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

WEB SITE 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 12536.1. IRS extensions will be honored.

State Charity Registration Number: ct07583	6 C	Check if:						
		Change of address						
CINEQUEST, INC Name of Organization		Amended report						
P.O. BOX 720040 Address (Number and Street)	C <sub>1</sub>	orporate o	or Organization No. 1659322					
SAN JOSE, CA 95172 City or Town, State and ZIP Code	F6	ederal Em	ployer I.D. No. 77-0250734					
ANNUAL REGISTRATION R Make Chec	RENEWAL FEE SCHEDULE (11 Cal. Co ck Payable to Attorney General's Regis	ode Regs	. sections 301-307, 311 and 312) haritable Trusts					
Gross Annual Revenue Fee	Gross Annual Revenue	<u>Fee</u>	Gross Annual Revenue	Fee	<u> </u>			
Less than \$25,000 0 Between \$25,000 and \$100,000 \$25								
PART A - ACTIVITIES				Manual Ma				
For your most recent full accounting period (beginning $01/01/2014$ ending $12/31/2014$ ) list: Gross annual revenue \$1,388,706. Total assets \$577,532.								
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.								
1. 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?								
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?								
3. During this reporting period, did non-progr					х			
During this reporting period, were any orgawith the Internal Revenue Service, attach	a copy.				х			
5. During this reporting period, were the serv If "yes," provide an attachment listing the	name, address, and telephone number	of the se	rvice provider.		Х			
<ol> <li>During this reporting period, did the organ name of the agency, mailing address, con</li> </ol>	ntact person, and telephone number.		SEE STATEMENT 9	х				
<ol> <li>During this reporting period, did the organ the number of raffles and the date(s) they</li> </ol>	occurred.	<del></del>			х			
<ol> <li>Does the organization conduct a vehicle of operated by the charity or whether the organization.</li> </ol>	ganization contracts with a commercial f	fundraise	r for charitable purposes.		Х			
9. Did your organization have prepared an at principles for this reporting period?		e with ger	nerally accepted accounting	Х				
Organization's area code and telephone number $\underline{-40}$	08-995-6305							
Organization's e-mail address								
I declare under penalty of perjury that I have exami correct and complete.	ned this report, including accompanying do	cuments,	and to the best of my knowledge and belief, i	t is true	€,			
	HLEEN POWELL		RESIDENT					
Signature of authorized officer Printed	d Name	Title	Date					

FORM RRF-1

INFORMATION REGARDING GOVERNMENT FUNDING PART B, LINE 6

STATEMENT

9

CITY OF SAN JOSE 200 E SANTA CLARA ST, SAN JOSE, CA 95113 (408) 793-4344

#### EXTENDED TO NOVEMBER 16, 2015

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990. Open to Public Inspection

A	ror tr	le 2014 Calendar year, or tax year beginning	and ending						
В	Check i applica	C Name of organization		D Employer identif	fication number				
	Addi								
L	Nam	ge / Doing business as		77-0	0250734				
	Initia retur Final	Number and street (or P.O. box if mail is not delivered to street address)	Room/su	ite E Telephone numb	er				
	retur term	7 F.O. DOX 720040		408-	-995-6305				
	ated Ame	City or town, state or province, country, and ZIP or foreign postal code	е	G Gross receipts \$	1,388,706.				
-	retur  Appl			H(a) Is this a group					
_	—ition pend	F Name and address of principal officer: KATHLEEN POWELL 410 SOUTH FIRST STREET, SAN JOSE, CA	A 95113		s? Yes X No				
$\overline{1}$	Tax-ex			—	included? Yes No a list. (see instructions)				
		ite: WWW.CINEQUEST.ORG	a)(1) 01 0	H(c) Group exemption	•				
		f organization: X Corporation Trust Association Other	I Ve		M State of legal domicile: CA				
	art I	Summary		ar of formation. 2005	IVI State of legal dofficile, C21				
	1	Briefly describe the organization's mission or most significant activities: PR	ROVIDES	INDEPENDENT	FILMMAKERS				
Activities & Governance		WITH SUBSTANTIAL MEDIA AND EXHIBITION	PROMOTI	ON FOR THEIR	R FILMS				
/ern	2	Check this box  if the organization discontinued its operations or c		1	1 -				
ĝ	3	Number of voting members of the governing body (Part VI, line 1a)		<u>3</u>	6				
જ	4	Number of independent voting members of the governing body (Part VI, line	1b)	4	5				
ies	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	8				
ΞΞ	6	Total number of volunteers (estimate if necessary)		6	0				
Aci	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	.,	7a					
_	<u>b</u>	Net unrelated business taxable income from Form 990-T, line 34			0.				
	İ		L	Prior Year	Current Year				
e	8	Contributions and grants (Part VIII, line 1h)		1,062,039.					
(en	9	Program service revenue (Part VIII, line 2g)		406,865.					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		240.					
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line		1,469,144.	1,388,706.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5	i-10)	434,525.	431,016.				
eü	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
X	_b		,254.	000 150	054 606				
	1.7	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		992,159.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,426,684.					
<u>_ v</u>	19	Revenue less expenses. Subtract line 18 from line 12		42,460.					
ets or			1	Beginning of Current Year	End of Year				
Asse Bala	20	Total assets (Part X, line 16)		571,682.					
Net Asse Fund Balt	21	Total liabilities (Part X, line 26)		12,666.	15,452.				
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		559,016.	562,080.				
diam'r.		Ities of perjury, I declare that I have examined this return, including accompanying sche							
		thes of perjury, i declare that thave examined this feturit, including accompanying scri- et, and complete. Declaration of preparer (other than officer) is based on all information			ly knowledge and belief, it is				
Huo	, 00110	And complete. Declaration of preparer (other than officer) is based on an information	or willon prepar	er nas any knowledge.					
Sig	n	Signature of officer		Date					
Her		KATHLEEN POWELL, PRESIDENT		Dato					
1101	6	Type or print name and title							
D-1		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Paid FRANK L. BOITANO 11/12/15 self-employed P00058069									
	- parer	94-2186228							
	Only	Firm's name BOITANO, SARGENT & LILLY, LLP Firm's address 1760 THE ALAMEDA		Firm's EIN	7# 7100770				
	SAN JOSE, CA 95126-1728 Phone no. 408-287-2123								
May	the I	RS discuss this return with the preparer shown above? (see instructions)		T HORE HO. 4 O	X Yes No				
	01 11-0		uctions		Form <b>990</b> (2014)				
,520			นงแบบอ.		FORM <b>330</b> (2014)				

Form	90 (2014) CINEQUEST, INC 77-0250734 Page 2
	III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: PROVIDES INDEPENDENT FILMMAKERS WITH SUBSTANTIAL MEDIA AND EXHIBITION PROMOTION FOR THEIR FILMS THROUGH ANNUAL CINEQUEST FILM FESTIVAL AND ITS FILM DISTRIBUTION NETWORKS
	ITS FILM DISTRIBUTION NETWORKS
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  f "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No if "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.  Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	Code: )(Expenses \$ 1,164,784 • including grants of \$ ) (Revenue \$ 399,942 • ) PROVIDING INDEPENDENT FILMMAKERS WITH SUBSTATIAL MEDIA AND EXHIBITION PROMOTION FOR THEIR FILMS, INCLUDING EDITORIAL COVERAGE AND ADVERTISEMENT IN PRINT MEDIA, RAIDO, TV, AND INTERNET. DELIVERING FILMS TO FANS WORLDWIDE THROUGH CUTTING-EDGE INTERNET TECHNOLOGIES PLUS DVD WHILE CREATING NEW MARKETING AND BUSINESS MODELS FOR THE INDEPENDENT. GROUNDBREAKING EDUCATION AND MENTORING PROGRAMS INCLUDING CAMP CINEQUEST
4b	(Code:         ) (Expenses \$         including grants of \$         )         (Revenue \$         )
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
_	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses \$ 1,164,784.
<u>4e</u>	Total program service expenses ► 1,164,784.
43200	

## Form 990 (2014) CINEQUEST, I 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)?			1
	If "Yes," complete Schedule A	_1_	X	ļ
2 3	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u> </u>	<del>                                     </del>
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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		-23
•	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		<u> </u>	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			177
40	If "Yes," complete Schedule D, Part IV	9	<u> </u>	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		x
11	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	10		Δ
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		<del>                                     </del>	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			77
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<u>.</u>	X
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		25
~	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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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	1		
	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 other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			- T
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
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? If "Yes,"	"		
	complete Schedule G, Part III	19		х
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		
		Г	990	(001.4)

Form 990 (2014) CINEQUEST, INC
Part IV Checklist of Required Schedules (continued)

,			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			٦,
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x
	Schedule K. If "No", go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<b></b>
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c 24d		
		24u		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
<b>L</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
D	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		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or 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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	X
	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	37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			<sub>V</sub>
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
	If "Yes," complete Schedule N, Part I	31	<del> </del>	<del>  ^</del>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		l x
00	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		<u> </u>	
34	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		<del>                                     </del>	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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			1
	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 19?		l	
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Eorn	, uan	(2014)

	Check if Schedule O contains a response or note to any line in this Part V					
		<u></u>			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	27		-00	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r		ble gaming			
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)	•••••			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		************	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		-			l
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country: ►					
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction file. The way 2000 To			5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
Oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the any contributions that were not tax deductible as charitable contributions?	•		60		x
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions.			6a		
IJ	were not tax deductible?		i gitts	6b		
7	Organizations that may receive deductible contributions under section 170(c).	• • • • • • • • • • • • • • • • • • • •		32		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	rvices g	provided to the payor?	7a		Х
b	If IIV II all of the approximation is attended to a consection of the control o	•		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	uired			
	to file Form 8282?	······		7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	-				
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.			8		
a				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		••••••••••••	O.D		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	I 1	?	12a		
	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.			10		
a	Is the organization licensed to issue qualified health plans in more than one state?		***************************************	13a		
h	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				
С	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		14b		
				Form	990	(2014)

Form 990 (2014) CINEQUEST, INC 77-0250734 Page

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 or note to any line 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	6		
	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	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	"		
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		_ <u>X</u> _
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		77	
а	The governing body?	8a	<u>X</u>	
b	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			77
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	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?	10b	- <b>v</b>	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40	X	
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	27	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	100	х	
40	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	·	X	
14	Did the organization have a written document retention and destruction policy?	14	- 44	
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?			
_		15a	Х	
d	The organization's CEO, Executive Director, or top management official 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).			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
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		
Sec	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	) availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request 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, a	ınd finar	icial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	KATHLEEN POWELL - 408-995-6305			
	410 S. FIRST STREET, SAN JOSE, CA 95113			
42200	3 11-07-14	Forn	1990	(2014)

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

Check if Schedule O contains a response or note to any line 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.
- 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.

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

(A) Name and Title Name and Title Average hours per week (Ist any hours for related organizations below line)  (1) HALFDAN O. HUSSIE EXECUTIVE DIRECTOR (2) KAPHLEEN J POWELL PRESIDENT AND CHAIR (3) RANUNE AMBROZATI'S DIRECTOR (4) GEOFF STEDMAN DIRECTOR (5) DAVID SOBEL DIRECTOR (6) CARLOS MONTALVO DIRECTOR (7) CARLOS MONTALVO DIRECTOR (8) COMPOSITION on one officer and a director/rustree)  (B) Composition from the one officer and a director/rustree)  Reportable compensation from the organization (W-2/1099-MISC)  Reportable compen	(F) Estimated amount of other compensation from the organization and related organizations  0. 0. 0.	Reportable compensation from related organizations (W-2/1099-MISC)	Reportable compensation from the organization (W-2/1099-MISC)		th an stee)	is bo or/tru	ition more rson ireoto	Pos heck ss pe id a d	, unle	offi	Average hours per week (list any hours for related organizations	` ·
week (list any hours for related organizations below line)  (1) HALFDAN O. HUSSIE  EXECUTIVE DIRECTOR (2) KATHLEEN J POWELL PRESIDENT AND CHAIR (3) RAMUNE AMBROZAITIS DIRECTOR (4) GEOFF STEDMAN DIRECTOR (4) GEOFF STEDMAN DIRECTOR (5) DAVID SOBEL DIRECTOR (6) CARLOS MONTALVO  Officer and a director/trustee) from the organization (W-2/1099-MISC) from related organizations (W-2/1099-MISC)  from related organizations (W-2/1099-MISC)  from related organizations (W-2/1099-MISC)  112,000.  0.  112,000. 0.  0.  0.  0.  0.  0.  0.  0.  0.	other compensation from the organization and related organizations  0.  0.	from related organizations (W-2/1099-MISC)	from the organization (W-2/1099-MISC)		stee)	or/tru	ireoto	id a d	oer an	offi	week (list any hours for related organizations	
(1) HALFDAN O. HUSSIE       40.00         EXECUTIVE DIRECTOR       X       X       112,000.       0.         (2) KATHLEEN J POWELL       20.00       X       X       0.       0.         PRESIDENT AND CHAIR       X       X       0.       0.         (3) RAMUNE AMBROZAITIS       1.00       0.       0.       0.         DIRECTOR       X       0.       0.       0.         (4) GEOFF STEDMAN       1.00       0.       0.       0.         (5) DAVID SOBEL       1.00       X       0.       0.         DIRECTOR       X       0.       0.       0.         (6) CARLOS MONTALVO       1.00       0.       0.       0.	0.	0.	0.		For	Higi	Key	Offi	달			
X	0.	0.	0.							E		(4) 777 777 0 7776 777
(2) KATHLEEN J POWELL   20.00   X	0.	0.	0.					<sub>v</sub> ,		<b>↓</b>	40.00	
PRESIDENT AND CHAIR	0.	0.						Δ		1	20 00	
(3) RAMUNE AMBROZAITIS	0.	0.		┸				v l		- V	20.00	
DIRECTOR	0.	***************************************	1	1	<del> </del>	$\vdash$	_	<u> </u>		1	1 00	P
(4) GEOFF STEDMAN       1.00         DIRECTOR       X       0.0.0         (5) DAVID SOBEL       1.00       X       0.0.0         DIRECTOR       X       0.0.0       0.0.0         (6) CARLOS MONTALVO       1.00       0.0.0       0.0.0	0.	***************************************	[1 ]			1				x	1.00	
DIRECTOR   X   0. 0.   (5) DAVID SOBEL   1.00			0.	╁	-					122	1.00	B
(5) DAVID SOBEL		0.1	0.1							$\mathbf{x}$		
DIRECTOR X 0. 0. (6) CARLOS MONTALVO 1.00	0.			╁	├-	$\vdash$					1.00	
(6) CARLOS MONTALVO 1.00		0.	0.1							$\mathbf{x}$		
DIRECTOR X 0. 0.				$\dagger$		H					1.00	(6) CARLOS MONTALVO
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				+								
				$\dagger$		<del> </del>						

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Form 990 (2014)

Page 7

Part VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st C			-	
(A)	(B)			_ (0	-			(D)	(E)		(F)
Name and title	Average	(do		Pos heck		า than	one	Reportable	Reportable		Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation		amount of
	week	⊢	oo an	اعوا		J., ii us		from	from related		other
	(list any hours for	Individual trustee or director					1	the organization	organizations (W-2/1099-MIS		compensation from the
	related	or d	ee			sated	1	(W-2/1099-MISC)	(44-271099-14113)	۱ (ب	organization
	organizations	ruste	trus		93	ng in		(***2/10001/1100)			and related
	below	dual t	rtiona		l de	st co		i e			organizations
	line)	ndivi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	}			<b>3</b>
				-	_	<u> </u>					
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		1								İ	
Ale Out total		<u>.                                    </u>	١,	Ц.,	J	٠	<u> </u>	112,000.		0.	0
1b Sub-total								0.		0.	0
c Total from continuation sheets to Part V								112,000.		0.	0
d Total (add lines 1b and 1c)									000 of venerable		
2 Total number of individuals (including but r	not limited to ti	nose	e liste	ea a	voa	e) w	no r	eceived more than \$100	,000 or reportable	9	
compensation from the organization											Yes No
O Dilli			- 14							П	
3 Did the organization list any former officer										į.	77
line 1a? If "Yes," complete Schedule J for s											3 X
4 For any individual listed on line 1a, is the s									tne organization	ı	4 X
and related organizations greater than \$15											4 X
5 Did any person listed on line 1a receive or	accrue compe	nsa	tion	trom	ı an	y un	rela	ted organization or indiv	idual for services	30 22	5 X
rendered to the organization? If "Yes," con	nplete Schedu	ie J	tor s	ucn	per	son					5 A
Section B. Independent Contractors		-d -				hue '		41-4	\$100.000 f		thon from
1 Complete this table for your five highest co										pensa	auon from
the organization. Report compensation for	the calendar	/ear	end	ing \	with	or v	vitni		year.		(0)
(A) Name and business	address	NΤ	ON:	E'				( <b>B)</b> Description of s	services	C	(C) ompensation
Traffic and business		TA	. ۲۷	لند				2330170101101			p =
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E. Jacobski and A. Santanian and A. Sant								,			
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	/! . I !!							l ala ava Variana di Si			
2 Total number of independent contractors		not l	imite	ed to	tno	•	ste	a apovej wno received r	nore than		
\$100,000 of compensation from the organ	ization 🕨					0_					- 000 (25)
											Form <b>990</b> (2014

			UEST, IN	IC			77-0250	734 Page 9
Pa	rt V				See 11. (c. 175 1 X /111			l <del></del> 1
	100	Check if Schedule O conta	ains a response	or note to any II	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		<ul> <li>a Federated campaigns</li> <li>b Membership dues</li> <li>c Fundraising events</li> <li>d Related organizations</li> <li>e Government grants (contributing full other contributions, gifts, grant)</li> </ul>	1b 1c 1d ons) 1e					
Contribu		similar amounts not included abov g Noncash contributions included in lines h Total. Add lines 1a-1f	1a-1f: \$		965,847.			
Program Service Revenue		a TICKET AND ENTR b FILM DISTRIBUTI c d		Business Code 711190 711190	399,942. 22,814.	399,942. 22,814.		
Pro		f All other program service rever g Total. Add lines 2a-2f			422,756.	777		
	3 4 5	Investment income (including of other similar amounts) Income from investment of tax Royalties	-exempt bond p	oroceeds	103.			103.
		a Gross rents b Less: rental expenses c Rental income or (loss)	(i) Real	(ii) Personal				
	7	<ul> <li>a Gross amount from sales of assets other than inventory</li> <li>b Less: cost or other basis and sales expenses</li> </ul>	(i) Securities	(ii) Other				131 446 142 132 133 14 143 133 133 14 143 143 14 143 143 14 143 14 143 14 143 14 143 14 143 14 143 14 143 14 143 14 143 14 14 14 14 14 14 14 14 14 14 14 14 14 1
nue		c Gain or (loss) d Net gain or (loss) a Gross income from fundraising including \$	events (not	<b>&gt;</b>		1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Transport
Other Revenu	•	contributions reported on line Part IV, line 18  b Less: direct expenses  c Net income or (loss) from fundi	1c). Seeab raising events	<b>&gt;</b>				
	l	<ul> <li>a Gross income from gaming act Part IV, line 19</li> <li>b Less: direct expenses</li> <li>c Net income or (loss) from gaming</li> </ul>	a b	<b>&gt;</b>				
	i	a Gross sales of inventory, less r and allowances  b Less: cost of goods sold  c Net income or (loss) from sales	a b of inventory	<b>&gt;</b>				201 10 10 10 10 10 10 10 10 10 10 10 10 1
	(	Miscellaneous Revenue  a b c d All other revenue		Business Code		Acceptance of the second secon		
43200 11-07-	12	e Total. Add lines 11a-11d Total revenue. See instructions.			1,388,706.	422,756.	0.	103. Form <b>990</b> (2014)

# Form 990 (2014) CINEQUEST, INC Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons		this Part IX	······	/D\
	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	<b>(D)</b> Fundralsing expenses
1	Grants and other assistance to domestic organizations			1.11	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign			1000	12111
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			10.75	
5	Compensation of current officers, directors,	-			
	trustees, and key employees	112,000.	85,120.	17,920.	8,960
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	263,596.	200,333.	42,175.	21,088
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	21,242.	16,144.	3,399.	1,699
10	·	34,178.	25,975.	5,468.	2,735
	Payroll taxes	32/2/01	20,0,00	0,2001	-, -, -
11	la companya di managanta di managanta di managanta di managanta di managanta di managanta di managanta di mana				
a	-				
b		47,564.	····	47,564.	
·C		47,304.		47,304.	
d	Lobbying				
е					
f	Investment management fees				
g	·	400 000	100 200		
	column (A) amount, list line 11g expenses on Sch O.)	127,372.	127,372.		
12	Advertising and promotion	50,609.	50,609.		0.004
13	Office expenses	37,886.	28,794.	6,061.	3,031
14	Information technology	9,730.	7,395.	1,557.	778
15	Royalties				
16	Occupancy	92,395.	70,220.	14,783.	7,392
17	Travel	44,812.	30,426.	10,801.	3,585
18	Payments of travel or entertainment expenses			,	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,021.	2,150.	1,549.	322
23	Insurance	10,880.	8,269.	1,741.	870
24	Other expenses, Itemize expenses not covered	,	.,	,	
<b>∠-+</b>	above. (List miscellaneous expenses in line 24e. If line		10 10 10 10 10 10 10 10 10 10 10 10 10 1		
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)		4.5		
_	TEROPETER DISTORAGE [	446,799.	446,799.		
a	ACTIVITY OF A TIME TO THE TATACTISTOR	51,694.	39,287.	8,271.	4,130
b	DOCUMENT AND CULTUDIANCE	13,676.	10,394.	2,188.	1,09
C	TITLE DIGETALITY ON	10,140.	10,140.	2,100	±,00.
d		7,048.	5,357.	1,127.	564
·е	• • • • • • • • • • • • • • • • • • • •				56,25
25_	Total functional expenses. Add lines 1 through 24e	1,385,642.	1,164,784.	164,604.	30,434
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (20

ra	IIV	Balance Sneet			·····
P		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	٠.				
	1	Cash - non-interest-bearing	246,038.		257,458.
	2	Savings and temporary cash investments	301,816.	_	301,919.
	3	Pledges and grants receivable, net	18,222.		17,382.
	4	Accounts receivable, net	1,589.	4	773.
	5	Loans and other receivables from current and former officers, directors,	401 1911		
	ĺ	trustees, key employees, and highest compensated employees. Complete	25.2 (25.		
		Part II of Schedule L		5	
	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	- 5		
		employers and sponsoring organizations of section 501(c)(9) voluntary			73
Assets		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
SSI	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation	4,017.	10c	0.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	571,682.	16	577,532.
	17	Accounts payable and accrued expenses	12,666.	17	15,452.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
Ħ		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	10 666	25	15 450
	26	Total liabilities. Add lines 17 through 25	12,666.	26	15,452.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Ses		complete lines 27 through 29, and lines 33 and 34.	EE0 016		E62 000
<u>a</u>	27	Unrestricted net assets	559,016.	27	562,080.
Ва	28	Temporarily restricted net assets		28	
pur	29	Permanently restricted net assets		29	
Ę		Organizations that do not follow SFAS 117 (ASC 958), check here			
SO		and complete lines 30 through 34.		00	
set	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ref	32	Retained earnings, endowment, accumulated income, or other funds	559,016.	32	562 000
	33	Total net assets or fund balances	571,682.	33	562,080. 577,532.
**********	34	Total liabilities and net assets/fund balances	5/1,004.	34	5/1,554.

b If "Yes." did the organization undergo the required audit or audits? If the organization did not undergo the required audit

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

Form 990 (2014)