🔲	Final retur	n	
	Change in accounting period					
	Change in accounting points					
20 If th	nis application is for Form 990-BL, 990-PF, 990-T, 4720	or 6069. e	inter the tentative tax, less any			
	refundable credits. See instructions.	, , -	•	3a	\$	0.
<u>1646</u>	nis application is for Form 990-PF, 990-T, 4720, or 6069	enter anv	refundable credits and			
	imated tax payments made. Include any prior year ove			3b	\$	
<u> </u>	lance due. Subtract line 3b from line 3a. Include your p	ayment wi	th this form, if required,			
	using EFTPS (Electronic Federal Tax Payment System)			3c	\$	0.
	If you are going to make an electronic fund withdrawa	with this F	orm 8868, see Form 8453-EO and f	orm 8879-	EO for payme	ent instructions.

223841 01-21-13 Form 8868 (Rev. 1-2013)

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.