CT0150024 2009

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEBSITE ADDRESS: http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12585.1. IRS extensions will be honored.



ANCIONALI				Attorney General's Office			
State Charity Registration Number				Check if: Change of	address NOV 0 5 20	110	
				Amended report			
THE CINEFAMILY Name of Organization					Registry of Charitable Trus	is	
l · · · .				Cornorate or i	Organization No. 3055250		
Address (Number and Street)				Corporate or v	Organization No. 3033230		
LOS ANGELES, CA 90014 City or Town State ZIP Code				Federal Emple	oyer ID No. <u>26-1734079</u>		
City or Town State ZIP Code ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311and 312)							
Make Check Payable to Attorney General's Registry of Charitable Trusts							
Gross Annual Revenue	Fee	Gross Annual Ro	evenue	Fee	Gross Annual Revenue		
Less than \$25,000	0	Between \$100,00	01and \$250,000	\$50 Between \$1,000,001 and \$10 million			\$150
Between \$25,000 and \$100,000	\$25	Between \$250,00	01 and \$1 millio	on \$75	Between \$10,000,001 and \$50 m Greater than \$50 million		\$225 \$300
PART A ACTIVITIES							
For your most recent full accor	unting peri	od (beginning	11/01/	08 ending	10/31/09) list:		
			Total assets	\$	44,694.		
Gross annual revenue \$ 364,088. Total assets \$ 44,694.							
PART B — STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT							
Note: If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.							
d D is this way the same and the form the same through the same had been a through the same							s No
During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?							X
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?							X
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?							X
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.							X
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.							
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.							X
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.							
8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.							
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?							X
Organization's area code and telephone number (323) 586-4600							
Organization's e-mail address							
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge							
and belief it is true, correct and complete.							
					16-29-10		
		IIEL HARKHAN	1	Title	Date		
Signature of authorized officer	Printe	d Name		Title	Date		

RRF-1 (3-05)