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Form **990-PF** Department of the Treasury Internal Revenue Service Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

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

OMB No 1545-0052

Fore	alen	dar year 2012 or tax year	beginning				, and e	nding		
Nar	ne of	foundation					_	-	A Employer identification	on number
_C	HA	RLES V ROVEN	N FAMIL	Y FOU	NDAT:	ION			80-051985	9
Nun	ber a	nd street (or P O box number i	if mail is not deliv	ered to street	address)			Room/suite	B Telephone number	
_9	<u> 20</u>	0 SUNSET BLV	/D 101	H FLC	OR		. :		310-786-4	935
		own, state, and ZIP code							C If exemption application is	pending, check here
_L	<u>os</u>	ANGELES, CA	<u> 9006</u>	<u> 9</u>						
G C	heck	all that apply: $igsqcup$	Initial return		<u> </u>	nitial return of a fo	ormer public o	harity	D 1. Foreign organization	ns, check here
			Final return		_  '	Amended return			2 Foreign organizations n	neeting the 85% tost
			Address char	<u> </u>		Name change			Foreign organizations n check here and attach	computation
H C	_					ate foundation			E If private foundation st	tatus was terminated
느		ction 4947(a)(1) nonexem				able private founda			under section 507(b)(	1)(A), check here $ ightharpoonup$
		arket value of all assets at e	end of year	J Accounti	-		Accr	ual	F If the foundation is in a	
•		Part II, col. (c), line 16)	2 2 2 2		ther (spec		h a a a a 1		under section 507(b)(	1)(B), check here
	\$			Part I, colu		ust be on cash				(4)
	irt I	(The total of amounts in colunecessarily equal the amoun	mns (b), (c), and (	(d) may not		Revenue and nses per books		vestment ome	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grant	ts, etc., receive	ed		65,000.			N/A	
	2	- —	n is not required to a	ttach Sch B						
	3	Interest on savings and tempo cash investments	orary			243.		243.		STATEMENT 1
	4	Dividends and interest fro	om securities						ļ	
	5a	Gross rents								
	b	Net rental income or (loss)	<del></del>							
Revenue	6a b	Net gain or (loss) from sale of Gross sales price for all assets on line 6a	assets not on lin	e 10						
ě	7	Capital gain net income (from	Part IV, line 2)				<b></b>	0.		
щ	8	Net short-term capital gai	ın							
	9 10a	Income modifications Gross sales less returns and allowances				_ <del>.</del>				
	b	Less Cost of goods sold								
	C	Gross profit or (loss)								
	11	Other income								
	12	Total Add lines 1 throug	ıh 11		ļ	65,243.		243.		
	13	Compensation of officers, dire	ectors, trustees, e	etc	ļ	<u> </u>		0.		0.
	14	Other employee salaries a	•		ļ					
ဟ္	15	Pension plans, employee		0	<u> </u>					
Expenses	16a	Legal fees	STM			553.		0.		0.
ğ	b	Accounting fees	STM	IT 3		1,023.	_	0.	•	0.
ω ω		Other professional fees				- <del>-</del> -				
Ě	17	Interest	CIDA	rm 4	<u> </u>	1.0				
stra	18	Taxes		IT 4		10.		0.		0.
Ē	19	Depreciation and depletion	11	7						<u> </u>
퉏	20 21	Occupancy RECE Travel, conferences, and	macinada	1						
٩	22		HICOMMys	ပ္ကု			<u> </u>			<del> </del>
gar	23	Printing and publications Othersekpenses	1 2013	S-0SC	<del></del>					<del></del>
į	24	Total operating and adm	inietrativa	SS SS		<del></del>				
Operating and Administrative		expenses Addiffes 13	hrought28*	<b>~</b>		1,586.		0.		0.
ŏ	25	Contributions, gifts, gran	is bail	لـ	<u> </u>	114,800.				114,800.
	26	Total expenses and disb								
		Add lines 24 and 25				116,386.		0.		114,800.
	27	Subtract line 26 from line	12:							
	a	Excess of revenue over expen		ements		<51,143.	>			
	! .	Net investment income (						243.		
	С	Adjusted net income (if n	egative, enter -0-	·)					N/A	
2235	n 1									

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	<u>0519859                                  </u>
Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cash - non-interest-bearing	54,356.	3,213.	3,213
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			
7 Other notes and loans receivable			
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			
<b>b</b> Investments - corporate stock			
c Investments - corporate bonds			
11 Investments - land, buildings, and equipment, basis			
Less accumulated depreciation			
12 Investments - mortgage loans			
13 Investments - other			
14 Land, buildings, and equipment: basis ►	1		
Less accumulated depreciation			
15 Other assets (describe ►)			
46. Total access (to be completed by all filers)	54,356.	3,213.	3,213
16 Total assets (to be completed by all filers) 17 Accounts payable and accrued expenses	34,330.	3,213.	3,413
18 Grants payable			
40 Defermed managers			
20 Loans from officers, directors, trustees, and other disqualified persons	-		
21 Mortgages and other notes payable			
20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe			
23 Total liabilities (add lines 17 through 22)	0.	0.	
Foundations that follow SFAS 117, check here			
and complete lines 24 through 26 and lines 30 and 31.			
B 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	0.	0.	
2 28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
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 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances	54,356.	3,213.	
30 Total net assets or fund balances	54,356.	3,213.	
31 Total liabilities and net assets/fund balances	54,356.	3,213.	
Part III Analysis of Changes in Net Assets or Fund Ba			
Total net assets or fund balances at beginning of year - Part II, column (a), line 3	30		
(must agree with end-of-year figure reported on prior year's return)	· <del>-</del>		54,356
Enter amount from Part I, line 27a		2	<51,143
Other increases not included in line 2 (itemize)		3	\J1,143
Add lines 1, 2, and 3		4	3,213
Decreases not included in line 2 (itemize)		5	3,213
Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	lumn (b), line 30	6	3,213
	· · · · · · · · · · · · · · · · · · ·		Form <b>990-PF</b> (201

	ribe the kind(s) of property s arehouse; or common stock,			P -	ow acquired Purchase Donation	(c) Date (mo.,	acquired day, yr.)	(d) Date sold (mo., day, yr.)
<u>1a</u>				<del> </del>				
	NE							
<u>c</u>			<del>_</del>	<del> </del>		<u></u>	·	<u> </u>
e	<del></del>	<del></del>		1		· -		
(e) Gross sales price	(f) Depreciation allows (or allowable)		st or other basis expense of sale			(h) (e) plu	Gain or (loss) is (f) minus (	(g)
<u>a</u>								
<u>b</u>		<del>-</del>	<del></del>	-+				
<u>c</u> d				-	<del></del>			
e	<del></del>				<del></del>		<del></del> -	
Complete only for assets shown	ng gain in column (h) and ow	ned by the foundation	on 12/31/69			(I) Gains (	Col. (h) gaın	minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (I) col. (J), If any			ol. (k), but	not less thar s (from col. (	n -0-) or
a								
<u>b</u>								
<u>C</u>								
<u>d</u>								
E	L			$\overline{}$				
P Capital gain net income or (net ca	apital loss) If (loss).	so enter in Part I, line enter -0- in Part I, line	<i>7</i>		2			
3 Net short-term capital gain or (lo	•		•	7				
If gain, also enter in Part I, line 8,	•	22(0) and (0).		]				
If (loss), enter -0- in Part I, line 8  Part V   Qualification U	Inder Section 4940	- \ (- · · · D · · · · · · · ·			3			
f section 4940(d)(2) applies, leave t Was the foundation liable for the sec f "Yes," the foundation does not qua l Enter the appropriate amount in	tion 4942 tax on the distribu	o not complete this pa	art.		<del></del>			Yes X No
(a) Base period years Calendar year (or tax year beginni	8 -4	(b) ying distributions	Net value of no	(c) onchari	table-use asse	ts	Distrib	(d) ution ratio ided by col. (c))
2011	ilg iii)	99,600.			114,87		(coi. (b) div	. 8 6 7 0 5 2
2010		88,500.			199,82	1.		.442896
2009		0.			10,26			.000000
2008								
2007								····
2 Total of line 1, column (d)						2		1.309948
Average distribution ratio for the the foundation has been in existe		ne total on line 2 by 5,	or by the number	r of yea	rs	3		.436649
Enter the net value of noncharital	ole-use assets for 2012 from	Part X, line 5				4		36,579.
Multiply line 4 by line 3						5		<u> 15,972.</u>
Enter 1% of net investment incor	ne (1% of Part I, line 27b)					6_	:	2.
Add lines 5 and 6						7		15,974.
Enter qualifying distributions from	n Part XII, line 4					8		114,800.
If line 8 is equal to or greater that See the Part VI instructions.	n line 7, check the box in Par	t VI, line 1b, and comp	olete that part usin	ng a 1%	tax rate.			

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	t VI   Excise Tax Based on Investment Income (Section 494		, or 4	948	- see in	stru	ction	ıs)
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🗀 and e	enter "N/A" on line 1.	1					
	Date of ruling or determination letter: (attach copy of letter if ne							
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	➤ X and enter 1%	}	1	<u> </u>			<u>2.</u>
	of Part I, line 27b							
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%		,					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. O	Others enter -0-)		2				<u>0.</u>
3	Add lines 1 and 2			3				2.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. (	Others enter -0-)		4				<u>0.</u>
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-			5	<u> </u>			2.
	Credits/Payments:	1 1						
а	2012 estimated tax payments and 2011 overpayment credited to 2012	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 penalty for underpayment of estimated tax. Check here if Form 2220 is atta	ached		8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			9				2.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	1		10				
	Enter the amount of line 10 to be: Credited to 2013 estimated tax	Refund	led 🚩	11				
	rt VII-A Statements Regarding Activities							
	During the tax year, did the foundation attempt to influence any national, state, or local legi-	slation or did it participate or ii	ntervene	ın	_		Yes	
	any political campaign?					1a		<u> </u>
	Did it spend more than \$100 during the year (either directly or indirectly) for political purpo	•			_	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities ar	nd copies of any materials p	oublishe	d or				
	distributed by the foundation in connection with the activities							
	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 th		_					
	(1) On the foundation. > \$ 0. (2) On foundation manager		0.					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expend	diture tax imposed on foundati	on					
	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		ration, c	ır		_		
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change				-	3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year	ar.,			.,,	4a		<u>X</u>
	If "Yes," has it filed a tax return on Form 990-T for this year?	0		I	I/A	4b		37
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year	7			-	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 6	eitner:			İ			
	By language in the governing instrument, or				l			
	By state legislation that effectively amends the governing instrument so that no mandato	ory directions that conflict with	tne state	iaw		_	7.7	
-	remain in the governing instrument?				ŀ		X	
/	Did the foundation have at least \$5,000 in assets at any time during the year?					7	<u>X</u>	
_	If "Yes," complete Part II, col (c), and Part XV							
ва	Enter the states to which the foundation reports or with which it is registered (see instruction)	ions) -						
	CA							
D	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	Altorney General (or designate	)		į	0.	v	
_	of each state as required by General Instruction G? If "No," attach explanation	venture 4040/3/03 == 4040/3/5	(nv!-	nde-	}	8b	_X_	
9	Is the foundation claiming status as a private operating foundation within the meaning of s		or cale	noar		^		v
4.0	year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes,"		c	TMT	,	9 10	X	_X_
_10	Did any persons become substantial contributors during the tax year? if "Yes," attach a sched	quie listing their names and address	es D	11111		_	<u>-</u> -PF (	2012)
					FUIII		(	20 12)

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orm 990-PF (2012) CHARLES V ROVEN FAMILY F			<u>80-05198</u>	<u>59 F</u>	<sup>2</sup> age <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			es 🗶 No		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire				
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	es 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)?			es 🗶 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?			es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	·	ın Regulations	/-		
section 53.4945 or in a current notice regarding disaster assistance (see instru	•		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr			l		
expenditure responsibility for the grant?		I/A Ye	es L No		
If "Yes," attach the statement required by Regulations section 53 4945					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to passenge baseful contract?	pay premiums on	v.	es X No		
a personal benefit contract?	aranal hanafit anatroot?	Y6		,	v
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p If "Yes" to 6b, file Form 8870	ersonal benefit contract?		<u> </u>	6 <b>b</b>	<u>X</u>
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?		es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu		L 16	. –	7b	
Information About Officers Diseases Truck		nagers Highly		, , , , , , , , , , , , , , , , , , ,	<del></del>
Part VIII Paid Employees, and Contractors			•		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expe account,	ense
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	account,	nces
	-				
			-		
SEE STATEMENT 6		0.	0.		0.
· · · · · · · · · · · · · · · · · · ·					
		-			
2 Compensation of five highest-paid employees (other than those inc	luded on line 1) If none	enter "NONE "			
	(b) Title, and average	1	(d) Contributions to employee benefit plans and deferred	(e) Expe	ense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	(e) Expe account, allowan	other
NONE	dovoted to position		compensation	anowan	
		<u></u>			
			H H		
	<u> </u>				
		<u> </u>			
Total number of other employees paid over \$50,000			<b>&gt;</b>		0
			Form	990-PF (	(2012)

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	ce (c)	Compensation
NONE		
		<del>-</del> · · · · · · · · · · · · · · · · · · ·
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities	<b>•</b>	0
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.	Ехрє	enses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.  1 N/A	Amo	unt
2		
All other program-related investments. See instructions.		
Total. Add lines 1 through 3	<b>&gt;</b>	0.
	Form <b>99</b>	<b>90-PF</b> (2012)

	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	nuations, se	e instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		_
	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	37,136.
-	Fair market value of all other assets	1c	
	Total (add lines 1a, b, and c)	1d	37,136.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 .	4	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	37,136.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	557.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	36,579.
6	Minimum investment return. Enter 5% of line 5	6	1,829.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations all foreign organizations check here   and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	1,829.
2a	Tax on investment income for 2012 from Part VI, line 5		
b	Income tax for 2012. (This does not include the tax from Part VI.)	1	
C	Add lines 2a and 2b	2c	2.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,827.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,827.
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	1,827.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		444.000
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	114,800.
b	Program-related investments - total from Part IX-B	1b	<u> </u>
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	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	114,800.
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	2.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	114,798.
	Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the foundation	auglifice for th	a caction

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4940(e) reduction of tax in those years.

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI,	Corpuo	7 54.5 prior to 2011	2011	2012
line 7				1,827.
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only			0.	
<b>b</b> Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2012:	<del></del>			
a From 2007				
<b>b</b> From 2008				
c From 2009				
d From 2010 77,996.				
e From 2011 93,856.				
f Total of lines 3a through e	171,852.			
4 Qualifying distributions for 2012 from				
Part XII, line 4: ► \$ 114,800.				
a Applied to 2011, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior		_		
years (Election required - see instructions)		0.		<del></del>
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2012 distributable amount	110 050		_	1,827.
e Remaining amount distributed out of corpus	112,973.			
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	284,825.			
<b>b</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 2011. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2012. Subtract				
lines 4d and 5 from line 1. This amount must	-			
be distributed in 2013				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.	<b></b>		
8 Excess distributions carryover from 2007	_			
not applied on line 5 or line 7	0.			<del></del>
9 Excess distributions carryover to 2013			•	
Subtract lines 7 and 8 from line 6a	284,825.	<del></del>		
10 Analysis of line 9:				
a Excess from 2008				
b Excess from 2009				
c Excess from 2010 77,996.				
d Excess from 2011 93,856.				
e Excess from 2012 112,973.		<del>, -,,,</del>		Form <b>990-PF</b> (2012)
				I VIIII VVV I I IZUIZI

223581 12-05-12

		MILY FOUND			519859 Page 1
Part XIV Private Operating F		·		N/A	
1 a If the foundation has received a ruling of foundation, and the ruling is effective for			'		
b Check box to indicate whether the found		-	I in section	4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	Ing loundation described	Prior 3 years	3 4342())(o) or 4	342())(3)
income from Part I or the minimum	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
investment return from Part X for	<u> </u>		1		<del>  - ` :-</del>
each year listed					
<b>b</b> 85% of line 2a		- 11-			
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 exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.			•		
Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon:				<u> </u>	
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:			*****		<del></del>
(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			<u> </u>
Part XV   Supplementary Info at any time during t			if the foundation	n had \$5,000 or m	ore in assets
1 Information Regarding Foundation	₹				
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	ose of any tax
CHARLES V. ROVEN	, , , , , , , , , , , , , , , , , , ,				
b List any managers of the foundation who ther entity) of which the foundation has			or an equally large port	ion of the ownership of a p	partnership or
NONE					
2 Information Regarding Contributi	on. Grant. Gift. Loan	. Scholarship, etc., F	Programs:	···	
Check here <b>X</b> if the foundation of the foundation makes gifts, grants, etc.	nly makes contributions	to preselected charitable	e organizations and does	not accept unsolicited req complete items 2a, b, c, an	uests for funds. If d d.
a The name, address, and telephone num	per or e-mail of the pers	on to whom applications	should be addressed:		
<b>b</b> The form in which applications should b	e submitted and informa	ation and materials they	should include:		
c Any submission deadlines.					·
d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable field	s, kinds of institutions, or	other factors:	<del> </del>
223601 12-05-12	_ <del></del> -	······································	<del></del>		Form <b>990-PF</b> (2012)

CHARLES V ROVEN FAMILY FOUNDATION Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the \		rayment		<del></del>
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient		
RTHRITIS FOUNDATION	NA	501(C)(3)	IMPROVE LIVES THROUGH	
300 w. 6TH STREET, STE 1250			PREVENTION, CONTROL,	
LOS ANGELES, CA 90017			AND CURE OF ARTHRITIS	
			AND REATED DISEASES.	7,50
BRENT SHAPIRO FOUNDATION FOR ALCOHOL	NA	501(C)(3)	RAISE AWARENESS ABOUT	
AND DRUG AWARENESS			THE DISEASE OF ALCOHOL	
2200 SUNSET BLVD 10TH FL			AND DRUG DEPENDENCE.	
LOS ANGELES, CA 90069			•	7,50
CONGREGATION OHR HACHAIM	NA	501(C)(3)	PROVIDE RELIGIOUS	
155 SOUTH LA BREA AVE			SERVICES FOR THE	
LOS ANGELES, CA 90036			JEWISH COMMUNITY	1,80
CONGREGATION TIFERETH ZVI	NA	501(C)(3)	PROVIDE RELIGIOUS	
7561 BEVERLY BLVD.			SERVICES FOR THE	
LOS ANGELES, CA 90036			JEWISH COMMUNITY	3,00
COMMUNITY FIRST FOUNDATION AURORA	NA	501(C)(3)	MEET THE NEEDS OF	
VICTIM RELIEF FUND			VICTIMS AND FAMILIES	
6870 W. 52ND AVE, STE 103			OF THE AURORA TRAGEDY.	
ARVADA CO 80002  Total SEE CO	TINUATION SHE		<b>&gt;</b> 20	10.00
b Approved for future payment	NIINOAIION SAEI	<u> </u>	▶ 3a	114_80
NONE				
NONE				
Total				
iviai		·· . ·	▶ 3b	990-PF (201

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\*\* SEE PURPOSE OF GRANT CONTINUATIONS

Part XVI-A	<sup>•</sup> Analysis	of Income-F	Producing	<b>Activities</b>
------------	-----------------------	-------------	-----------	-------------------

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	<u> </u>					
b	1					
C			ļ			
d			<u> </u>			
e						
f						
g Fees and contracts from government agencies						
2 Membership dues and assessments			<u> </u>			
3 Interest on savings and temporary cash						
investments			14	243.		
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			<del> </del> -			
8 Gain or (loss) from sales of assets other			<del>                                     </del>			
than inventory						
9 Net income or (loss) from special events				· · · · · · · · · · · · · · · · · · ·		
			1			
10 Gross profit or (loss) from sales of inventory	-		<del> </del>			
11 Other revenue:						
a						
b			ļ			
c			<u> </u>			
d			1			
e	<u> </u>			0.40		
12 Subtotal. Add columns (b), (d), and (e)	L	0.			0.	
13 Total. Add line 12, columns (b), (d), and (e)				13	243.	
(See worksheet in line 13 instructions to verify calculations.)						
Part XVI-B Relationship of Activities to	the Acc	omplishment of Ex	cemp	t Purposes		
					<del></del>	
Line No Explain below how each activity for which incor			contri	buted importantly to the accor	nplishment of	
the foundation's exempt purposes (other than t	by providing fu	ands for such purposes).				
			·			
					<u>-</u>	
		·			<u>.                                    </u>	
					·	
				· · · · · · · · · · · · · · · · · · ·		
				<del></del>	<del></del>	
		· · · · · · · · · · · · · · · · · · ·				
				<del></del>	<del></del>	
223621 12-05-12					Form <b>990-PF</b> (2012)	

Form 990 Part		Information Re	egarding T			FOUNDATION Transactions		lation	80-0! ships With Nonc	519859 haritabl		age 13
1 Did	the ora	Exempt Organ anization directly or indir		n any of the follo	wing wit	h any other organizat	ion descri	bed in sec	ction 501(c) of		Yes	No
the a Tra (1)	Code (d	other than section 501(c) rom the reporting founda	)(3) organizatio	ons) or in section	n 527, re	lating to political orga			,,	1a(1) 1a(2)		X X
		actions: of assets to a noncharital	ble exempt org	anization						1b(1)		Х
(2)	Purcha	ases of assets from a no	ncharitable exe	empt organizatio	ก					1b(2)		X
(3)	Rental	of facilities, equipment,	or other assets	<b>S</b>						1b(3)		X
(4)	Reimb	ursement arrangements								1b(4)		X
(5)	Loans	or loan guarantees								1b(5)		X
(6)	Perfor	mance of services or me	mbership or fu	indraising solici	tations					1b(6)		Х
c Sha	aring of	facilities, equipment, ma	uling lists, othe	r assets, or paid	i employe	ees				1c		Х
or s	services umn (d)	er to any of the above is given by the reporting for the value of the goods,	oundation. If th other assets, o	ne foundation red or services receiv	ceived le: ved.	ss than fair market va	lue in any	transactio	on or sharing arrangeme	nt, show in		
(a) Line n	0   (	<b>b)</b> Amount involved	(c) iva			mpt organization	(0	Description	on of transfers, transactions,	and sharing a	rrangem	ents
	_			N/2	A					-		
			<del>                                     </del>									
			<del>                                     </del>									
			ļ									
	-		<u> </u>									
			<del></del>									
			ļ						<del></del>			
							<u> </u>					
							i					
ın s	ection	dation directly or indirectly or indirectly of the Code (other mplete the following sch	r than section 5				nizations d	escribed		Yes	ĺχ	ON [
		(a) Name of org	janization		(b)	Type of organization			(c) Description of relat	ionship		
		N/A										
						·						
Sign Here	and be		mplete Declaration			companying schedules are payer) is based on all info	rmation of w	hich prepa	rer has any knowledge	May the IRS return with the shown below	he prepa v (se <u>e in</u> :	rer
	Joigii	Print/Type preparer's na		Prenarei	r's signat		Dater	<u> </u>	Check If P	TIN		
Paid		., . ,		رک	<b>4</b>		101	1/3	self- employed		) E ^ 4	1
Prepa	arer	NEAL HOFFE			Oppe	D C ATT C	ONT TT	<del>\</del> \	<del> ,   </del>	P00058		<u> </u>
Use (		Firm's name ► LIP	'PE, HE	ггтг, н	OFFE	K & ALLIS	ON LI	ıP	Firm's EIN ► 95	-44682	4 U 4	

(818) 449-5700 Form **990-PF** (2012)

Firm's address ► 5950 CANOGA AVENUE, SUITE 200 WOODLAND HILLS, CA 91367

Phone no.

#### Schedule B (Form 990, 990-EZ, or 990-PF

Department of the Treasury Internal Revenue Service

Name of the organization

### Schedule of Contributors

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

OMB No 1545-0047

CHARLES V ROVEN FAMILY FOUNDATION

**Employer identification number** 

80-0519859 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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) and 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, total 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 J 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 total 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 its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

Employer identification number

# CHARLES V ROVEN FAMILY FOUNDATION

80-0519859

Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CHARLES V ROVEN  9200 SUNSET BLVD 10TH FL  LOS ANGELES, CA 90069	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroli Noncash (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

#### CHARLES V ROVEN FAMILY FOUNDATION

80-0519859

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed						
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$	000 000 F7 or 000 PF) (0010)				

Name of orga	nization		Employer identification number
CHARLE Part III	S V ROVEN FAMILY FOUNDA Exclusively religious, charitable, etc., indivi	ATION dual contributions to section 501(c	80-0519859 (7), (8), or (10) organizations that total more than \$1,000 for the ons completing Part III, enter
	the total of exclusively religious, charitable, etc.  Use duplicate copies of Part III if additiona	, contributions of <b>\$1,000 or less</b> foi	ons completing Part III, enter  the year. (Enter this information once)  \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	t
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferrale	(e) Transfer of gif	
	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee
(a) No			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	t
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	t
	Transferee's name, address, and	3 ZIP + 4	Relationship of transferor to transferee
			<del></del>

3 Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	
EPILEPSY FOUNDATION	NA	501(C)(3)	IMPROVE ACCESS	
5777 WEST CENTURY BLVD., STE 820 LOS ANGELES, CA 90045			EPILEPSY CARE, FUND	5,000
HOLE IN THE WALL GANG FUND	NA	501(C)(3)	RESEARCH, AND FUN PROVIDE A CAMP	3,000
555 LONG WHARF DRIVE			EXPERIENCE TO CHILDREN	
NEW HAVEN, CT 06511			WHO, BECAUSE OF THE SEVERITY OF THEIR	
		_	ILLNESS, ARE UNABLE TO	1,000
INTERNATIONAL MARCH OF THE LIVING	NA	501(C)(3)	TO TEACH YOUNG PEOPLE	
3415 S. SEPULVEDA BLVD		•	ABOUT THE HISTORY OF	
LOS ANGELES, CA 90034			THE HOLOCUST AND EXAMINE ROOTS OF	
			PREJUDICE,	7,500
JUVENILE DIABETES RESEARCH FOUNDATION	NA	501(C)(3)	FUND RESEARCH TO	
800 W. 6TH STREET, STE 450			DIAGNOSE, MANGANGE,	
LOS ANGELES, CA 90017			AND CURE TYPE 1 DIABETES.	5,000
			DIABELES,	3,000
L.A. FAMILY HOUSING	NA	501(C)(3)	ASSIST HOMELESS	
7843 LANKERSHIME BLVD			FAMILIES AND	
NORTH HOLLYWOOD, CA 91605			INDIVIDUALS	2,500
MOTION PICTURE & TELEVISION FUND	NA	501(C)(3)	TO PROVIDE FINANCIAL	
23388 MULHOLLAND DRIVE			ASSISTANCE, CARE, AND	
WOODLAND HILLS, CA 91364			SERVICES FOR NEEDY	
			SENIORS.	15,000
MARCH OF DIMES	NA	501(C)(3)	HELP MOTHERS PRENATAL	
700 N. BRAND BLVD., STE 950			HEALTH AND RESEARCH	
GLENDALE, CA 91203			PROBLEMS THAT THREATEN	
			THE HEALTH OF BABIES	5,000
NATIONAL COWGIRL MUSEUM & HALL OF	NA	501(C)(3)	RESEARCH, ARCHIVE AND	
FAME	,,,		SHARE STORIES FEMALE	
1720 GENDY STREET			PIONEERS,	
FORTH WORTH, TX 76107			· ·	20,000
NATIONAL MULTIPLE SCLEROSIS SOCIETY	NA	501(C)(3)	MULTIPLE SCLEROSIS	
2440 S. SEPULVEDA BLVD. STE 115			RESEARCH AND TREATMENT	
LOS ANGELES CA 90064				10,000
OAKWOOD SCHOOL	NA	501(C)(3)	PROVIDE FINANCIAL AID	
11600 MAGNOLIA BOULEVARD			AND EDUCATION FUNDING	2 522
NORTH HOLLYWOOD, CA 91601  Total from continuation sheets	<u> </u>		FOR THE SCHOOL.	2,500 85,000

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount contribution any foundation manager status of Name and address (home or business) or substantial contributor recipient NA 501(C)(3) FUND PEDIATRIC CANCER PABLOVE FOUNDATION 6607 SUNSET BLVD RESEARCH AND ADVANCES IN TREATMENT, EDUCATE LOS ANGELES, CA 90028 AND EMPOWER CANCER FAMILIES, AND IMPROVE 1,000. ST JUDES CHILDRENS RESEARCH HOSPITAL NA 501(C)(3) FUND THE PEDIATRIC 501 ST JUDES PL TREATMENT AND RESEARCH MEMPHIS, TN 38105 FACILITIES OF ST JUDES HOSPITAL 500. TEMPLE EMANUEL NA 501(C)(3) PROVIDE RELIGIOUS 8844 BURTON WAY SERVICES FOR THE JEWISH COMMUNITY 10,000. BEVERLY HILLS, CA 90211 Total from continuation sheets

<u>:</u>		CHARLES	V ROVEN	FAMILY	FOUNDATIO	ON 80-0519859
Part XV	Supplementary	Information			<del></del>	
3a Grants a	nd Contributions Paid	d During the Year	Continuation of	f Purpose of (	Grant or Contribut	tion
NAME OF	RECIPIENT	- HOLE IN	THE WALI	L GANG 1	FUND	
PROVIDE	A CAMP EXP	ERIENCE TO	CHILDRI	EN WHO,	BECAUSE (	OF THE SEVERITY OF
THEIR I	LLNESS, ARE	UNABLE TO	ATTEND	CAMP.		
	<del></del> .				·····	
NAME OF	RECIPIENT	- INTERNA	TIONAL MA	ARCH OF	THE LIVI	NG .
TO TEAC	H YOUNG PEO	PLE ABOUT	THE HIST	TORY OF	THE HOLOG	CUST AND EXAMINE
ROOTS O	F PREJUDICE	, INTOLORA	ANCE, ANI	HATE!	THROUGH TE	RIPS TO POLAND.
NAME OF	RECIPIENT	- PABLOVE	FOUNDAT	ION		
FUND PE	DIATRIC CAN	CER RESEAL	RCH AND A	ADVANCE	S IN TREAT	MENT, EDUCATE AND
EMPOWER	CANCER FAM	ILIES, ANI	O IMPROVI	E QUALI	ry of Life	E FOR CHILDRENLIVING
WITH CA	NCER					
		<del></del>				
-						
· · · · · · · · · · · · · · · · · · ·		<u> </u>				
<del></del>						

FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY CASH II	NVESTMENTS	STATEMENT 1
SOURCE				AMOUNT
INTEREST INCOME				243.
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A	_ _	243.
FORM 990-PF	LEGAL	FEES		STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
LEGAL FEES	553.	0.		0.
TO FM 990-PF, PG 1, LN 16A =	553.	0.		0.
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	NET INVEST-		(D) CHARITABLE PURPOSES
ACCOUNTING	1,023.	0.	<del></del>	0.
TO FORM 990-PF, PG 1, LN 16B	1,023.	0.		0.
FORM 990-PF	TAX	ES		STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS			
TAXES-OTHER	10.	0.		0.
TO FORM 990-PF, PG 1, LN 18	10.	0.	-	0.

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT		
NAME OF CONTRIBUTOR	ADDRESS			
CHARLES V. ROVEN	9200 SUNSET BLVD., 10TH LOS ANGELES, CA 90069	FLOOR		

	LIST OF OFFICERS, DIR AND FOUNDATION MANAGE		STAT	EMENT 6
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
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	0.	0.	0.
REBECCA STEEL ROVEN 9200 SUNSET BLVD., 10TH FLOOR LOS ANGELES, CA 90069	SPECIAL TRUSTEES 2.00	0.	0.	0.
DENNIS GORE 9200 SUNSET BLVD., 10TH FLOOR LOS ANGELES, CA 90069	SPECIAL TRUSTEES 2.00	0.	0.	0.
CHRISTY DAILY 9200 SUNSET BLVD., 10TH FLOOR LOS ANGELES, CA 90069	SPECIAL TRUSTEES 2.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	GE 6, PART VIII	0.	0.	0.

Form 9869 (Poy. 1 2012)					Dana 0	
Form 8868 (Rev. 1-2013)  If you are filing for an Additional (Not Automatic) 3-Month Expression (Not Automatic) 3-Month E	tonsion (	complete only Part II and check this	: hov		Page 2	
Note. Only complete Part II if you have already been granted an				0060	لما 🔻	
If you are filing for an Automatic 3-Month Extension, complete			ieu roiiii	0000		
Part II Additional (Not Automatic) 3-Month E			al (no c	opies ne	eded)	
		<del></del>			, see instructions	
Type or Name of exempt organization or other filer, see instru	ıctions	Litter lifer s			ion number (EIN) or	
print	20110110		Linp.oyo.	· · · · · · · · · · · · · · · · · · ·	ion riamoor (Env) or	
File by the CHARLES V ROVEN FAMILY FOUNDATION 80-0519859						
due date for Number, street, and room or suite no. If a P.O. box, see instructions Social security number (SSN)						
return See 9200 SUNSET BLVD 10TH FLOOR						
instructions City, town or post office, state, and ZIP code For a f		ress, see instructions.				
LOS ANGELES, CA 90069	J					
				-		
Enter the Return code for the return that this application is for (fil	e a separa	te application for each return)			0 4	
<u></u>	·	,				
Application	Return	Application	_		Return	
Is For	Code	Is For			Code	
Form 990 or Form 990-EZ	01					
Form 990-BL	02	Form 1041-A	_		08	
Form 4720 (individual)	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)	06	Form 8870		····	12	
STOP! Do not complete Part II if you were not already granted			iously file	d Form 88	68	
		N FAMILY FOUNDAT				
• The books are in the care of ▶ 9200 SUNSET BL	<u>VD, 1</u>	OTH FLOOR - LOS AN	<u>GELES</u>	, CA	90069	
Telephone No ► 310-786-4935		FAX No 🕨			r	
If the organization does not have an office or place of business					<b>▶</b> □	
If this is for a Group Return, enter the organization's four digit	_				-	
box ▶ If it is for part of the group, check this box ▶			all memb	ers the ext	ension is for.	
4 I request an additional 3-month extension of time until	NOVEW					
5 For calendar year 2012, or other tax year beginning	<del></del>	, and endin				
6 If the tax year entered in line 5 is for less than 12 months, o	check reas	on· Initial return _	Final r	eturn		
Change in accounting period						
7 State in detail why you need the extension	mo E	TIE & COMPLEME AND	3 001	D A CITE I	TI 3 32	
ALL THE INFORMATION NECESSARY RETURN IS NOT YET AVAILABLE	TO F	ILE A COMPLETE AND	ACCU	KATE	rax	
RETURN IS NOT TEL AVAILABLE						
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6060 a	nter the tentative tay less any				
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, nonrefundable credits. See instructions.	01 0009, 6	inter the tentative tax, less any		\$	2.	
	enter any	refundable credits and estimated	8a_	<b>3</b>		
b If this application is for Form 990-PF, 990-1, 4720, or 6069 tax payments made Include any prior year overpayment a						
previously with Form 8868	nowed as a	a credit and any amount paid	8b	s	2.	
c Balance due. Subtract line 8b from line 8a Include your pa	avment wit	th this form if required by using	- OD_	, <del>y</del>		
EFTPS (Electronic Federal Tax Payment System) See institute	•	artins form, in required, by daining	8c	\$	0.	
		st be completed for Part II o		Ψ		
Under penalties of perjury, I declare that I have examined this form, includit is true, correct, and complete, and that I am authorized to prepare this f	ding accomp	•	•	f my knowle	dge and belief,	
	C.P.A		Data			
Signature ► Title ►	U.F.A	•	<u>Date</u>		9969 (Rev. 1-2013)	

Form **8868** (Rev 1-2013)