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For calendar year 2015, or tax year beginning 01-01-2015 , and ending 12-31-2015

Name of foundation THE APATOW-MANN FAMILY FOUNDATION INC		A Employer identification number 26-1102362	
Number and street (or P O box number if mail is not delivered to street address) 8383 WILSHIRE BLVD STE 400		B Telephone number (see instructions) (310) 271-0300	
City or town, state or province, country, and ZIP or foreign postal code BEVERLY HILLS, CA 90211		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 71,892		J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>		Revenue and expenses per books (a)	Net investment income (b)	Adjusted net income (c)	Disbursements for charitable purposes (d) (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	550,000			
	2 Check <input type="checkbox"/> if the foundation is not required to attach 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 or (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 _____				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	550,000	0		
	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 schedule).				
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	10			
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule).	75			
	24 Total operating and administrative expenses. Add lines 13 through 23	85	0		0
	25 Contributions, gifts, grants paid	672,660			672,660
	26 Total expenses and disbursements. Add lines 24 and 25	672,745	0		672,660
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-122,745			
	b Net investment income (if negative, enter -0-)		0		
	c Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	194,637	71,892	71,892
	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 instructions).			
	7	Other notes and loans receivable (attach schedule) ▶ _____ 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 ▶ _____ 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 the instructions Also, see page 1, item I)	194,637	71,892	71,892	
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities(add lines 17 through 22)		0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> 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 ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds	194,637	71,892	
	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(see instructions)	194,637	71,892	
31	Total liabilities and net assets/fund balances(see instructions)	194,637	71,892		

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	194,637		
2	Enter amount from Part I, line 27a	2	-122,745		
3	Other increases not included in line 2 (itemize) ▶ _____	3			
4	Add lines 1, 2, and 3	4	71,892		
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	71,892		

Part IV Capital Gains and Losses for Tax on Investment Income

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)	How acquired P—Purchase (b) D—Donation	Date acquired (c) (mo , day, yr)	Date sold (d) (mo , day, yr)
1a			
b			
c			
d			
e			

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (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			Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h)) (l)
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
a			
b			
c			
d			
e			

2	Capital gain net income or (net capital loss)	<div>If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7</div>	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 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)
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 instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014			
2013			
2012			
2011			
2010			

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 2015 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

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)	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, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	
3	Add lines 1 and 2.	3	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	
6	Credits/Payments		
a	2015 estimated tax payments and 2014 overpayment credited to 2015	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	
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> 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 ▶	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid . . . ▶	10	
11	Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ Refunded ▶	11	

Part 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 any political campaign?		Yes	No
1a				No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>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</i>	1b		No
c	Did the foundation file Form 1120-POL for this year?	1c		No
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 ▶ \$ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2		No
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? <i>If "Yes," attach a conformed copy of the changes</i>	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		No
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5		No
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		No
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes	
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? <i>If "No," attach explanation</i>	8b	Yes	
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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9		No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10		No

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		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ N/A	13	Yes	
14	The books are in care of ▶ The Management Group Telephone no ▶ (310) 271-0300 Located at ▶ 8383 WILSHIRE BLVD STE 400 BEVERLY HILLS CA ZIP+4 ▶ 90211			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶	16	Yes	No

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
1a	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	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 instructions)? Organizations relying on a current notice regarding disaster assistance check here. ▶ <input type="checkbox"/>	1b		No
c	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 2015?	1c		No
2	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))			
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not 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 instructions).	2b		No
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	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	If "Yes," did it have excess business holdings in 2015 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 2015).	3b		No
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2015?	4b		No

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 4945(d)(4)(A)? (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

No

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?

☐ 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

No

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

No

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	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
JUDD APATOW 8383 WILSHIRE BLVD STE 400 BEVERLY HILLS, CA 90211	Pres & Director 2 00	0		
LESLIE MANN 8383 WILSHIRE BLVD STE 400 BEVERLY HILLS, CA 90211	Sec & Director 2 00	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	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
NONE				

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

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. ▶

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	
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	
2	
All other program-related investments. See instructions.	
3	

Total. Add lines 1 through 3 ▶

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	0
b	Average of monthly cash balances.	1b	147,338
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	147,338
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	
3	Subtract line 2 from line 1d.	3	147,338
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	2,210
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	145,128
6	Minimum investment return. Enter 5% of line 5.	6	7,256

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	7,256
2a	Tax on investment income for 2015 from Part VI, line 5.	2a	
b	Income tax for 2015 (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	7,256
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	7,256
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	7,256

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	672,660
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	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	672,660
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	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	672,660

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				7,256
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only.				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2015				
a From 2010.	468,996			
b From 2011.	617,211			
c From 2012.	726,168			
d From 2013.	717,888			
e From 2014.	589,094			
f Total of lines 3a through e.	3,119,357			
4 Qualifying distributions for 2015 from Part XII, line 4 ► \$ <u>672,660</u>				
a Applied to 2014, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2015 distributable amount.				7,256
e Remaining amount distributed out of corpus	665,404			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,784,761			
b Prior years' undistributed income Subtract line 4b from line 2b.				
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.				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).				
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions). . .	468,996			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a.	3,315,765			
10 Analysis of line 9				
a Excess from 2011. . . .	617,211			
b Excess from 2012. . . .	726,168			
c Excess from 2013. . . .	717,888			
d Excess from 2014. . . .	589,094			
e Excess from 2015. . . .	665,404			

Part XIV

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☐ 4942(j)(3) or ☐ 4942(j)(5)

Tax year	Prior 3 years			(e) Total
(a) 2015	(b) 2014	(c) 2013	(d) 2012	

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Part XV **Supplementary Information** (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

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))

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

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

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 or email address 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		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
Name and address (home or business)					
a <i>Paid during the year</i> See Additional Data Table					
Total		▶ 3a			672,660
b <i>Approved for future payment</i>					
Total		▶ 3b			

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2015)

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations





1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of				
(1) Cash.	1a(1)			No
(2) Other assets.	1a(2)			No
b Other transactions				
(1) Sales of assets to a noncharitable exempt organization.	1b(1)			No
(2) Purchases of assets from a noncharitable exempt organization.	1b(2)			No
(3) Rental of facilities, equipment, or other assets.	1b(3)			No
(4) Reimbursement arrangements.	1b(4)			No
(5) Loans or loan guarantees.	1b(5)			No
(6) Performance of services or membership or fundraising solicitations.	1b(6)			No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	1c			No
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received				

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes
☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here 	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	***** _____ Signature of officer or trustee	2016-10-28 _____ Date	***** _____ Title	<div style="border: 2px solid black; padding: 5px;"> May the IRS discuss this return with the preparer shown below (see instr.)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div>	
Paid Preparer Use Only	Print/Type preparer's name Howard Leiter CPA	Preparer's Signature _____	Date _____	Check if self-employed <input type="checkbox"/>	PTIN P00371444
	Firm's name  The Management Group			Firm's EIN 	
	Firm's address  8383 Wilshire Blvd Suite 400 Beverly Hills, CA 90211			Phone no. (310) 271-0300	

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a Paid during the year				
The Valentino Achak Deng Foundation 849 Valencia Street San Francisco,CA 94110	None	PC	EDUCATION SERVICES	2,500
Los Angeles Men's Place 527 SOUTH CROCKER ST Los Angeles,CA 90013	None	PC	PROVIDING HEALTH AND CARE SUPPORT SERVICES	12,500
ACLU of Southern California 1313 W 8th Street Los Angeles,CA 90017	None	PC	PRESERVE INDIVIDUAL RIGHTS	15,000
ALZHEIMER'S FOUNDATION OF AMERICA 322 EIGHT AVNUE 7TH FLOOR NEW YORK,NY 10001	None	PC	PROVIDING HEALTH CARE AND SUPPORT OF RESEARCH	7,500
Children hospital Los Angeles 4650 Sunset blvd MS 29 Los Angeles,CA 90027	None	PC	PROVIDING PEDIATRIC CARE	10,000
Cedars - Sinai Medical Center 8700 BEVERLY BLVD SUITE 2416 Los Angeles,CA 90048	None	PC	PROVIDING HEALTH SERVICES	10,000
A Place Called Home 2830 SOUTH CENTRAL AVENUE Los Angeles,CA 90011	None	PC	EDUCATIONAL SERVICES	12,000
Project ALS 3960 BROADWAY SUITE 420 New York,NY 10032	None	PC	RESEARCH SERVICES	10,000
Save The Children 501 KINGS HIGHWAY EAST SUITE 400 FAIRFIELD,CT 06825	None	PC	PROVIDING EMERGENCY SERVICES	5,000
SCLERODERMA RESEARCH FOUNDATION 220 MONTGOMERY STREET SUITE 1411 SAN FRANCISCO,CA 94104	None	PC	MEDICAL RESEARCH SERVICES	2,500
THE UCLA FUND 10920 WILSHIRE BLVD SUITE 900 LOS ANGELES,CA 90024	None	PC	EDUCATION SERVICES	10,000
US FUND FOR UNICEF 125 MAIDEN LANE New York,NY 10038	None	PC	EMERGENCY RELIEF	10,000
UNITED NATIONS FOUNDATION 1750 PENNSYLVANIA AVE NW SUITE 30 NN WASHINGTON,DC 20006	None	PC	PROVIDE EMERGENCY RELIEF	10,000
VENICE FAMILY CLINIC 604 ROSE AVE Venice,CA 90291	None	PC	PROVIDING HEALTH CARE	10,000
LA LEADERSHIP ACADEMY 234 EAST AVENUE 33 Los Angeles,CA 90031	None	PC	EDUCATION SERVICES	5,000
Total ▶ 3a				672,660

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a Paid during the year				
FULFILLMENT FUND 6100 WILSHIRE BLVD SUTIE 600 Los Angeles, CA 90048	None	PC	EDUCATION SERVICES	15,000
US VETS 800 W 6TH STREET STE 1505 Los Angeles, CA 90017	None	PC	HOUSING SERVICES	10,000
CHILDREN'S DEFENSE FUND 25 E STREET NW WASHINGTON,DC 20001	None	PC	EDUCATION AND HEALTH SERVICES	5,000
CITY OF HOPE 1055 WILSHIRE BLVD 1200 Los Angeles, CA 90017	None	PC	PROVIDING PATIENT CARE	5,000
JONSSON CANCER CENTER FOUNDATION UC 8-950 FACTOR BUILDING BOX 951780 Los Angeles, CA 90095	None	PC	CLINICAL RESEARCH	5,000
PROSTATE CANCER FOUNDATION 1250 FOURTH STREET SANTA MONICA,CA 90401	None	PC	RESEARCH SERVICES	5,000
ST JOSEPH CENTER 204 HAMPTON DRIVE VENICE,CA 90291	None	PC	HEALTH AND CARE SERVICES	5,000
WORLD FOOD PROGRAM 1725 I STREET NEW SUIT 510 WASHINGTON,DC 20006	None	PC	PROVIDE EMERGENCY RELIEF	10,000
FRIENDS OF SABAN FREE CLINIC 8405 Beverly Boulevard LOS ANGELES,CA 90048	None	PC	PROVIDING HEALTH CARE SERVICES	15,000
LOS ANGELES REGIONAL FOOD BANK 1734 East 41st Street LOS ANGELES,CA 90058	None	PC	PROVIDING CARE SERVICES	1,000
THE SUSAN G KOMEN BREAST CANCER FOU 5005 LBJ Freeway Suite 250 DALLAS,TX 75244	None	PC	RESEARCH AND COUNSELING SERVICES	5,000
HUMAN RIGHTS ACTION CENTER 451 First Street SE WASHINGTON DC,DC 20003	None	PC	PRESERVE INDIVIDUAL RIGHTS	2,000
WATERORG 920 MAIN STREET SUITE 1800 KANSAS CITY,MO 64105	None	PC	PROVIDING EMERGENCY RELIEF	5,000
MARCH OF DIMES FOUNDATION 700 N BRAND BLVD SUITE 950 GLENDALE,CA 91203	None	PC	HEALTH OF BABIES RESEARCH PROGRAMS	5,000
INNER-CITY ARTS 720 KOHLER STREET LOS ANGELES,CA 90021	None	PC	CULTURAL SERVICES	5,000
Total ► 3a				672,660

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
REFUGE POINT 689 MASSACHUSETTS AVE CAMBRIDGE,MA 02139	None	PC	PROVIDING EMERGENCY RELIEF	5,000
AMERICAN FILM INSTITUTE 2021 NORTH WESTERN AVENUE LOS ANGELES,CA 90027	None	PC	CULTURAL SERVICES	1,000
PHILABUNDANCE 3616 SOUTH GALLOWAY STREET PHILADEPHIA,PA 19148	None	PC	PROVIDING CARE SERVICES	10,008
MADRE 121 WEST 27TH STREET 301 NEW YORK,NY 10001	None	PC	PROVIDING INDIVIDUAL RIGHTS	5,000
MELANOMA RESEARCH FOUNDATION 1411 K STREET NW STE 800 WASHINGTON,DC 20005	None	PC	PROVIDING MEDICAL RESEARCH	5,000
VENICE COMMUNITY HOUSING 720 ROSE AVENUE VENICE,CA 90291	NONE	PC	PROVIDING RESIDENCE SERVICES	1,000
THE RAPE FOUNDATION 1223 WILSHIRE BLVD 410 SANTA MONICA,CA 90403	NONE	PC	PROVIDING PREVENTION & EDUCATION PROGRAMS	10,000
BROADWAY CARES EQUITY FIGHTS AIDS 165 WEST 46TH STREET 1300 NEW YORK,NY 10036	NONE	PC	EDUCATION SERVICES AND TO PROMOTE SUPPORT	1,000
ELIZABETH GLASER PEDIATRIC AIDS 1140 CONNECTICUT AVE NW SUITE 200 WASHINGTON,DC 20036	NONE	PC	PROVIDING MEDICAL SERVICES	5,000
OCEANA 1350 CONNECTICUT AVE NW 5TH FLOOR WASHINGTON,DC 20036	NONE	PC	PROVIDING SERVICES TO PROTECT HABITATS	10,000
CROSSROADS SCHOOL FOR ARTS SCIENCES 1714 21ST STREET SANTA MONICA,CA 90404	NONE	PC	PROVIDING EDUCATION SERVICES	30,000
CITY YEAR LOS ANGELES 606 S OLIVE STREET 2ND FLOOR LOS ANGELES,CA 90014	NONE	PC	EDUCATION SERVICES	10,000
PEOPLE FOR THE AMERICAN WAY FOUNDAT 1101 15T STREET NW SUITE 600 WASHINGTON,DC 20005	NONE	PC	EDUCATION SERVICES	5,000
THE SALVATION ARMY 536 WEST 46TH STREET NEW YORK,NY 10036	NONE	PC	PROVIDING EMERGENCY SUPPORT	1,000
CAMP DEL CORAZON 11615 HESBY STREET N HOLLYWOOD,CA 91601	NONE	PC	EDUCATION SERVICES	1,000
Total ► 3a				672,660

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a Paid during the year				
JAIL GUITAR DOORS 842 N FAIRFAX AVE 2ND FLOOR LOS ANGELES,CA 90046	NONE	PC	REHABILITATION SERVICES	1,000
DIDI HIRSCH MENTAL HEALTH SERVICES 4760 SOUTH SEPULVEDA BLVD CULVER CITY,CA 90230	NONE	PC	MEDICAL SERVICES	5,000
C5 LOS ANGELES 1334 SOUTH CENTRAL AVE LOS ANGELES,CA 90021	NONE	PC	EDUCATION SERVICES	5,000
LILY SARAH GRACE FUND INC 520 EIGHT AVENUE 20TH FLOOR NEW YORK,NY 10018	NONE	PC	EDUCATION SERVICES	5,000
COACH ART 3303 WILSHIRE BLVD SUITE 320 LOS ANGELES,CA 90010	NONE	PC	EDUCATION SERVICES	5,000
EBMRF 9150 WILSHIRE BLVD STE 350 BEVERLY HILLS,CA 90212	NONE	PC	RESEARCH SERVICES	10,000
CHILDREN'S BURN FOUNDATION 5000 VAN NUYS BLVD SUITE 450 SHERMAN OAKS,CA 91403	NONE	PC	MEDICAL SERVICES	2,500
ADDICTION INSTITUTE OF NEW YORK 1000 TENTH AVE - SUITE 8C-02 NEW YORK,NY 10019	NONE	PC	MEDICAL RESEARCH SERVICES	1,000
LUTHERAN MEDICAL CENTER 150 55TH STREET BROOKLYN,NY 11220	NONE	PC	PROVIDING MEDICAL SERVICES	10,000
DOWN SYNDROME ASSOCIATION OF LOS AN 16461 SHERMAN WAY SUITE 180 VAN NUYS,CA 91406	NONE	PC	RESEARCH AND MEDICAL SERVICES	1,000
ARTS IN THE ARMED FORCES INC 60 MADISON AVE SUITE 1009 NEW YORK,NY 10010	NONE	PC	EDUCATION SERVICES	1,000
MEMORIAL SLOAN-KETTERING CANCER CEN 1275 YORK AVENUE NEW YORK,NY 10065	NONE	PC	MEDICAL RESEARCH SERVICES	5,000
MALARIA NO MORE 432 PARK AVENUE SOUTH 4TH FLOOR NEW YORK,NY 10016	NONE	PC	MEDICAL SERVICES	5,000
KCRW FOUNDATION 1900 PICO BLVD SANTA MONICA,CA 90405	NONE	PC	CULTURAL SERVICES	2,000
MUSICARES FOUNDATION 3030 OLYMPIC BLVD SANTA MONICA,CA 90404	NONE	PC	PROVIDING MEDICAL EMERGENCIES	33,333
Total ▶ 3a				672,660

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a Paid during the year				
CAP CURE 1250 4TH STREET 360 SANTA MONICA,CA 90401	NONE	PC	MEDICAL RESEARCH	5,000
CARE 484 ELLIS STREET NE ATLANTA,GA 30303	NONE	PC	PROVIDING EMERGENCY RELIEF	5,000
LEUKEMIA-LYMPHOMA SOCIETY 6033 W CENTURY BLVD 300 LOS ANGELES,CA 90045	NONE	PC	MEDICAL SERVICES	5,000
MAKE A WISH 4742 NORTH 24TH STREET SUITE 400 PHOENIX,AZ 85016	NONE	PC	PROVIDING MEDICAL SERVICES	5,000
MOTION PICTURE TELEVISION FUND 23388 MULHOLLAND DRIVE WOODLAND HILLS,CA 91364	NONE	PC	CULTURAL SERVICES	15,000
NATURAL RESOURCES DEFENSE COUNCIL 1314 SECOND STREET SANTA MONICA,CA 90401	NONE	PC	EDUCATION SERVICES	10,000
SHELTER PARTNERSHIP INC 520 SOUTH GRAND AVENUE SUITE 695 LOS ANGELES,CA 90071	NONE	PC	PROVIDING TECHNICAL ASSISTANCE	12,500
THE STILLER FOUNDATION 9200 SUNSET BLVD PH22 LOS ANGELES,CA 90069	NONE	PC	EDUCATION SERVICES	5,000
HOMELESS HEALTH CARE LOS ANGELES 2330 BEVERLY BLVD LOS ANGELES,CA 90057	NONE	PC	PROVIDING HEALTH AND CARE SERVICES	12,500
ENTERTAINMENT INDUSTRY FOUNDATION 1900 AVENUE OF THE STARS SUITE 140 LOS ANGELES,CA 90067	NONE	PC	ENVIRONMENTAL	10,000
THE HAROLD REMIS-SECOND CITY 1616 NORTH WELLS ST CHICAGO,IL 60614	NONE	PC	EDUCATION	5,000
CHRYSLIS 1853 LINCOLN BLVD SANTA MONICA,CA 90404	NONE	PC	PROVIDING ASSISTANCE TO INDIVIDUALS OUT OF POVERTY AND HOMELESSNES	10,000
CONNECTING TO CURE CROHN'S COLITIS 269 S BEVERLY DRIVE 243 BEVERLY HILLS,CA 90212	NONE	PC	PROVIDING RESEARCH TO BENEFIT PATIENTS AND TO FIND THE A CURE	3,000
BRADY CENTER TO PREVENT GUN VIOLENC 840 FIRST STREET NE SUITE 400 WASHINGTON,DC 20002	NONE	PC	PREVENTING GUN VIOLENCE	11,800
CAMFED 465 CALIFORNIA STREET SUITE 626 SAN FRANCISCO,CA 94104	NONE	PC	CAMPAIGN FOR FEMALE EDUCATION	5,000
Total. ► 3a				672,660

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
INTERNATIONAL DYSLEXIA ASSOCIATION PO BOX 8943 CALABASAS,CA 91372	NONE	PC	PROVIDING RESEARCH, EDUCATION AND ADVOCACY	1,000
MARQUETTE UNIVERSITY 1250 WEST WISCONSIN AVE PO BOX 1881 MILWAUKEE,WI 53201	NONE	PC	PROVIDING EDUCATION	1,000
IRAQ AFGHANISTAN VETERANS OF AMERIC 292 MADISON AVE 10TH FLOOR NEW YORK,NY 10017	NONE	PC	PROVIDING HEALTH CARE AND EDUCATIONAL BENEFITS	5,000
WE SPARK CANCER SUPPORT CENTER 13520 VENTURA BLVD SHERMAN OAKS,CA 91423	NONE	PC	PROVIDES SUPPORT GROUPS,INTEGRATIVE THERAPIES AND EDUCATIONAL WORKSHOPS	1,000
THE PALAY CENTER FOR MEDIA 465 NORTH BEVERLY DRIVE BEVERLY HILLS,CA 90210	NONE	PC	EXAMINES THE INTERSECTIONS BETWEEN MEDIA AND SOCIETY	1,000
CAMBODIAN CHILDREN'S FUND 2461 SANTA MONICA BLVD PMB 833 SANTA MONICA,CA 90404	NONE	PC	PROVIDING EDUCATION, FAMILY SUPPORT AND COMMUNITY DEVELOPMENT PROGRAMS	1,000
THE VETERANS WRITING PROJECT 6508 BARNABY ST NW WASHINGTON,DC 20015	NONE	PC	PROVIDE WRITING SEMINARS AND WORKSHOPS FOR VETERANS, SERVICE AND ADULT FAMILY MEMBERS	1,000
WORLDWIDE ORPHANS FOUNDATION 136 MADISON AVE 17TH FL NEW YORK,NY 10016	NONE	PC	PROVIDE EDUCATION, MEDICAL, DEVELOPMENTAL AND PSYCHOSOCIAL PROGRAMS	5,000
NEW YORK COLLABORATES FOR AUTISM 3 EAST 54TH STREET 5TH FLOOR NEW YORK,NY 10022	NONE	PC	PROVIDES PROGRAMS TO IMPROVE THE LIVES OF PEOPLE LIVING WITH AUTISM SPECTRUM DISORDER	5,000
LELAND STANFORD JUNIOR UNIVERSITY 326 GALVES STREET STANFORD,CA 94305	NONE	PC	PROVIDE RESEARCH INTO IMPROVED TREATMENTS	10,000
GENTLE CAROUSEL MINIATURE THERAPY H PO BOX 1672 HIGH SPRINGS,FL 32655	NONE	PC	PROVIDES THERAPY SERVICES	5,000
THE ULMAN CANCER FUND FOR YOUNG ADU 921 E FORT AVE STE 325 BALTIMORE,MD 21230	NONE	PC	PROVIDES SUPPORT FOR YOUNG ADULTS IMPACTED BY CANCER	10,000
BABY2BABY 6435 WILSHIRE BLVD LOS ANGELES,CA 90048	NONE	PC	PROVIDES BASIC NECESSITIES FOR LOW INCOME CHILDREN AGES 0-12 YEARS	2,000
UNITED IN HARMONY PO BOX 34456 LOS ANGELES,CA 90034	NONE	PC	IMPROVES QUALITY OF LIFE FOR UNDERPRIVILEGED CHILDREN	2,500
ALZHEIMER'S ASSOCIATION 225 N MICHIGAN AVE FL 17 CHICAGO,IL 60601	NONE	PC	PROVIDING HEALTH CARE AND SUPPORT OF RESEARCH	1,000
Total			3a	672,660

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a Paid during the year				
THE WRITERS GUILD FOUNDATION 7000 WEST THIRD STREET LOS ANGELES,CA 90048	NONE	PC	PROVIDES EDUCATION	2,500
EASTERN CONGO INITIATIVE 1875 CONNECTICUT AVE NW 10TH FLOOR WAHINGTON,DC 20009	NONE	PC	PROVIDES COUNSELING SERVICES, HEALTH, EDUCATION,LEGAL SUPPORT PROJECTS,	10,000
GIRLS EDUCATION MENTORING SERVICES 201 W 148TH STREET GROUND FLOOR NEW YORK,NY 10039	NONE	PC	PROVIDES SUPPORT SYSTEM TO SURVIVORS OF SEXUAL EXPLOITATION	10,000
THE NATIONAL CENTER FOR VICTIMS OF 2000 M STREET NW SUITE 480 WASHINGTON,DC 20036	NONE	PC	PROVIDES ASSISTANCE TO THE VICTIS OF THA AURORA THEATER SHOOTING	2,500
UNITED WAY OF ACADIANA'S LAFAYETTE 215 E PINHOOK RD LAFAYETTE,LA 70505	NONE	PC	PROVIDES IMMEDIATE AND LONG TERM RECOVERY NEEDS	10,000
THE LAUREL FOUNDATION 75 SOUTH GRAND AVE PASADENA,CA 91105	NONE	PC	PROVIDES ASSISTANCE TO CHILDREN AFFECTED BY HIV AND AIDS	2,500
IFCOHEALTHCARE-NOW 418 W 145TH ST NEW YORK,NY 10003	NONE	PC	EDUCATING ACTIVISTS	5,000
PELOTONIA 15 351 W NATIONWIDE BLVD COLUMBUS,OH 43215	NONE	PC	CANCER RESEARCH	1,019
CHILDREN'S LAW CENTER OF CALIFORNIA 20 CENTRE PLAZA DRIVE MONTEREY PARK,CA 91754	NONE	PC	PROVIDES PROTECTION UNDER LA OR SACREMENTO COUNTY JUVENILE DEPENDENCY COURT SYSTEMS	5,000
STEPS OF FAITH PO BOX 111625 NASHVILLE,TN 37222	NONE	PC	PROVIDES HELP TO GET THE PROSTETICS LIMBS	1,000
NEW VENTURE FUND 1201 CONNECTICUT AVE NW SUITE 300 WASHINGTON,DC 20036	NONE	PC	SUPPORTS INNOVATIVE AND EFFECTIVE PUBLIC INTEREST PROJECTS	10,000
NOTHING BUT NETS 1750 PENNSYLVANIA AVE WASHINGTON,DC 20006	NONE	PC	RAISE AWARENESS AND FUNDING TO FIGHT MALARIA	5,000
MIDNIGHT MISSION 601 S SAN PEDRO ST LOS ANGELES,CA 90014	NONE	PC	PROVIDES COUNSELING, EDUCATION,TRAINING, WORKFORCE DEVELOPMENT AND CARE SERVICES	5,000
NATIONAL HEALTH CARE FOR THE HOMELE PO BOX 60427 NASHVILLE,TN 37206	NONE	PC	PROVIDES HEALTH CARE AND HOUSING, RESEARCHES CRITICAL ISSUES, PUBLISHES NEWLETTERS, ACTION ALERTS ETC	10,000
Total ▶ 3a				672,660

TY 2015 Other Expenses Schedule**Name:** THE APATOW-MANN FAMILY FOUNDATION INC**EIN:** 26-1102362**Software ID:** 15000324**Software Version:** 2015v2.0

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
License & Permits	75			

TY 2015 Taxes Schedule**Name:** THE APATOW-MANN FAMILY FOUNDATION INC**EIN:** 26-1102362**Software ID:** 15000324**Software Version:** 2015v2.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Calif Franchise Tax Board	10			

<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990</div>	<div>OMB No 1545-0047</div> <div>2015</div>
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<div>Name of the organization</div> <div>THE APATOW-MANN FAMILY FOUNDATION INC</div>	<div>Employer identification number</div> <div>26-1102362</div>
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Organization type (check one)

<div>Filers of:</div> <div>Form 990 or 990-EZ</div> <div>Form 990-PF</div>	<div>Section:</div> <div><input type="checkbox"/> 501(c)() (enter number) organization</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation</div> <div><input type="checkbox"/> 527 political organization</div> <div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div> <div><input type="checkbox"/> 501(c)(3) taxable private foundation</div>
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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, contributions totaling \$5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled 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 totaling \$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 its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization THE APATOW-MANN FAMILY FOUNDATION INC	Employer identification number 26-1102362
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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	Judd Apatow Leslie Mann	\$ 550,000	Person <input checked="" type="checkbox"/>
	8383 Wilshire Blvd 400		Payroll <input type="checkbox"/>
	Beverly Hills, CA 90211		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization THE APATOW-MANN FAMILY FOUNDATION INC	Employer identification number 26-1102362
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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
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization THE APATOW-MANN FAMILY FOUNDATION INC	Employer identification number 26-1102362
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed

(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and 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 gift			
Transferee's name, address, and 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 gift			
Transferee's name, address, and 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 gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
--		_____	
-		_____	