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Return of Private Foundation  
or Section 4947(a)(1) Nonexempt Charitable Trust  
Treated as a Private Foundation

OMB No 1545-0052

2009

Department of the Treasury  
Internal Revenue Service

Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2009, or tax year beginning , 2009, and ending

G Check all that apply ☐ Initial return ☐ Initial Return of a former public charity ☐ Final return  
☒ Amended return ☐ Address change ☐ Name changeUse the  
IRS label  
Otherwise,  
print  
or type.  
See Specific  
InstructionsTHE APATOW FAMILY FOUNDATION INC  
9100 WILSHIRE BLVD 400W  
BEVERLY HILLS, CA 90212A Employer identification number  
26-1102362B Telephone number (see the instructions)  
(310) 271-0300C If exemption application is pending, check here ☐D 1 Foreign organizations, check here ☐2 Foreign organizations meeting the 85% test, check here and attach computation ☐E If private foundation status was terminated under section 507(b)(1)(A), check here ☐F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐H Check type of organization ☒ Section 501(c)(3) exempt private foundation  
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundationI Fair market value of all assets at end of year (from Part II, column (c), line 16) ☐ Accounting method. ☒ Cash ☐ Accrual  
☐ Other (specify) \_\_\_\_\_  
\$ 51,802. (Part I, column (d) must be on cash basis)

## Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see the instructions))

(a) Revenue and expenses per books (b) Net investment income (c) Adjusted net income (d) Disbursements for charitable purposes (cash basis only)

REVENUE

- 1 Contributions, gifts, grants, etc., received (att sch)
- 2 Ck ☐ if the foundn is not req to att Sch B
- 3 Interest on savings and temporary cash investments
- 4 Dividends and interest from securities
- 5a Gross rents
- b Net rental income or (loss)
- 6a Net gain/(loss) from sale of assets not on line 10
- b Gross sales price for all assets on line 6a
- 7 Capital gain net income (from Part IV, line 2)
- 8 Net short-term capital gain
- 9 Income modifications
- 10a Gross sales less returns and allowances
- b Less Cost of goods sold
- c Gross profit/(loss) (att sch)
- 11 Other income (attach schedule)

12 Total. Add lines 1 through 11

740,000.

0.

0.

ADMINISTRATIVE EXPENSES

- 13 Compensation of officers, directors, trustees, etc
- 14 Other employee salaries and wages
- 15 Pension plans, employee benefits
- 16a Legal fees (attach schedule)
- b Accounting fees (attach sch)
- c Other prof fees (attach sch)
- 17 Interest
- 18 Taxes (attach schedule) (see instr)
- 19 Depreciation (attach sch) and depletion
- 20 Occupancy
- 21 Travel, conferences, and meetings
- 22 Printing and publications
- 23 Other expenses (attach schedule)

24 Total operating and administrative expenses. Add lines 13 through 23

205.

25 Contributions, gifts, grants paid STMT 3

1,106,500.

1,106,500.

26 Total expenses and disbursements. Add lines 24 and 25

1,106,705.

0.

0.

1,106,500.

27 Subtract line 26 from line 12:

a Excess of revenue over expenses and disbursements

-366,705.

b Net investment income (if negative, enter -0-)

0.

c Adjusted net income (if negative, enter -0-)

0.

| Part II Balance Sheets      |   | Beginning of year | End of year    |                |
|-----------------------------|---|-------------------|----------------|----------------|
|                             |   |                   | (a) Book Value | (b) Book Value |
| ASSETS                      | 1 Cash — non-interest-bearing   | 418,507.          | 51,802.        | 51,802.        |
|                             | 2 Savings and temporary cash investments  |                   |                |                |
|                             | 3 Accounts receivable   |                   |                |                |
|                             | Less. allowance for doubtful accounts   |                   |                |                |
|                             | 4 Pledges receivable  |                   |                |                |
|                             | Less. allowance for doubtful accounts   |                   |                |                |
|                             | 5 Grants receivable   |                   |                |                |
|                             | 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions) |                   |                |                |
|                             | 7 Other notes and loans receivable (attach sch)   |                   |                |                |
|                             | Less. allowance for doubtful accounts   |                   |                |                |
|                             | 8 Inventories for sale or use   |                   |                |                |
|                             | 9 Prepaid expenses and deferred charges   |                   |                |                |
|                             | 10a Investments — U.S. and state government obligations (attach schedule)   |                   |                |                |
|                             | b Investments — corporate stock (attach schedule)   |                   |                |                |
|                             | c Investments — corporate bonds (attach schedule)   |                   |                |                |
|                             | 11 Investments — land, buildings, and equipment, basis  |                   |                |                |
| LIABILITIES                 | Less. accumulated depreciation (attach schedule)  |                   |                |                |
|                             | 12 Investments — mortgage loans   |                   |                |                |
|                             | 13 Investments — other (attach schedule)  |                   |                |                |
|                             | 14 Land, buildings, and equipment, basis  |                   |                |                |
|                             | Less. accumulated depreciation (attach schedule)  |                   |                |                |
|                             | 15 Other assets (describe )   |                   |                |                |
|                             | 16 Total assets (to be completed by all filers — see instructions. Also, see page 1, item I)                                  | 418,507.          | 51,802.        | 51,802.        |
|                             | 17 Accounts payable and accrued expenses  |                   |                |                |
|                             | 18 Grants payable   |                   |                |                |
|                             | 19 Deferred revenue   |                   |                |                |
| FUND ASSETS                 | 20 Loans from officers, directors, trustees, & other disqualified persons   |                   |                |                |
|                             | 21 Mortgages and other notes payable (attach schedule)  |                   |                |                |
|                             | 22 Other liabilities (describe )  |                   |                |                |
|                             | 23 Total liabilities (add lines 17 through 22)  | 0.                | 0.             |                |
| FUND ASSETS                 | Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.                            |                   |                |                |
|                             | 24 Unrestricted   |                   |                |                |
|                             | 25 Temporarily restricted   |                   |                |                |
|                             | 26 Permanently restricted   |                   |                |                |
|                             | Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.   |                   |                |                |
|                             | 27 Capital stock, trust principal, or current funds   | 418,507.          | 51,802.        |                |
|                             | 28 Paid-in or capital surplus, or land, building, and equipment fund  |                   |                |                |
|                             | 29 Retained earnings, accumulated income, endowment, or other funds   |                   |                |                |
| NET ASSETS OR FUND BALANCES | 30 Total net assets or fund balances (see the instructions)   | 418,507.          | 51,802.        |                |
|                             | 31 Total liabilities and net assets/fund balances (see the instructions)  | 418,507.          | 51,802.        |                |

## Part III Analysis of Changes in Net Assets or Fund Balances

|   |  |   |           |
|---|--|---|-----------|
| 1 | Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) | 1 | 418,507.  |
| 2 | Enter amount from Part I, line 27a   | 2 | -366,705. |
| 3 | Other increases not included in line 2 (itemize)   | 3 |           |
| 4 | Add lines 1, 2, and 3  | 4 | 51,802.   |
| 5 | Decreases not included in line 2 (itemize)   | 5 |           |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30  | 6 | 51,802.   |

**Part IV Capital Gains and Losses for Tax on Investment Income**

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company) | (b) How acquired<br>P — Purchase<br>D — Donation | (c) Date acquired<br>(month, day, year) | (d) Date sold<br>(month, day, year) |
|--|--|---|-------------------------------------|
| 1 a N/A  |  |   |                                     |
| b  |  |   |                                     |
| c  |  |   |                                     |
| d  |  |   |                                     |
| e  |  |   |                                     |

| (e) Gross sales price | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>(e) plus (f) minus (g) |
|-----------------------|--|---|--|
| a                     |  |   |  |
| b                     |  |   |  |
| c                     |  |   |  |
| d                     |  |   |  |
| e                     |  |   |  |

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 |                                      |   | (l) Gains (Column (h)<br>gain minus column (k), but not less<br>than -0-) or Losses (from column (h)) |
|---|--------------------------------------|---|---|
| (i) Fair Market Value<br>as of 12/31/69   | (j) Adjusted basis<br>as of 12/31/69 | (k) Excess of column (i)<br>over column (j), if any |   |
| a   |                                      |   |   |
| b   |                                      |   |   |
| c   |                                      |   |   |
| d   |                                      |   |   |
| e   |                                      |   |   |

2 Capital gain net income or (net capital loss) If gain, also enter in Part I, line 7  
If (loss), enter -0- in Part I, line 7

2

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6).

If gain, also enter in Part I, line 8, column (c) (see the instructions) If (loss), enter -0- in Part I, line 8

3

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

N/A

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes☐ No

If 'Yes,' the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries.

| (a) Base period years<br>Calendar year (or tax year<br>beginning in) | (b) Adjusted qualifying distributions | (c) Net value of<br>noncharitable-use assets | (d) Distribution ratio<br>(column (b) divided by column (c)) |
|--|---------------------------------------|--|--|
| 2008   |                                       |  |  |
| 2007   |                                       |  |  |
| 2006   |                                       |  |  |
| 2005   |                                       |  |  |
| 2004   |                                       |  |  |

2 Total of line 1, column (d)

2

3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years

3

4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5

4

5 Multiply line 4 by line 3

5

6 Enter 1% of net investment income (1% of Part I, line 27b)

6

7 Add lines 5 and 6

7

8 Enter qualifying distributions from Part XII, line 4

8

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

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**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 — see the instructions)**

|  |    |   |    |
|--|----|---|----|
| 1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1<br>Date of ruling or determination letter. _____ (attach copy of letter if necessary - see instr.) |    | 1 | 0. |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b  |    |   |    |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)  |    |   |    |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)   |    | 2 | 0. |
| 3 Add lines 1 and 2  |    | 3 | 0. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  |    | 4 | 0. |
| 5 <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-   |    | 5 | 0. |
| 6 Credits/Payments:  |    |   |    |
| a 2009 estimated tax pmts and 2008 overpayment credited to 2009  | 6a |   |    |
| b Exempt foreign organizations — tax withheld at source  | 6b |   |    |
| c Tax paid with application for extension of time to file (Form 8868)  | 6c |   |    |
| d Backup withholding erroneously withheld  | 6d |   |    |
| 7 Total credits and payments. Add lines 6a through 6d  | 7  |   | 0. |
| 8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached   | 8  |   |    |
| 9 <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>  | 9  |   | 0. |
| 10 <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>   | 10 |   |    |
| 11 Enter the amount of line 10 to be <b>Credited to 2010 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>   | 11 |   |    |

**Part VII-A Statements Regarding Activities**

|  | Yes | No |
|--|-----|----|
| 1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?   |     | X  |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?   |     | X  |
| If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities   |     |    |
| c Did the foundation file <b>Form 1120-POL</b> for this year?  |     | X  |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:<br>(1) On the foundation <input type="checkbox"/> \$ 0. (2) On foundation managers <input type="checkbox"/> \$ 0.   |     |    |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0.  |     |    |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS?<br>If 'Yes,' attach a detailed description of the activities   |     | X  |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes   |     | X  |
| 4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?  |     | X  |
| b If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?  | N/A |    |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?<br>If 'Yes,' attach the statement required by General Instruction T   |     | X  |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:<br>• By language in the governing instrument, or<br>• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? |     | X  |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV  | X   |    |
| 8 a Enter the states to which the foundation reports or with which it is registered (see the instructions)<br>CA   |     |    |
| b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation  | X   |    |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If 'Yes,' complete Part XIV   |     | X  |
| 10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses  |     | X  |

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**Part VII-A Statements Regarding Activities Continued**

|    |  |    |   |   |
|----|--|----|---|---|
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)                                | 11 |   | X |
| 12 | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?  | 12 |   | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?<br>Website address <u>N/A</u>  | 13 | X |   |
| 14 | The books are in care of <u>THE MANAGEMENT GROUP</u> Telephone no <u>310-271-0300</u><br>Located at <u>9100 WILSHIRE BLVD., #400W BEVERLY HILLS CA</u> ZIP + 4 <u>90212</u>  |    |   |   |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here <u>N/A</u><br>and enter the amount of tax-exempt interest received or accrued during the year <u>15</u> <u>N/A</u> |    |   |   |

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.

|  | Yes | No  |
|--|-----|-----|
| <b>1a</b> During the year did the foundation (either directly or indirectly):  |     |     |
| (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |     |     |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |     |     |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |     |     |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |     |     |
| (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |     |     |
| (6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |     |     |
| <b>b</b> If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)? Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>  | 1b  | N/A |
| <b>c</b> Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?   | 1c  | X   |
| <b>2</b> Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))   |     |     |
| <b>a</b> At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If 'Yes,' list the years <u>20__</u> , <u>20__</u> , <u>20__</u> , <u>20__</u> .   |     |     |
| <b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement - see the instructions.)  | 2b  | N/A |
| <b>c</b> If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here <u>20__</u> , <u>20__</u> , <u>20__</u> , <u>20__</u> .   |     |     |
| <b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |     |     |
| <b>b</b> If 'Yes,' did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009.) | 3b  | N/A |
| <b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?  | 4a  | X   |
| <b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?   | 4b  | X   |

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**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b If any answer is 'Yes' to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b N/A

Organizations relying on a current notice regarding disaster assistance check here

☐

c If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A ☐ Yes ☐ No

If 'Yes,' attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b X

If 'Yes' to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

7b N/A

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

| (a) Name and address   | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|--|--|---|---|---------------------------------------|
| JUDD APATOW<br>9100 WILSHIRE BLVD., #400W<br>BEVERLY HILLS, CA 90212 | PRESIDENT/CE<br>0  | 0.  | 0.  | 0.                                    |
| LESLIE MANN<br>9100 WILSHIRE BLVD., #400W<br>BEVERLY HILLS, CA 90210 | SECRETARY/CF<br>0  | 0.  | 0.  | 0.                                    |
|  |  |   |   |                                       |
|  |  |   |   |                                       |

2 Compensation of five highest-paid employees (other than those included on line 1— see instructions). If none, enter 'NONE.'

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|--|------------------|---|---------------------------------------|
| NONE  |  |                  |   |                                       |
|   |  |                  |   |                                       |
|   |  |                  |   |                                       |
|   |  |                  |   |                                       |
|   |  |                  |   |                                       |

Total number of other employees paid over \$50,000

0

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services – (see instructions). If none, enter 'NONE.'

| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE  |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |

Total number of others receiving over \$50,000 for professional services

0

**Part IX-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

|       | Expenses |
|-------|----------|
| 1 N/A |          |
| 2     |          |
| 3     |          |
| 4     |          |

**Part IX-B** Summary of Program-Related Investments (see instructions)

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount |
|---|--------|
| 1 N/A   |        |
| 2   |        |
| All other program-related investments. See instructions.  |        |
| 3   |        |
| Total. Add lines 1 through 3  | 0.     |

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**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

|   |  |             |
|---|--|-------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes |             |
| a | Average monthly fair market value of securities  | 1a          |
| b | Average of monthly cash balances   | 1b 163,877. |
| c | Fair market value of all other assets (see instructions)   | 1c          |
| d | <b>Total</b> (add lines 1a, b, and c)  | 1d 163,877. |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)  | 1e 0.       |
| 2 | Acquisition indebtedness applicable to line 1 assets   | 2 0.        |
| 3 | Subtract line 2 from line 1d   | 3 163,877.  |
| 4 | Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)   | 4 2,458.    |
| 5 | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 161,419.  |
| 6 | <b>Minimum investment return.</b> Enter 5% of line 5   | 6 8,071.    |

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

|    |  |          |
|----|--|----------|
| 1  | Minimum investment return from Part X, line 6  | 1 8,071. |
| 2a | Tax on investment income for 2009 from Part VI, line 5   | 2a       |
| b  | Income tax for 2009 (This does not include the tax from Part VI.)  | 2b       |
| c  | Add lines 2a and 2b  | 2c       |
| 3  | Distributable amount before adjustments Subtract line 2c from line 1                                     | 3 8,071. |
| 4  | Recoveries of amounts treated as qualifying distributions  | 4        |
| 5  | Add lines 3 and 4  | 5 8,071. |
| 6  | Deduction from distributable amount (see instructions)   | 6        |
| 7  | <b>Distributable amount</b> as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII, line 1 | 7 8,071. |

**Part XII Qualifying Distributions** (see instructions)

|   |   |               |
|---|---|---------------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:  |               |
| a | Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26   | 1a 1,106,500. |
| b | Program-related investments — total from Part IX-B  | 1b            |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes   | 2             |
| 3 | Amounts set aside for specific charitable projects that satisfy the   |               |
| a | Suitability test (prior IRS approval required)  | 3a            |
| b | Cash distribution test (attach the required schedule)   | 3b            |
| 4 | <b>Qualifying distributions</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4                                    | 4 1,106,500.  |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions) | 5             |
| 6 | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4   | 6 1,106,500.  |

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

BAA

Form 990-PF (2009)

**Part XIII** Undistributed Income (see instructions)

|   | (a)<br>Corpus | (b)<br>Years prior to 2008 | (c)<br>2008 | (d)<br>2009 |
|---|---------------|----------------------------|-------------|-------------|
| <b>1</b> Distributable amount for 2009 from Part XI, line 7   |               |                            |             | 8,071.      |
| <b>2</b> Undistributed income, if any, as of the end of 2009:   |               |                            |             |             |
| <b>a</b> Enter amount for 2008 only   |               |                            | 0.          |             |
| <b>b</b> Total for prior years: 20 __, 20 __, 20 __   |               | 0.                         |             |             |
| <b>3</b> Excess distributions carryover, if any, to 2009  |               |                            |             |             |
| <b>a</b> From 2004  |               |                            |             |             |
| <b>b</b> From 2005  |               |                            |             |             |
| <b>c</b> From 2006  |               |                            |             |             |
| <b>d</b> From 2007  | 243,875.      |                            |             |             |
| <b>e</b> From 2008  | 102,282.      |                            |             |             |
| <b>f</b> Total of lines 3a through e  | 346,157.      |                            |             |             |
| <b>4</b> Qualifying distributions for 2009 from Part XII, line 4 ▶ \$ 1,106,500.  |               |                            |             |             |
| <b>a</b> Applied to 2008, but not more than line 2a   |               |                            | 0.          |             |
| <b>b</b> Applied to undistributed income of prior years (Election required — see instructions)  |               | 0.                         |             |             |
| <b>c</b> Treated as distributions out of corpus (Election required — see instructions)  | 0.            |                            |             |             |
| <b>d</b> Applied to 2009 distributable amount   |               |                            |             | 8,071.      |
| <b>e</b> Remaining amount distributed out of corpus   | 1,098,429.    |                            |             |             |
| <b>5</b> Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a) )  | 0.            |                            |             | 0.          |
| <b>6</b> Enter the net total of each column as indicated below:   |               |                            |             |             |
| <b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5  | 1,444,586.    |                            |             |             |
| <b>b</b> Prior years' undistributed income Subtract line 4b from line 2b  |               | 0.                         |             |             |
| <b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed |               | 0.                         |             |             |
| <b>d</b> Subtract line 6c from line 6b. Taxable amount — see instructions   |               | 0.                         |             |             |
| <b>e</b> Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount — see instructions  |               |                            | 0.          |             |
| <b>f</b> Undistributed income for 2009 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010   |               |                            |             | 0.          |
| <b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)                                  | 0.            |                            |             |             |
| <b>8</b> Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions)  | 0.            |                            |             |             |
| <b>9</b> Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a  | 1,444,586.    |                            |             |             |
| <b>10</b> Analysis of line 9.   |               |                            |             |             |
| <b>a</b> Excess from 2005   |               |                            |             |             |
| <b>b</b> Excess from 2006   |               |                            |             |             |
| <b>c</b> Excess from 2007   | 243,875.      |                            |             |             |
| <b>d</b> Excess from 2008   | 102,282.      |                            |             |             |
| <b>e</b> Excess from 2009   | 1,098,429.    |                            |             |             |

N/A

**b** Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

**b 85%** of line 2a

**e** Qualifying distributions made directly for active conduct of exempt activities  
Subtract line 2d from line 2c

a 'Assets' alternative test — enter.

(1) Value of all assets

(2) Value of assets qualifying under section 4942(j)(3)(B)(i).

**b** 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed

c 'Support' alternative test – enter

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)

**(3) Largest amount of support from an exempt organization**

**(4) Gross investment income**

### 1 Information Regarding Foundation Managers:

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

NONE

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

**a** The name, address, and telephone number of the person to whom applications should be addressed

**b** The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

**Part XV** Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient<br>Name and address (home or business) | If recipient is an individual,<br>show any relationship to<br>any foundation manager or<br>substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount    |
|--|--|--------------------------------------|-------------------------------------|-----------|
| <b>a</b> Paid during the year                    |  |                                      |                                     |           |
| <b>Total</b>                                     |  |                                      |                                     | <b>3a</b> |
| <b>b</b> Approved for future payment             |  |                                      |                                     |           |
| <b>Total</b>                                     |  |                                      |                                     | <b>3b</b> |

**Part XVI-A Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.

| Enter gross amounts unless otherwise indicated. |  | Unrelated business income |                               | Excluded by section 512, 513, or 514 |  | (e)<br>Related or exempt<br>function income<br>(see the instructions) |
|---|--|---------------------------|-------------------------------|--------------------------------------|--|---|
|   | (a)<br>Business<br>code                                  | (b)<br>Amount             | (c)<br>Exclu-<br>sion<br>code | (d)<br>Amount                        |  |   |
| 1   | Program service revenue.                                 |                           |                               |                                      |  |   |
| a   |  |                           |                               |                                      |  |   |
| b   |  |                           |                               |                                      |  |   |
| c   |  |                           |                               |                                      |  |   |
| d   |  |                           |                               |                                      |  |   |
| e   |  |                           |                               |                                      |  |   |
| f   |  |                           |                               |                                      |  |   |
| g   | Fees and contracts from government agencies              |                           |                               |                                      |  |   |
| 2   | Membership dues and assessments                          |                           |                               |                                      |  |   |
| 3   | Interest on savings and temporary cash investments       |                           |                               |                                      |  |   |
| 4   | Dividends and interest from securities                   |                           |                               |                                      |  |   |
| 5   | Net rental income or (loss) from real estate             |                           |                               |                                      |  |   |
| a   | Debt-financed property                                   |                           |                               |                                      |  |   |
| b   | Not debt-financed property                               |                           |                               |                                      |  |   |
| 6   | Net rental income or (loss) from personal property       |                           |                               |                                      |  |   |
| 7   | Other investment income                                  |                           |                               |                                      |  |   |
| 8   | Gain or (loss) from sales of assets other than inventory |                           |                               |                                      |  |   |
| 9   | Net income or (loss) from special events                 |                           |                               |                                      |  |   |
| 10  | Gross profit or (loss) from sales of inventory           |                           |                               |                                      |  |   |
| 11  | Other revenue:   |                           |                               |                                      |  |   |
| a   |  |                           |                               |                                      |  |   |
| b   |  |                           |                               |                                      |  |   |
| c   |  |                           |                               |                                      |  |   |
| d   |  |                           |                               |                                      |  |   |
| e   |  |                           |                               |                                      |  |   |
| 12  | Subtotal. Add columns (b), (d), and (e).                 |                           |                               |                                      |  |   |
| 13  | <b>Total.</b> Add line 12, columns (b), (d), and (e)     |                           |                               |                                      |  |   |

(See worksheet in the instructions for line 13 to verify calculations.)

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

[illegible]



**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF

OMB No 1545-0047

**2009**

Name of the organization

THE APATOW FAMILY FOUNDATION INC

Employer identification number

26-1102362

Organization type (check one)

Filers of:

Form 990 or 990-EZ

Section:

☐ 501(c)(\_\_\_\_) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule –**

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules –**

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year. ► \$ \_\_\_\_\_

**Caution:** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

**Schedule B (Form 990, 990-EZ, or 990-PF) (2009)**

Name of organization

Employer identification number

THE APATOW FAMILY FOUNDATION INC

26-1102362

**Part I Contributors** (see instructions.)

| (a)<br>Number | (b)<br>Name, address, and ZIP + 4   | (c)<br>Aggregate<br>contributions | (d)<br>Type of contribution   |
|---------------|---|-----------------------------------|---|
| 1             | THE APATOW FAMILY<br>9100 WILSHIRE BLVD, #400W<br>BEVERLY HILLS, CA 90212 | \$ 740,000.                       | Person <input checked="checked" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
|               |   | \$                                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)                   |
|               |   | \$                                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)                   |
|               |   | \$                                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)                   |
|               |   | \$                                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)                   |
|               |   | \$                                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)                   |
|               |   | \$                                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)                   |
|               |   | \$                                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)                   |



Employer identification number

26-1102362

**Part II** **Noncash Property** (see instructions.)

| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|---------------------------|--|--|----------------------|
| _____                     | N/A  |  |                      |
|                           |  |  |                      |
|                           |  |  |                      |
|                           |  |  |                      |
|                           |  |  |                      |
|                           |  | \$ _____                                       |                      |
|                           |  |  |                      |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| _____                     |  |  |                      |
|                           |  |  |                      |
|                           |  |  |                      |
|                           |  |  |                      |
|                           |  |  |                      |
|                           |  | \$ _____                                       |                      |
|                           |  |  |                      |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| _____                     |  |  |                      |
|                           |  |  |                      |
|                           |  |  |                      |
|                           |  |  |                      |
|                           |  |  |                      |
|                           |  | \$ _____                                       |                      |
|                           |  |  |                      |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| _____                     |  |  |                      |
|                           |  |  |                      |
|                           |  |  |                      |
|                           |  |  |                      |
|                           |  |  |                      |
|                           |  | \$ _____                                       |                      |
|                           |  |  |                      |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| _____                     |  |  |                      |
|                           |  |  |                      |
|                           |  |  |                      |
|                           |  |  |                      |
|                           |  |  |                      |
|                           |  | \$ _____                                       |                      |
|                           |  |  |                      |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| _____                     |  |  |                      |
|                           |  |  |                      |
|                           |  |  |                      |
|                           |  |  |                      |
|                           |  |  |                      |
|                           |  | \$ _____                                       |                      |
|                           |  |  |                      |

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

THE APATOW FAMILY FOUNDATION INC

26-1102362

**Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year.** (Complete cols (a) through (e) and the following line entry.)For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once – see instructions)

► \$ N/A

| (a)<br>No. from<br>Part I | (b)<br>Purpose of gift                  | (c)<br>Use of gift | (d)<br>Description of how gift is held   |
|---------------------------|---|--------------------|--|
|                           | N/A                                     |                    |  |
|                           |   |                    |  |
|                           |   |                    |  |
|                           |   |                    |  |
|                           | (e)<br>Transfer of gift                 |                    |  |
|                           | Transferee's name, address, and ZIP + 4 |                    | Relationship of transferor to transferee |
|                           |   |                    |  |
|                           |   |                    |  |
|                           |   |                    |  |
|                           | (e)<br>Transfer of gift                 |                    |  |
|                           | Transferee's name, address, and ZIP + 4 |                    | Relationship of transferor to transferee |
|                           |   |                    |  |
|                           |   |                    |  |
|                           |   |                    |  |
|                           | (e)<br>Transfer of gift                 |                    |  |
|                           | Transferee's name, address, and ZIP + 4 |                    | Relationship of transferor to transferee |
|                           |   |                    |  |
|                           |   |                    |  |
|                           |   |                    |  |
|                           | (e)<br>Transfer of gift                 |                    |  |
|                           | Transferee's name, address, and ZIP + 4 |                    | Relationship of transferor to transferee |
|                           |   |                    |  |
|                           |   |                    |  |
|                           |   |                    |  |
|                           | (e)<br>Transfer of gift                 |                    |  |
|                           | Transferee's name, address, and ZIP + 4 |                    | Relationship of transferor to transferee |
|                           |   |                    |  |
|                           |   |                    |  |
|                           |   |                    |  |

2009

## FEDERAL STATEMENTS

PAGE 1

CLIENT APATOW

THE APATOW FAMILY FOUNDATION INC

26-1102362

8/05/11

04 10PM

**STATEMENT 1**  
**FORM 990-PF, PART I, LINE 18**  
**TAXES**

|           | (A)<br>EXPENSES<br>PER BOOKS | (B) NET<br>INVESTMENT<br>INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|-----------|------------------------------|---------------------------------|-------------------------------|-------------------------------|
| FRANCHISE | \$ 35.                       |                                 |                               |                               |
| TOTAL     | \$ 35.                       | \$ 0.                           | \$ 0.                         | \$ 0.                         |

**STATEMENT 2**  
**FORM 990-PF, PART I, LINE 23**  
**OTHER EXPENSES**

|                   | (A)<br>EXPENSES<br>PER BOOKS | (B) NET<br>INVESTMENT<br>INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|-------------------|------------------------------|---------------------------------|-------------------------------|-------------------------------|
| LICENSE & PERMITS | \$ 170.                      |                                 |                               |                               |
| TOTAL             | \$ 170.                      | \$ 0.                           | \$ 0.                         | \$ 0.                         |

**STATEMENT 3**  
**FORM 990-PF, PART I, LINE 25**  
**CONTRIBUTIONS, GIFTS, AND GRANTS**

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

STANFORD COMPREHENSIVE CANCER CENTER

2700 SAND HILL ROAD

MENLO PARK, CA 94025

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

NONE

EXEMPT

\$ 15,000.

CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

CARE FOR THE HOMELESS

12 W. 21ST ST. 8TH FLOOR

NEW YORK, NY 10010

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

NONE

EXEMPT

20,000.

CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

AIDS WALK LOS ANGELES

P.O. BOX 933005

LOS ANGELES, CA 90093

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

NONE

EXEMPT

5,000.

CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

MOTION PICTURE & TELEVISION FUND

23388 MULHOLLAND DR.

WOODLAND HILLS, CA 91364

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

NONE

EXEMPT

CLIENT APATOW

THE APATOW FAMILY FOUNDATION INC

26-1102362

8/05/11

04:10PM

**STATEMENT 3 (CONTINUED)  
FORM 990-PF, PART I, LINE 25  
CONTRIBUTIONS, GIFTS, AND GRANTS**

AMOUNT GIVEN: \$ 10,000.

**CLASS OF ACTIVITY:****DONEE'S NAME:****DONEE'S ADDRESS:**

THE VALENTINO ACHAK DENG FOUNDATION  
849 VALENCIA STREET  
SAN FRANCISCO, CA 94110

**RELATIONSHIP OF DONEE:****ORGANIZATIONAL STATUS OF DONEE:**

NONE  
EXEMPT

**AMOUNT GIVEN:**

5,000.

**CLASS OF ACTIVITY:****DONEE'S NAME:****DONEE'S ADDRESS:**

LOS ANGELES MEN'S PLACE  
527 CROCKER ST.  
LOS ANGELES, CA 90013

**RELATIONSHIP OF DONEE:****ORGANIZATIONAL STATUS OF DONEE:**

NONE  
EXEMPT

**AMOUNT GIVEN:**

15,000.

**CLASS OF ACTIVITY:****DONEE'S NAME:****DONEE'S ADDRESS:**

ACLU OF SOUTHERN CALIFORNIA  
1313 W. 8TH STREET  
LOS ANGELES, CA 90017

**RELATIONSHIP OF DONEE:****ORGANIZATIONAL STATUS OF DONEE:**

NONE  
EXEMPT

**AMOUNT GIVEN:**

5,000.

**CLASS OF ACTIVITY:****DONEE'S NAME:****DONEE'S ADDRESS:**

THE MAASAI WILDERNESS CONSERVATION FUND  
PO BOX 1413  
SANTA BARBARA, CA 93102

**RELATIONSHIP OF DONEE:****ORGANIZATIONAL STATUS OF DONEE:**

NONE  
EXEMPT

**AMOUNT GIVEN:**

1,000.

**CLASS OF ACTIVITY:****DONEE'S NAME:****DONEE'S ADDRESS:**

ALZHEIMER'S ASSOCIATION  
225 N. MICHIGAN AVE FL. 17  
CHICAGO, IL 60601

**RELATIONSHIP OF DONEE:****ORGANIZATIONAL STATUS OF DONEE:**

NONE  
EXEMPT

**AMOUNT GIVEN:**

23,500.

**CLASS OF ACTIVITY:****DONEE'S NAME:****DONEE'S ADDRESS:**

CROSSROADS SCHOOL  
1714 21ST STREET  
SANTA MONICA, CA 90404

**RELATIONSHIP OF DONEE:****ORGANIZATIONAL STATUS OF DONEE:**

NONE  
EXEMPT

**AMOUNT GIVEN:**

15,500.

**CLASS OF ACTIVITY:****DONEE'S NAME:****DONEE'S ADDRESS:**

THE MIDNIGHT MISSION  
601 SOUTH SAN PEDRO STREET  
LOS ANGELES, CA

**RELATIONSHIP OF DONEE:****ORGANIZATIONAL STATUS OF DONEE:**

NONE  
EXEMPT

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**STATEMENT 3 (CONTINUED)  
FORM 990-PF, PART I, LINE 25  
CONTRIBUTIONS, GIFTS, AND GRANTS**

AMOUNT GIVEN: \$ 5,000.

## CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

CARE - GIFT CENTER

PO BOX 1871

MERRIFIELD, VA 22116

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

NONE

EXEMPT

AMOUNT GIVEN:

15,000.

## CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

GENERATION RESCUE

19528 VENTURA BLVD #117

TARZANA, CA 91356

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

NONE

EXEMPT

AMOUNT GIVEN:

5,000.

## CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

KANSAS CITY HOSPICE &amp; PALLIATIVE CARE

9221 WARD PARKWAY, SUITE 100

KANSAS CITY, MO 64114

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

NONE

EXEMPT

AMOUNT GIVEN:

1,000.

## CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

CHRYSLIS

1853 LINCOLN BLVD

SANTA MONICA, CA 90404

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

NONE

EXEMPT

AMOUNT GIVEN:

10,000.

## CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

KOMEN LOS ANGELES - RACE FOR THE CURE

11845 WEST OLYMPIC BOULEVARD #645W

LOS ANGELES, CA 9064

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

NONE

EXEMPT

AMOUNT GIVEN:

20,000.

## CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

CHILDREN HOSPITAL LOS ANGELES

4650 SUNSET BLVD. MS #29

LOS ANGELES, CA 90027

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

NONE

EXEMPT

AMOUNT GIVEN:

38,500.

## CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

826LA

685 VENICE BOULEVARD

LOS ANGELES, CA 90291

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

NONE

EXEMPT

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STATEMENT 3 (CONTINUED)  
FORM 990-PF, PART I, LINE 25  
CONTRIBUTIONS, GIFTS, AND GRANTS

AMOUNT GIVEN: \$ 22,500.

## CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

CEDARS - SINAI MEDICAL CENTER  
COMMUNITY RELATIONS DEPARTMENT  
LOS ANGELES, CA 90048

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

NONE  
EXEMPT

AMOUNT GIVEN:

25,000.

## CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

A PLACE CALLED HOME  
2830 SOUTH CENTRAL AVENUE  
LOS ANGELES, CA 90011

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

NONE  
EXEMPT

AMOUNT GIVEN:

22,500.

## CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

CHILDREN'S CANCER RESEARCH FUND  
7801 EAST BUSH LAKE ROAD, STE 130  
MINNEAPOLIS, MN 5543, MN 55439

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

NONE  
EXEMPT

AMOUNT GIVEN:

27,500.

## CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

GEFFEN PLAY HOUSE  
10866 LE CONTE AVE  
LOS ANGELES, CA 90024

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

NONE  
EXEMPT

AMOUNT GIVEN:

1,000.

## CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

HOMELESS HEALTHCARE LOS ANGELES  
2830 BEVERLY BLVD.  
LOS ANGELES, CA 9057

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

NONE  
EXEMPT

AMOUNT GIVEN:

27,500.

## CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

LANCE ARMSTRONG FOUNDATION  
PO BOX 6003  
ALBERT LEA, MN 56007

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

NONE  
EXEMPT

AMOUNT GIVEN:

27,500.

## CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

MAKE-A-WISH FOUNDATION OF AMERICA  
P.O. BOX 29119  
PHOENIX, AZ 85038

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

NONE  
EXEMPT

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STATEMENT 3 (CONTINUED)  
FORM 990-PF, PART I, LINE 25  
CONTRIBUTIONS, GIFTS, AND GRANTS

AMOUNT GIVEN: \$ 17,500.

## CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

MALARIA NO MORE

432 PARK AVENUE SOUTH 13TH FLOOR  
NEW YORK, NY 10016

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

NONE

EXEMPT

AMOUNT GIVEN:

27,500.

## CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

NATURAL RESOURCES DEFENSE COUNCIL

40 WEST 20TH STREET  
NEW YORK, NY 10011

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

NONE

EXEMPT

AMOUNT GIVEN:

27,500.

## CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

OCEANA

2501 M. STREET, NW  
WASHINGTON, DC 20037

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

NONE

EXEMPT

AMOUNT GIVEN:

25,000.

## CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

PROJECT A.L.S.

900 BROADWAY SUITE 901  
NEW YORK, NY 10003

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

NONE

EXEMPT

AMOUNT GIVEN:

17,500.

## CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

SAVE THE CHILDREN

54 WILTON ROAD  
WESTPORT, CT 06880

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

NONE

EXEMPT

AMOUNT GIVEN:

27,500.

## CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

SCLERODERMA RESEARCH FOUNDATION

2320 BATH STREET, SUITE 315  
SANTA BARBARA, CA 93105

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

NONE

EXEMPT

AMOUNT GIVEN:

22,500.

## CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

SHELTER PARTNERSHIP, INC.

523 WEST SIXTH STREET # 616  
LOS ANGELES, CA 90014

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

NONE

EXEMPT

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**STATEMENT 3 (CONTINUED)  
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CONTRIBUTIONS, GIFTS, AND GRANTS**

AMOUNT GIVEN: \$ 12,500.

## CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

ST. JUDE CHILDREN'S RESEARCH HOSPITAL

501 ST. JUDE PLACE

MEMPHIS, TN 38105

RELATIONSHIP OF DONEE:

NONE

ORGANIZATIONAL STATUS OF DONEE:

EXEMPT

AMOUNT GIVEN:

25,000.

## CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

UCLA FOUNDATION

P.O. BOX 24209

LOS ANGELES, CA 90099

RELATIONSHIP OF DONEE:

NONE

ORGANIZATIONAL STATUS OF DONEE:

EXEMPT

AMOUNT GIVEN:

25,000.

## CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

WRITERS GUILD FOUNDATION

7000 WEST THIRD STREET

LOS ANGELES, CA 90048

RELATIONSHIP OF DONEE:

NONE

ORGANIZATIONAL STATUS OF DONEE:

EXEMPT

AMOUNT GIVEN:

2,000.

## CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

THE YOUNG STORYTELLERS FOUNDATION

143 N. LARCHMONT BLVD

LOS ANGELES, CA 90004

RELATIONSHIP OF DONEE:

NONE

ORGANIZATIONAL STATUS OF DONEE:

EXEMPT

AMOUNT GIVEN:

22,500.

## CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

U.S. FUND FOR UNICEF

125 MAIDEN LANE

NEW YORK, NY 10038

RELATIONSHIP OF DONEE:

NONE

ORGANIZATIONAL STATUS OF DONEE:

EXEMPT

AMOUNT GIVEN:

27,500.

## CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

ULMAN CANCER FUND FOR YOUNG ADULTS

4725 DORSEY HALL DR. STE A50

ELLICOTT CITY, MD 21042

RELATIONSHIP OF DONEE:

NONE

ORGANIZATIONAL STATUS OF DONEE:

EXEMPT

AMOUNT GIVEN:

22,500.

## CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

UN FOUNDATION/GLOBAL FUND

PO BOX 96618

WASHINGTON, DC 20090

RELATIONSHIP OF DONEE:

NONE

ORGANIZATIONAL STATUS OF DONEE:

EXEMPT



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**STATEMENT 3 (CONTINUED)  
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CONTRIBUTIONS, GIFTS, AND GRANTS**

AMOUNT GIVEN: \$ 27,500.

## CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

UNITED NATIONS FOUNDATION

PO BOX 96539

WASHINGTON, DC 2090

RELATIONSHIP OF DONEE:

NONE

ORGANIZATIONAL STATUS OF DONEE:

EXEMPT

AMOUNT GIVEN: 27,500.

## CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

VENICE FAMILY CLINIC

604 ROSE AVE

VENICE, CA 90291

RELATIONSHIP OF DONEE:

NONE

ORGANIZATIONAL STATUS OF DONEE:

EXEMPT

AMOUNT GIVEN: 27,500.

## CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

THE WONDER OF READING

5371 WILSHIRE BOULEVARD, SUITE 210

LOS ANGELES, CA 90036

RELATIONSHIP OF DONEE:

NONE

ORGANIZATIONAL STATUS OF DONEE:

EXEMPT

AMOUNT GIVEN: 6,000.

## CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

NATIONAL HEALTH CARE FOR THE HOMELESS CO

PO BOX 60427

NASHVILLE, TN 37206

RELATIONSHIP OF DONEE:

NONE

ORGANIZATIONAL STATUS OF DONEE:

EXEMPT

AMOUNT GIVEN: 27,500.

## CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

WILL ROGERS MOTION PICTURE PIONEERS

10045 RIVERSIDE DR, 3RD FLOOR

TOLUCA LAKE, CA 91602

RELATIONSHIP OF DONEE:

NONE

ORGANIZATIONAL STATUS OF DONEE:

EXEMPT

AMOUNT GIVEN: 1,000.

## CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

OPERATION USA

7815 BEVERLY BLVD, 3RD FLR

LOS ANGELES, CA 90036

RELATIONSHIP OF DONEE:

NONE

ORGANIZATIONAL STATUS OF DONEE:

EXEMPT

AMOUNT GIVEN: 1,000.

## CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

AMERICAN FILM INSTITUTE

2021 N. WESTERN AVENUE

LOS ANGELES, CA 90027

RELATIONSHIP OF DONEE:

NONE

ORGANIZATIONAL STATUS OF DONEE:

EXEMPT

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FORM 990-PF, PART I, LINE 25  
CONTRIBUTIONS, GIFTS, AND GRANTS**

AMOUNT GIVEN: \$ 5,000.

## CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

LA LEADERSHIP ACADEMY

234 EAST AVENUE 11

LOS ANGELES, CA 90031

RELATIONSHIP OF DONEE:

NONE

ORGANIZATIONAL STATUS OF DONEE:

EXEMPT

AMOUNT GIVEN:

5,000.

## CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

FULFILLMENT FUND

9911 W PICO BLVD, STE 510

LOS ANGELES, CA 90035

RELATIONSHIP OF DONEE:

NONE

ORGANIZATIONAL STATUS OF DONEE:

EXEMPT

AMOUNT GIVEN:

31,000.

## CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

THE NOBELITY PROJECT

PO BOX 161925

AUSTIN, TX 79716

RELATIONSHIP OF DONEE:

NONE

ORGANIZATIONAL STATUS OF DONEE:

EXEMPT

AMOUNT GIVEN:

500.

## CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

MUSICARES FOUNDATION

3030 OLYMPIC BLVD

SANTA MONICA, CA 90404

RELATIONSHIP OF DONEE:

NONE

ORGANIZATIONAL STATUS OF DONEE:

EXEMPT

AMOUNT GIVEN:

27,500.

## CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

U.S. VETS

800 W. 6TH STREET, STE 1505

LOS ANGELES, CA 90017

RELATIONSHIP OF DONEE:

NONE

ORGANIZATIONAL STATUS OF DONEE:

EXEMPT

AMOUNT GIVEN:

10,000.

## CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

STAND UP TO CANCER

1801 W. OLYMPIC BLVD

PASADENA, CA 91199

RELATIONSHIP OF DONEE:

NONE

ORGANIZATIONAL STATUS OF DONEE:

EXEMPT

AMOUNT GIVEN:

5,000.

## CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

GIRL CHILD NETWORK TRUST FUND UK

PO BOX 239 4200 PARK BLVD.

OAKLAND, CA 94602

RELATIONSHIP OF DONEE:

NONE

ORGANIZATIONAL STATUS OF DONEE:

EXEMPT

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**STATEMENT 3 (CONTINUED)  
FORM 990-PF, PART I, LINE 25  
CONTRIBUTIONS, GIFTS, AND GRANTS**

AMOUNT GIVEN: \$ 10,000.

**CLASS OF ACTIVITY:****DONEE'S NAME:****DONEE'S ADDRESS:**

AMERICAN CANCER SOCIETY

PO BOX 79099

LOS ANGELES, CA 90079

**RELATIONSHIP OF DONEE:****ORGANIZATIONAL STATUS OF DONEE:**

NONE

EXEMPT

**AMOUNT GIVEN:**

10,000.

**CLASS OF ACTIVITY:****DONEE'S NAME:****DONEE'S ADDRESS:**

BEST BUDDIES

5711 W. SLAUSEN AVE, STE 170

CULVER CITY, CA

**RELATIONSHIP OF DONEE:****ORGANIZATIONAL STATUS OF DONEE:**

NONE

EXEMPT

**AMOUNT GIVEN:**

5,000.

**CLASS OF ACTIVITY:****DONEE'S NAME:****DONEE'S ADDRESS:**

CAP CURE

1250 4TH STREET, #360

SANTA MONICA, CA 90401

**RELATIONSHIP OF DONEE:****ORGANIZATIONAL STATUS OF DONEE:**

NONE

EXEMPT

**AMOUNT GIVEN:**

15,000.

**CLASS OF ACTIVITY:****DONEE'S NAME:****DONEE'S ADDRESS:**

CHILDREN'S DEFENSE FUND

457 N. CANON DR.

BEVERLY HILLS, CA 90210

**RELATIONSHIP OF DONEE:****ORGANIZATIONAL STATUS OF DONEE:**

NONE

EXEMPT

**AMOUNT GIVEN:**

10,000.

**CLASS OF ACTIVITY:****DONEE'S NAME:****DONEE'S ADDRESS:**

CITY OF HOPE

1022 WILSHIRE BLVD, 12TH FLOOR

LOS ANGELES, CA 90017

**RELATIONSHIP OF DONEE:****ORGANIZATIONAL STATUS OF DONEE:**

NONE

EXEMPT

**AMOUNT GIVEN:**

10,000.

**CLASS OF ACTIVITY:****DONEE'S NAME:****DONEE'S ADDRESS:**

INTERNATIONAL ASSOCIATION OF FIRE FIGHTE

1750 NEW YORK AVE NW

WASHINGTON, CA 20006

**RELATIONSHIP OF DONEE:****ORGANIZATIONAL STATUS OF DONEE:**

NONE

EXEMPT

**AMOUNT GIVEN:**

1,000.

**CLASS OF ACTIVITY:****DONEE'S NAME:****DONEE'S ADDRESS:**

JONSSON COMPREHENSIVE CANCER CENTER FOUN

PO BOX 951780 FACTOR BLDG, RM 8-950

LOS ANGELES, CA 90095

**RELATIONSHIP OF DONEE:****ORGANIZATIONAL STATUS OF DONEE:**

NONE

EXEMPT

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STATEMENT 3 (CONTINUED)  
FORM 990-PF, PART I, LINE 25  
CONTRIBUTIONS, GIFTS, AND GRANTS

AMOUNT GIVEN: \$ 15,000.

## CLASS OF ACTIVITY:

DONEE'S NAME:

LEUKEMIA-LYMPHOMA SOCIETY

DONEE'S ADDRESS:

276 WHITE BRIDGE RD, #82  
NASHVILLE, TN 37209

RELATIONSHIP OF DONEE:

NONE

ORGANIZATIONAL STATUS OF DONEE:

EXEMPT

AMOUNT GIVEN: 10,000.

## CLASS OF ACTIVITY:

DONEE'S NAME:

LA LEADERSHIP ACADEMY

DONEE'S ADDRESS:

234 EAST AVENUE 11  
LOS ANGELES, CA 90031

RELATIONSHIP OF DONEE:

NONE

ORGANIZATIONAL STATUS OF DONEE:

EXEMPT

AMOUNT GIVEN: 10,000.

## CLASS OF ACTIVITY:

DONEE'S NAME:

MENTAL HEALTH ADVOCACY SERVICES INC.

DONEE'S ADDRESS:

1336 WILSHIRE BLVD, #102  
LOS ANGELES, CA 90017

RELATIONSHIP OF DONEE:

NONE

ORGANIZATIONAL STATUS OF DONEE:

EXEMPT

AMOUNT GIVEN: 5,000.

## CLASS OF ACTIVITY:

DONEE'S NAME:

PHYSICIANS FOR SOCIAL RESPONSIBILITY-LA

DONEE'S ADDRESS:

617 S. OLIVE ST, STE 810  
LOS ANGELES, CA 90014

RELATIONSHIP OF DONEE:

NONE

ORGANIZATIONAL STATUS OF DONEE:

EXEMPT

AMOUNT GIVEN: 5,000.

## CLASS OF ACTIVITY:

DONEE'S NAME:

PROSTATE CANCER FOUNDATION

DONEE'S ADDRESS:

1250 FOURTH STREET  
SANTA MONICA, CA 90401

RELATIONSHIP OF DONEE:

NONE

ORGANIZATIONAL STATUS OF DONEE:

EXEMPT

AMOUNT GIVEN: 10,000.

## CLASS OF ACTIVITY:

DONEE'S NAME:

SHELTER PARTNERSHIP, INC

DONEE'S ADDRESS:

523 WEST SIXTH STREET # 616  
LOS ANGELES, CA 90014

RELATIONSHIP OF DONEE:

NONE

ORGANIZATIONAL STATUS OF DONEE:

EXEMPT

AMOUNT GIVEN: 15,000.

## CLASS OF ACTIVITY:

DONEE'S NAME:

ST. JOSEPH CENTER

DONEE'S ADDRESS:

204 HAMPTON DRIVE  
VENICE, CA 90291

RELATIONSHIP OF DONEE:

NONE

ORGANIZATIONAL STATUS OF DONEE:

EXEMPT

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CONTRIBUTIONS, GIFTS, AND GRANTS

AMOUNT GIVEN: \$ 15,000.

## CLASS OF ACTIVITY:

DONEE'S NAME:

THE AMERICAN RED CROSS

DONEE'S ADDRESS:

PO BOX 37243

WASHINGTON, DC 20013

RELATIONSHIP OF DONEE:

NONE

ORGANIZATIONAL STATUS OF DONEE:

EXEMPT

AMOUNT GIVEN:

10,000.

## CLASS OF ACTIVITY:

DONEE'S NAME:

THE LAM FOUNDATION

DONEE'S ADDRESS:

10105 BEACON HILLS DRIVE

CINCINNATI, OH 45241

RELATIONSHIP OF DONEE:

NONE

ORGANIZATIONAL STATUS OF DONEE:

EXEMPT

AMOUNT GIVEN:

1,000.

## CLASS OF ACTIVITY:

DONEE'S NAME:

THE LOS ANGELES FREE CLINIC

DONEE'S ADDRESS:

8405 BEVERLY BLVD

LOS ANGELES, CA 90048

RELATIONSHIP OF DONEE:

NONE

ORGANIZATIONAL STATUS OF DONEE:

EXEMPT

AMOUNT GIVEN:

12,500.

## CLASS OF ACTIVITY:

DONEE'S NAME:

THE NY TIMES NEEDIEST CASES FUND

DONEE'S ADDRESS:

FOUR CHASE METROTECH CENTER

BROOKLYN, NY 11245

RELATIONSHIP OF DONEE:

NONE

ORGANIZATIONAL STATUS OF DONEE:

EXEMPT

AMOUNT GIVEN:

10,000.

## CLASS OF ACTIVITY:

DONEE'S NAME:

THE SUSAN G. KOMEN BREAST CANCER FOUNDAT

DONEE'S ADDRESS:

5005 LBJ FREEWAY, STE 250

DALLAS, TX 75244

RELATIONSHIP OF DONEE:

NONE

ORGANIZATIONAL STATUS OF DONEE:

EXEMPT

AMOUNT GIVEN:

15,000.

## CLASS OF ACTIVITY:

DONEE'S NAME:

THE WELLNESS COMMUNITY - WLA

DONEE'S ADDRESS:

269 S. BEVERLY DR., STE #307

BEVERLY HILLS, CA 90212

RELATIONSHIP OF DONEE:

NONE

ORGANIZATIONAL STATUS OF DONEE:

EXEMPT

AMOUNT GIVEN:

10,000.

## CLASS OF ACTIVITY:

DONEE'S NAME:

VOLUNTEERS OF AMERICA

DONEE'S ADDRESS:

3600 WHILSHIRE BLVD, #1500

LOS ANGELES, CA 90010

RELATIONSHIP OF DONEE:

NONE

ORGANIZATIONAL STATUS OF DONEE:

EXEMPT

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AMOUNT GIVEN: \$ 5,000.

## CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

WESTSIDE CHILDREN'S CENTER

12120 WAGNER STREET

CULVER CITY, CA 90230

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

NONE

EXEMPT

5,000.

## CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

WORLD FOOD PROGRAMME

1819 L STREET NW, STE 400

WASHINGTON, DC 20036

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

NONE

EXEMPT

15,000.

## CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

PEOPLE FOR THE AMERICAN WAY

2000 M STREET NW, STE 400

WASHINGTON, DC 20036

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

NONE

EXEMPT

10,000.

TOTAL \$ 1,106,500.

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CLIENT APATOW

THE APATOW FAMILY FOUNDATION INC

26-1102362

8/05/11

04 23PM

THIS 2009 RETURN OF PRIVATE FOUNDATION IS BEING AMENDED TO REDUCE CONTRIBUTIONS PAID BY \$25,000 AS A RESULT OF CHECKS WRITTEN WHICH NEVER CLEARED THE BANK. THE CHARITIES INVOLVED WERE AFESIP CAMBODIA (\$10,000) AND L.A.M.P. (\$15,000).