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### Form **990-PF**

### **Return of Private Foundation**

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

Department of the Treasury

2010

OMB No 1545-0052

,	be able to use a copy of this		rting requirements.		
For calendar year 2010, or tax year beginning		, and ending			
G Check all that apply: Initial return		ormer public charity	Final return	l	
Amended return	Address chang	ge	Name change		
Name of foundation			A Employer identification	number	
CHARLES V ROVEN FAMIL	Y FOUNDATION		80-0519859		
Number and street (or P O box number if mail is not delivered to street	address)	Room/suite	<b>B</b> Telephone number		
9200 SUNSET BLVD 10T	H FLOOR		310-786-49	35	
City or town, state, and ZIP code			C If exemption application is p	ending, check here	
LOS ANGELES, CA 9006	<b>39</b>		D 1. Foreign organizations	s, check here	
H Check type of organization: X Section 501(c)(3) ex	kempt private foundation		Foreign organizations me check here and attach co	eting the 85% test,	
Section 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ation	E If private foundation sta		
I Fair market value of all assets at end of year   J   Account	ing method: X Cash	Accrual	under section 507(b)(1)		
·	ther (specify)		F If the foundation is in a	, ,,	
▶\$ 157,914. (Part I, colu		basis.)	under section 507(b)(1)		
Part   Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements	
(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	expenses per books	income	income	for charitable purposes (cash basis only)	
1 Contributions, gifts, grants, etc., received			N/A		
2 Check X if the toundation is not required to attach Sch B					
Interest on savings and temporary cash investments					
4 Dividends and interest from securities					
5a Gross rents				-	
b Net rental income or (loss)					
62 Net gain or (loop) from pale of secrets not on line 10		ī			
Gross-sales-price-for-all					
assets on the object (from Earl V) line 2)		0.			
8 Net short-term capital gain		•			
1 1 1 1 10 1				· · · · · · · · · · · · · · · · · · ·	
9 Ingdme nedifications 2011 0					
D Less Cost of goods sold					
Gross OGDESN UT		,			
11 Offier income					
12 Total. Add lines 1 through 11	0.	0.			
13 Compensation of officers, directors, trustees, etc	0.	0.		0.	
14 Other employee salaries and wages	•				
15 Pension plans, employee benefits					
16a Legal fees STMT 1	1,938.	0.		0.	
b Accounting fees STMT 2	759.	0.		0.	
C Other professional fees	, 35.	•			
9 17 Interest			-		
18 Taxes STMT 3	860.	0.		0.	
19 Depreciation and depletion	- 000.	0.			
b Accounting fees STMT 2 c Other professional fees 17 Interest 18 Taxes STMT 3 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications				<del> </del>	
E 20 Occupancy  V 21 Travel, conferences, and meetings					
22 Printing and publications			<del>-</del>	·	
22 Printing and publications 22 Other expenses STMT 4	29.	0.		0.	
24 Total operating and administrative	49.	· · · · · · · · · · · · · · · · · · ·		†	
	3,586.	0.		0.	
expenses. Add lines 13 through 23  Contributions, gifts, grants paid	88,500.	<u></u>		88,500.	
25 Contributions, girts, grants paid	00,500.		<del>                                     </del>	00,300.	
26 Total expenses and disbursements					
	92,086.		<del>-</del>	88,500.	
27 Subtract line 26 from line 12:	<92,086.				
a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)	<34,000.	0.			
b Net investment income (if negative, enter -0-)			N/A	<u> </u>	
C Adjusted net income (if negative, enter -0-)	the instructions	<u> </u>	1 11/ FZ	Form <b>990-PF</b> (2010)	

023511 12-07-10 157,914.

157,914.

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Decreases not included in line 2 (itemize)

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Add lines 1, 2, and 3

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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	990-PF (2010) CHARLES V ROVEN FAMILY FOUNDATION 80-051			ge <b>4</b>					
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - sec	e instru	ctions	<u>)</u>					
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.								
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			0.					
b	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► ☐ and enter 1% 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, col. (b).								
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.					
3	Add lines 1 and 2			0.					
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.					
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-			0.					
6	Credits/Payments:								
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 6a								
þ	Exempt foreign organizations - tax withheld at source								
C	Tax paid with application for extension of time to file (Form 8868)								
d	Backup withholding erroneously withheld 6d 6d								
7	Total credits and payments. Add lines 6a through 6d			<u>0.</u>					
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8								
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0.					
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid								
	Enter the amount of line 10 to be: Credited to 2011 estimated tax ▶ Refunded ▶ 11								
Pa	rt VII-A Statements Regarding Activities								
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes N						
	any political campaign?	1a		<u>X</u> X					
b	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?								
	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 Form 1120-POL for this year?	1c	:	<u>X_</u>					
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:								
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$	]							
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	-							
	managers. ► \$ 0.								
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		<u>X</u>					
	If "Yes," attach a detailed description of the activities								
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	3	:	XX					
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		<u>X_</u>					
b	If "Yes," has it filed a tax return on Form 990-T for this year? $N/A$	4b							
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<u>X_</u>					
	If "Yes," attach the statement required by General Instruction T								
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:								
	By language in the governing instrument, or								
	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?	6	X						
7	Did the foundation have at least \$5,000 in assets at any time during the year?	7	Х						
	If "Yes," complete Part II, col. (c), and Part XV								
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	_							
	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	8b	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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		<u>X_</u>					
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		<u>X_</u>					
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Form 990-PF (2010) CHARLES V ROVEN FAMILY F	OUNDATION		<u>80-05198!</u>	59 Page <b>6</b>
Part VII-B   Statements Regarding Activities for Which F	orm 4720 May Be F	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			s X No	
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire			
any voter registration drive?			s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<b>)</b>	Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section	_		
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t			
the prevention of cruelty to children or animals?		Ye	s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	er the exceptions described i	n Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A 5	ib
Organizations relying on a current notice regarding disaster assistance check hi				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	ıned			
expenditure responsibility for the grant?	N	I/A 🗀 Ye	s No	
If "Yes," attach the statement required by Regulations section 53 4945	5-5(d).			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on			
a personal benefit contract?		☐ Ye	s X No	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		6	b 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 s	helter transaction?	☐ Ye	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu	table to the transaction?		N/A	'b
Dort VIII Information About Officers, Directors, Trusto		nagers, Highly	1	
1 List all officers, directors, trustees, foundation managers and their				
( ) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other
(a) Name and address	to position	enter -0-)	and deterred compensation	allowances
_				
SEE STATEMENT 5		0.	0.	0.
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	devoted to position	(C) compensation	and deferred compensation	allowances
NONE				
Total number of other employees paid over \$50,000		<u> </u>		0
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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	idations, se	e instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	202,864.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	202,864.
е			
	1c (attach detailed explanation) 1e 0.	,	
2	Acquisition indebtedness applicable to line 1 assets	2	0_•
3	Subtract line 2 from line 1d	3	202,864.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	3,043.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	199,821.
6	Minimum investment return Enter 5% of line 5	6	9,991.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	9,991.
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	9,991.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	9,991.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	9,991.
P	art 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	88,500.
b		1b	0.
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:		•
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	88,500.
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	5	<u> </u>
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	88,500.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years	qualifies for t	ne section

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### Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,	· · · · · · · · · · · · · · · · · · ·	·		
line 7				9,991.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			513.	
b Total for prior years:			0.201	
		0.		
3 Excess distributions carryover, if any, to 2010:				
a From 2005				
<b>b</b> From 2006				
<b>c</b> From 2007				
<b>d</b> From 2008				
e From 2009				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2010 from				
Part XII, line 4: ► \$ 88,500.				
a Applied to 2009, but not more than line 2a			513.	
<b>b</b> Applied to undistributed income of prior	· · · · · · · · · · · · · · · · · · ·		3131	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2010 distributable amount	· · · · · · · · · · · · · · · · · · ·			9,991.
e Remaining amount distributed out of corpus	77,996.			<u> </u>
5 Excess distributions carryover applied to 2010	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a) )				<u></u>
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	77,996.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c 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.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2009. Subtract line				
4a from line 2a Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2011	<u> </u>		,	
Subtract lines 7 and 8 from line 6a	77,996.			
10 Analysis of line 9:				
a Excess from 2006				
b Excess from 2007				
c Excess from 2008				
d Excess from 2009				
e Excess from 2010 77,996.				
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Form 990-PF (2010) CHARLES Part XIV Private Operating Fo	V ROVEN FA			80-05	19859 Page 10
<del></del>		<del>-</del>	<del></del>	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective for	•	•		4040(3)(0) 00 1	)40(-)(E)
b Check box to indicate whether the found		ng toundation described T		4942(j)(3) or 49	942(j)(5) T
2 a Enter the lesser of the adjusted net	Tax year (a) 2010	(b) 2009	Prior 3 years (c) 2008	(d) 2007	(e) Total
income from Part I or the minimum	(a) 2010	(0) 2003	(6) 2000	(4) 2007	(6) 10(4)
investment return from Part X for					
each year listed			<u>.                                      </u>	<del></del>	
b 85% of line 2a		<del> </del>		<del> </del>	
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					ļ
exempt activities			-		
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c			-		
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets		ļ			
(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					
Part XV Supplementary Info			if the foundation	n had \$5,000 or m	ore in assets
at any time during t	he year-see the	instructions.)		<u> </u>	
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh year (but only if they have contributed n			ntributions received by the	e foundation before the clo	se of any tax
CHARLES V. ROVEN					
b List any managers of the foundation wh other entity) of which the foundation has			n (or an equally large port	ion of the ownership of a p	eartnership or
NONE					
2 Information Regarding Contributi	ion, Grant, Gift, Loan	, Scholarship, etc., F	Programs:		
Check here ► X if the foundation of the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	ber of the person to who	rm applications should b	e addressed:		
<b>b</b> The form in which applications should b	e submitted and informa	ation and materials they	snould include:		
c Any submission deadlines:					
d Any restrictions or limitations on awards	s, such as by geographic	cal areas, charitable field	s, kınds of institutions, or	other factors:	
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3 Grants and Contributions Paid During the Y		Pavment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	status of recipient	CONTRIDUCTION	741100111
a Paid during the year	or substantial contributor	recipient		
SEE STATEMENT 6				
Total STATEMENT 0			► 3a	88,500
<b>b</b> Approved for future payment				00,000
NONE				
Total			► 3b	000 PF 10016

TOTAL CHARTED V ROV	EN PARILLI TOURDATION	N
Part XVI-A Analysis of Income-Prod	ducing Activities	
Enter gross amounts unless otherwise indicated.	Unrelated business income	Excluded by section 512
Enter gross amounts unless otherwise indicated.	(a) (b)	(d)

Enter gross amounts unless otherwise indicated.	Unrelated	business income		ded by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code	-	code		
a	_ <del> </del>				
b	l I				·
C			ļ		····
d	-		<del> </del>		<del> </del>
e	-		<del> </del> -		
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	1		ŀ		
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
C					
d	ł I				_ <del></del> ;-
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		0.	0.
13 Total Add line 12, columns (b), (d), and (e)				13	0.
(See worksheet in line 13 instructions to verify calculations.	.)				
·	•				

Part XVI-B	Relationship of Activitie	s to the Accomplishment of	Exempt Purposes
------------	---------------------------	----------------------------	-----------------

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
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Form 990-PF (2	2010) CHARL Information Re Exempt Organ							- 0519859 oncharitabl		ige <b>13</b>
1 Did the or	ganization directly or indi		of the followin	o with any of	her organizatio	n decembed in cart	uon 501(c) of		Yes	No
	(other than section 501(c)						1011 30 1(0) 01		100	1.00
	from the reporting found					izations.				l
(1) Cash	·	ation to a nonchanta	nie everiiht ori	yamzanom or.				10(1)		x
(2) Other								1a(1) 1a(2)		X
b Other tran								18(2)		
	of assets to a noncharita	hle exempt organizat	tion					1b(1)		Х
	hases of assets from a no							1b(2)		X
• •	al of facilities, equipment,	•	n gamzation					1b(3)		X
	bursement arrangements							1b(4)		X
	s or loan guarantees							1b(5)		X
	ormance of services or me	mhershin or fundrai	sına salıcıtatıa	ins				1b(6)		X
	f facilities, equipment, ma		-					1c		X
d If the answor service	wer to any of the above is is given by the reporting for the value of the goods,	"Yes," complete the oundation. If the fou	following sche ndation receiv	dule. Column					sets,	
(a) Line no	(b) Amount involved		noncharitable	e exempt orga	inization	(d) Description	of transfers, transact	ions, and sharing a	rrangeme	ents
``	(-,	( )	N/A			(-)				
	_									
							<del> </del>			
	· · · ·									
		·								
			,							
			·							
							·			
ın section	ndation directly or indirec 501(c) of the Code (other complete the following sch	r than section 501(c			exempt organi	zations described		Yes	X	] No
	(a) Name of org			(b) Type of	organization		(c) Description of	relationship		
	N/A			1						
		<u> </u>								
		$\sim$								
I .		e that I have exampled the						ge and belief, it is t	rue, corre	ect,
Sign Here		arer (other than taxpayer	or ilductary) is b.	aseo on all inior	10//	0/11	Trister			
	Signature of officer or tru		T		Date/		itle	DTIV		
	Print/Type preparer's na	ame	Preparer's s	ignature	/	Date / /	Check if	PTIN		
Paid	NEAL HOFFE	R	206	2		10/8/11	self- employed			
Preparer Use Only	Firm's name ►LIP	PE, HELLI	E, HOF	FER &	ALLISO	N LLP	Firm's EIN			
	Firm's address ▶ 59	50 CANOGA	AVENU	E, SUI	TE 200		1			
	WOODLAND HILLS, CA 91367 Phone no. (818) 449-57								700	

Form **990-PF** (2010)

FORM 990-PF	LEGAL	FEES	S'.	TATEMENT 1	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	ADJUSTED	(D) CHARITABLE PURPOSES	
LEGAL FEES	1,938.	0.		0.	
TO FM 990-PF, PG 1, LN 16A =	1,938.	0.		0.	
FORM 990-PF	ACCOUNTING FEES		STATEMENT :		
DESCRIPTION		(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES	
ACCOUNTING	759.	0.		0.	
TO FORM 990-PF, PG 1, LN 16B	759.	0.		0.	
FORM 990-PF	TAX	ES	S	ratement 3	
DESCRIPTION	(A) EXPENSES PER BOOKS			CHARITABLE	
TAXES-OTHER	860.	0.		0.	
TO FORM 990-PF, PG 1, LN 18 =	860.	0.		0.	
FORM 990-PF	OTHER EXPENSES		STATEMENT		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
POSTAGE	29.	0.		0.	
TO FORM 990-PF, PG 1, LN 23	29.	0.		0.	

FORM 990-PF PART VIII - LIS TRUSTEES AND	T OF OFFICERS, DIE FOUNDATION MANAGE	STATEMENT 5		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
CHARLES V. ROVEN 9200 SUNSET BLVD., 10TH FLOOR LOS ANGELES, CA 90069	TRUSTEE 2.00	0.	0.	0.
STEPHANIE H. ROVEN 9200 SUNSET BLVD., 10TH FLOOR LOS ANGELES, CA 90069	SPECIAL TRUSTEES 2.00	s 0.	0.	0.
REBECCA STEEL ROVEN 9200 SUNSET BLVD., 10TH FLOOR LOS ANGELES, CA 90069	SPECIAL TRUSTEES 2.00	s 0.	0.	0.
DENNIS GORE 9200 SUNSET BLVD., 10TH FLOOR LOS ANGELES, CA 90069	SPECIAL TRUSTEES 2.00	s 0.	0.	0.
CHRISTY DAILY 9200 SUNSET BLVD., 10TH FLOOR LOS ANGELES, CA 90069	SPECIAL TRUSTEES 2.00	S 0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII	0.	0.	0.

FORM 990-PF

STATEMENT

		·		
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT	
AMERICAN CINEMATHEQUE 6712 HOLLYWOOD BLVD HOLLYWOOD, CA 90028	NA PUBLIC PRESENTAION OF MOTION PICTURES TO THE PUBLIC	501(C)(3)	5,000.	
AMERICAN FRIENDS OF THE CITIZENS' EMPOWERMENT CENTER IN ISRAEL - 9420 WILSHIRE BLVD., STE 400 BEVERLY HILLS, CA 90212		501(C)(3)	2,500.	
THE BRENT SHAPIRO FOUNDATION 10250 CONSTELLATION BLVD 18TH FL LOS ANGELES, CA 90067	NA ALCOHOL AND DRUG AWARENESS	501(C)(3)	5,000.	
BAFTA/LA 8469 MELROSE AVE WEST HOLLYWOOD, CA 90069	NA PROMOTE AND ADVANCE ORIGINAL WORK IN FILM, TELEVISION AND INTERACTIVE MEDIA	501(C)(3)	3,500.	
EPILEPSY FOUNDATION 5777 WEST CENTURY BLVD., STE 820 LOS ANGELES, CA 90045	NA IMPROVE ACCESS EPILEPSY CARE, FUND RESEARCH, AND FUND PROGRAMS	501(C)(3)	5,000.	
L.A. FAMILY HOUSING 7843 LANKERSHIME BLVD NORTH HOLLYWOOD, CA 91605	NA ASSIST HOMELESS FAMILIES AND INDIVIDUALS	501(C)(3)	5,000.	
LANCE ARMSTRONG FOUNDATION 2201 EAST SIXTH STREET AUSTIN, TX 78702	NA PROVIDE THE PRACTICAL INFORMATION AND TOOLS FOR PEOPLE WITH CANCER	501(C)(3)	1,500.	
MOTION PICTURES & TELEVISION FUND 23388 MULHOLLAND DRIVE #220 WOODLAND HILLS, CA 91364	NA PROVIDE MEDICAL CARE, ELDER CARE, & COMMTY SVCS TO PEOPLE IN ENTERTAINMENT	501(C)(3)	10,000.	

GRANTS AND CONTRIBUTIONS

PAID DURING THE YEAR

CHARLES V ROVEN FAMILY FOUNDATI	ON		80-0519859
NATIONAL COWGIRL MUSEUM & HALL OF FAME 1720 GENDY STREET FORTH WORTH, TX 76107	NA RESEARCH, ARCHIVE AND SHARE STORIES FEMALE PIONEERS, RANCHERS, & ENTERTAINER	501(C)(3)	20,000.
NATIONAL MULTIPLE SCLEROSIS SOCIETY 2440 S. SEPULVEDA BLVD. STE 115 LOS ANGELES, CA 90064	NA MULTIPLE SCLEROSIS RESEARCH AND TREATMENT	501(C)(3)	5,000.
OAKWOOD SCHOOL 11600 MAGNOLIA BOULEVARD NORTH HOLLYWOOD, CA 91601	NA PROVIDE STUDENTS W/ AN EDUCATIONAL EXPERIENCE RICH IN THE ARTS, SCIENCES	501(C)(3)	5,000.
SALVATION ARMY 615 SLATERS LANE PO BOX 1428 ALEXANDRIA, VA 22313	NA HAITI EARTHQUAKE RELIEF	501(C)(3)	5,000.
TEMPLE EMANUEL 8844 BURTON WAY BEVERLY HILLS, CA 90211	NA PROVIDE RELIGIOUS SERVICES FOR THE JEWISH COMMUNITY	501(C)(3)	10,000.
VALLEY TORAH HIGH SCHOOL 12517 CHANDLER BLVD VALLEY VILLAGE, CA 91607	NA PROVIDE SCHOLARSHIPS TO STUDENTS	501(C)(3)	3,000.
WOMEN IN FILM 6100 WILSHIRE BLVD, STE 710 LOS ANGELES, CA 90048	NA ENSURE EQUALITY OF OPPORTUNITY AND ACCESS IN THE MEDIA ARTS	501(C)(3)	3,000.

88,500.

TOTAL TO FORM 990-PF, PART XV, LINE 3A

### ... Form 8868

(Rev January 2011)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

,	tomatic 3-Month Extension, comp	lete only Pa	rt I and check this box			$\triangleright \mathbf{X}$
<ul> <li>If you are filing for an Ac</li> </ul>	ditional (Not Automatic) 3-Month	Extension, c	omplete only Part II (on page 2 of th	is form)		
Do not complete Part II u	nless you have already been grante	d an automa	tic 3-month extension on a previously	filed For	m 8868	
Electronic filing (e-file). Y	ou can electronically file Form 8868	ıf you need a	3-month automatic extension of time	to file (6	months for a	corporation
required to file Form 990-T	ı, or an addıtıonal (not automatıc) 3-r	nonth extens	ion of time. You can electronically file	Form 88	368 to request	an extension
of time to file any of the for	ms listed in Part I or Part II with the	exception of	Form 8870, Information Return for Tr	ansfers A	Associated Wi	th Certain
Personal Benefit Contracts	i, which must be sent to the IRS in p	aper format	(see instructions) For more details or	the elec	tronic filing of	this form,
	click on e-file for Charities & Nonpro					
	ic 3-Month Extension of Tir					
	le Form 990-T and requesting an au	tomatic 6-mo	onth extension - check this box and co	omplete		. —
Part I only						
All other corporations (incli to file income tax returns	iding 1120-C filers), partnerships, Ri	EMICs, and t	rusts must use Form 7004 to request	an exten	sion of time	
	pt organization			Empl	over identific	ation number
print	pr organization			Linbi	oyer identific	ation number
CHARLES	V ROVEN FAMILY FO	UNDATI	ИС	8	0-05198	59
File by the due date for Number, stree	t, and room or suite no If a P O box	, see instruc	tions			
filing your 9200 SU	NSET BLVD 10TH FL	OOR				
instructions City, town or p	ost office, state, and ZIP code For:	a foreign add	ress, see instructions			
LOS ANG	ELES, CA 90069					
Enter the Return code for t	the return that this application is for	(file a separa	te application for each return)			0 4
Analisation		Determ	Alia-A			<u> </u>
Application Is For		Return Code	Application Is For			Return
Form 990		01	Form 990-T (corporation)			<b>Code</b> 07
Form 990 BL		02	Form 1041-A			08
Form 990-EZ		03	Form 4720			09
Form 990-PF		04	Form 5227			10
Form 990-T (sec 401(a) or	408(a) trust)	05	Form 6069			11
Form 990-T (trust other tha	ın above)	06	Form 8870			12
	THE CHARLES V	. ROVE	N FAMILY FOUNDAT			
	re of ▶ 9200 SUNSET B	LVD, 1	OTH FLOOR - LOS AND	ELES	<u>, CA 90</u>	069
Telephone No ► 31			FAX No 🕨		<del></del>	
	not have an office or place of busin					<b>L</b>
	turn, enter the organization's four di		·		-	oup, check this
			ich a list with the names and EINs of		ers the extens	sion is for
			to file Form 990-T) extension of time t		Tl	
AUGUST 1 is for the organizatio		mpt organiza	tion return for the organization name	above	ine extension	1
► X calendar yea						
		an	d ending			
F tan you. Sog	9	, u.			_	
2 If the tax year entere	ed in line 1 is for less than 12 months	s. check reas	on Initial return F	inal retur	'n	
	ounting period	,				
3a If this application is	for Form 990-BL, 990-PF, 990-T, 472	0, or 6069, e	nter the tentative tax, less any			
nonrefundable credi	ts See instructions			3a	\$	0.
b If this application is	for Form 990-PF, 990-T, 4720, or 606	59, enter any	refundable credits and			
petimated tay source	ents made Include any prior year ov	erpayment a	llowed as a credit.	3b	\$	0.
estimated tax paym			h this form if required	1	i	
c Balance due. Subtra	act line 3b from line 3a Include your		•	}		3
c Balance due. Subtra by using EFTPS (Ele	ctronic Federal Tax Payment Syster	n) See instru	•	3c	\$	0.

• Form 8868 (Rev  1-2011)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month I	Extension, c	complete only Part II and check this be	ox		▶ X
Note. Only complete Part II if you have already been granted a	n automatic	3-month extension on a previously filed	Form 88	368	
<ul> <li>If you are filing for an Automatic 3-Month Extension, comp</li> </ul>				<del></del>	
Part II Additional (Not Automatic) 3-Month	Extension	n of Time. Only file the original (no c	opies ne	eded)	<del></del>
Type or Name of exempt organization	Name of exempt organization E			yer identifica	ation number
print CHARLES V ROVEN FAMILY FOU	OITAGN	N	80	-05198	59
Number, street, and room or suite no if a PO box					
due date for 9200 SUNSET BLVD 10TH FLO					
return See City, town or post office, state, and ZIP code For a	a foreign add	Iress, see instructions		-	
Instructions LOS ANGELES, CA 90069					
Enter the Return code for the return that this application is for (	(file a separa	te application for each return)			0 4
Application	Return	Application		<del></del>	Return
ls For	Code	1s For			Code
Form 990	01				
Form 990-BL	02	Form 1041·A			08
Form 990-EZ	03	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
Form 990 T (trust other than above) STOP! Do not complete Part II if you were not already grant	06	Form 8870			12
Telephone No ► 310-786-4935  If the organization does not have an office or place of busin  If this is for a Group Return, enter the organization's four dig  box ► If it is for part of the group, check this box ►   I request an additional 3-month extension of time until  For calendar year 2010, or other tax year beginning  If the tax year entered in line 5 is for less than 12 months  Change in accounting period  Tate in detail why you need the extension  ALL THE INFORMATION NECESSAR  RETURN IS NOT YET AVAILABLE	and atta  NOVEM  s, check reas	emption Number (GEN) If t ach a list with the names and EINs of a BER 15, 2011 , and ending son Initial return	ll membe	ers the extens	ion is for
KETOKN 15 NOT TET AVAIDABLE			··· ··· ···		
8a If this application is for Form 990-BL, 990-PF, 990-T, 472	0, or 6069, e	enter the tentative tax, less any			_
nonrefundable credits See instructions			8a		0
b If this application is for Form 990-PF, 990-T, 4720, or 606					
tax payments made Include any prior year overpayment	t allowed as	a credit and any amount paid		•	0
previously with Form 8868		th this form of conversal by the convers	8b	\$	0
c Balance due. Subtract line 8b from line 8a Include your		tn this form, if required, by using		œ.	0
EFTPS (Electronic Federal Tax Payment System) See in		nd Verification	8c	\$	
Under penalties of perjury, I declare that I have examined this form, incit is true, correct, and complete, and that I am authorized to prepare the	cluding accom is form	panying schedules and statements, and to		7/1	and belief,
Signature Title	C.P.A	· •	Date		
				+orm 88	68 (Rev 1.201