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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 05-01-2015 , and ending 04-30-2016

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
SCREEN ACTORS GUILD-AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
5757 WILSHIRE BOULEVARD 7TH FLOOR

City or town, state or province, country, and ZIP or foreign postal code
LOS ANGELES, CA 90036

D Employer identification number
45-4931719

E Telephone number
(323) 549-6696

G Gross receipts $ 112,694,098

F Name and address of principal officer
DAVID WHITE
5757 WILSHIRE BOULEVARD 7TH FLOOR
LOS ANGELES, CA 90036

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☐ 501(c)(3) ☑ 501(c) (5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.SAGAFTRA.ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2012

M State of legal domicile DE

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SAG-AFTRA MEMBERS WORK TOGETHER TO SECURE THE STRONGEST PROTECTIONS FOR MEDIA ARTISTS

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	3	139
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	139
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	581
6	Total number of volunteers (estimate if necessary)	6	1,150
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	665,175
b	Net unrelated business taxable income from Form 990-T, line 34	7b	469,015

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	96,479,211	103,104,937
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	893,095	432,984
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,289,551	5,925,274
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	101,661,857	109,463,195

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	296,058	525,777
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	52,991,327	54,362,521
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	38,886,742	42,122,012
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	92,174,127	97,010,310
19	Revenue less expenses Subtract line 18 from line 12	9,487,730	12,452,885

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	231,163,338	259,096,300
21	Total liabilities (Part X, line 26)	195,977,208	212,051,910
22	Net assets or fund balances Subtract line 21 from line 20	35,186,130	47,044,390

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge

Sign Here

******
Signature of officer

2017-03-14
Date

ARIANNA OZZANTO CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
NAZANIN BENYAMINI	NAZANIN BENYAMINI	2017-03-14		P00666808

Firm's name ▶ SINGERLEWAK LLP — Firm's EIN ▶ 95-2302617

Firm's address ▶ 10960 WILSHIRE BLVD STE 700
LOS ANGELES, CA 900243783

Phone no (310) 477-3924

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ including grants of $) (Revenue $)

THE UNION HOLDS FUNDS IN TRUST FOR MEMBERS IN SECONDARY MARKETS

4b (Code) (Expenses $ including grants of $) (Revenue $)

SAG-AFTRA HOLDS AN ANNUAL AWARD SHOW TO HONOR SCREEN ACTORS FOR THEIR ACCOMPLISHMENTS

4c (Code) (Expenses $ including grants of $) (Revenue $)

ACTIVITIES OF THE CONSERVATORY COMMITTEE PROVIDE EDUCATION IN THE CRAFT OF ACTING IN THE FORM OF SEMINARS, WORKSHOPS, LECTURES, ETC

See Additional Data

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶**

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	156		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	581		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	139		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	139		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ CA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☑ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ ARIANNA OZZANTO 5757 WILSHIRE BOULEVARD 7TH FLOOR LOS ANGELES, CA 90036 (323) 549-6696

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☑

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								5,653,351	0	1,664,251

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 104

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
INTEGRITY VOTING SYSTEMS 3001 112TH AVENUE SUITE 100 BELLEVUE, WA 98004	ELECTION SERVICES	938,731
BUSH GOTTLIEB SINGER LOPEZ 500 CENTRAL AVENUE SUITE 800 GLENDALE, CA 91203	LEGAL	610,498
TALON EXECUTIVE SERVICES INC 151 KALMUS DRIVE SUITE A103 COSTA MESA, CA 92626	SECURITY STAFF SERVICES	494,773
COHEN WEISS & SIMON LLP 330 WEST 42ND STREET NEW YORK, NY 10036	LEGAL	379,068
AREA DESIGN INC 717 N HIGHLAND AVENUE NUMBER 1 LOS ANGELES, CA 90038	ARCHITECTURAL SERVICES	295,355

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 18

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶				
		Business Code				
Program Service Revenue	2a	MEMBERSHIP & INITIATION DUES 900099	99,391,215	99,391,215		
	b	AWARDS SHOW INCOME 900099	2,874,274	2,874,274		
	c	FILM SOCIETY 900099	632,475	632,475		
	d	CONSERVATORY 900099	184,323	184,323		
	e	CONVENTION INCOME 900099	22,650	22,650		
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	103,104,937			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	579,866			579,866
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents: 1,079,229				
	b	Less rental expenses: 0				
	c	Rental income or (loss): 1,079,229				
	d	Net rental income or (loss) . . . . . ▶	1,079,229			1,079,229
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 3,084,021				
	b	Less cost or other basis and sales expenses: 3,230,903				
	c	Gain or (loss): -146,882				
	d	Net gain or (loss) . . . . . ▶	-146,882			-146,882
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
		Miscellaneous Revenue / Business Code				
	11a	RECORDING ARTIST SERVICE FEES 900099	1,219,577	1,219,577		
	b	UNCLAIMED RESIDUALS 900099	840,000	840,000		
	c	LATE FEES 900099	743,419	743,419		
	d	All other revenue	2,043,049	1,377,874	665,175	
	e	**Total.** Add lines 11a–11d . . . . . ▶	4,846,045			
	12	**Total revenue.** See Instructions . . . . . ▶	109,463,195	107,285,807	665,175	1,512,213

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	525,777			
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,273,814			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	35,440,837			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,937,173			
9 Other employee benefits	6,713,784			
10 Payroll taxes	2,996,913			
11 Fees for services (non-employees)				
a Management				
b Legal	1,639,421			
c Accounting	251,927			
d Lobbying	316,989			
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,543,376			
12 Advertising and promotion	343,954			
13 Office expenses	3,694,340			
14 Information technology	5,209,394			
15 Royalties				
16 Occupancy	15,936,684			
17 Travel	3,166,210			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	640,764			
20 Interest				
21 Payments to affiliates	1,294,013			
22 Depreciation, depletion, and amortization	2,420,055			
23 Insurance	644,866			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PUBLICATIONS EXPENSE	452,442			
b CREDIT CARD FEES	1,075,728			
c DUES AND SUBSCRIPTIONS	394,571			
d RESEARCH FEES	251,848			
e All other expenses	845,430			
25 **Total functional expenses.** Add lines 1 through 24e	97,010,310			
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		32,532,355	1	53,102,429
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		194,183	4	1,063,229
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		2,315,669	9	1,977,995
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 44,215,557			
	b	Less accumulated depreciation	10b 33,477,875	9,758,491	10c	10,737,682
	11	Investments—publicly traded securities		21,925,575	11	20,372,892
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		164,437,065	15	171,842,073
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		231,163,338	16	259,096,300
Liabilities	17	Accounts payable and accrued expenses		16,535,463	17	16,914,294
	18	Grants payable			18	
	19	Deferred revenue		4,001,641	19	10,364,196
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		164,317,478	21	171,701,413
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		11,122,626	25	13,072,007
	26	**Total liabilities.** Add lines 17 through 25		195,977,208	26	212,051,910
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		35,186,130	27	47,044,390
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		35,186,130	33	47,044,390
	34	Total liabilities and net assets/fund balances		231,163,338	34	259,096,300

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	109,463,195
2	Total expenses (must equal Part IX, column (A), line 25)	2	97,010,310
3	Revenue less expenses Subtract line 2 from line 1	3	12,452,885
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	35,186,130
5	Net unrealized gains (losses) on investments	5	-594,625
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	47,044,390

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 45-4931719

Name: SCREEN ACTORS GUILD-AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses $ including grants of $) (Revenue $)

OPTIONAL PARTICIPATION FOR MEMBERS IN THE FILM SOCIETY, MEMBERS CAN JOIN FOR THE PURPOSE OF REVIEWING FILMS

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KEN HOWARD UNTIL 32316 PRESIDENT	1 00	X		X				0	0	0
GABRIELLE CARTERIS PRESIDENT	1 00	X		X				0	0	0
AMY AQUINO UNTIL 81915 SECRETARY-TREASURER	1 00	X		X				0	0	0
JANE AUSTIN SECRETARY-TREASURER	1 00	X		X				0	0	0
CLYDE KUSATSU VICE PRESIDENT, LOS ANGELES	1 00	X		X				0	0	0
MICHAEL HODGE VICE PRESIDENT, NEW YORK	1 00	X		X				0	0	0
ILYSSA FRADIN VICE PRESIDENT, MID-SIZED LOCALS	1 00	X		X				0	0	0
DAVID HARTLEY-MARGOLIN VICE PRESIDENT, SMALL LOCALS	1 00	X		X				0	0	0
ROBERT NEWMAN UNTIL 100115 VICE PRESIDENT, ACTOR/PERFORMERS	1 00	X		X				0	0	0
SAMANTHA MATHIS VICE PRESIDENT, ACTOR/PERFORMERS	1 00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CATHERINE BROWN VICE PRESIDENT, BROADCASTERS	1 00	X		X				0	0	0
DAN NAVARRO VICE PRESIDENT, RECORDING ARTISTS	1 00	X		X				0	0	0
REBECCA DAMON EXECUTIVE VICE PRESIDENT	1 00	X		X				0	0	0
POLLY ADAMS NATIONAL BOARD MEMBER/ALTERNATE NATIONAL BOARD MEM	1 00	X						0	0	0
DON AHLES NATIONAL BOARD MEMBER	1 00	X						0	0	0
MICHELLE ALLSOPP UNTIL 81915 NATIONAL BOARD MEMBER	1 00	X						0	0	0
BRENT ANDERSON ALTERNATE NATIONAL BOARD MEMBER	1 00	X						0	0	0
ED ASNER NATIONAL BOARD MEMBER	1 00	X						0	0	0
JEFF AUSTIN NATIONAL BOARD MEMBER/ALTERNATE NATIONAL BOARD MEM	1 00	X						0	0	0
MARC BARON ALTERNATE NATIONAL BOARD MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BOBBIE BATES NATIONAL BOARD MEMBER	1 00	X						0	0	0
MICHAEL BELL ALTERNATE NATIONAL BOARD MEMBER	1 00	X						0	0	0
RANDAL BERGER NATIONAL BOARD MEMBER	1 00	X						0	0	0
SUSAN BOYD JOYCE NATIONAL BOARD MEMBER	1 00	X						0	0	0
RODGER BRAND NATIONAL BOARD MEMBER	1 00	X						0	0	0
SUZANNE BURKHEAD NATIONAL BOARD MEMBER	1 00	X						0	0	0
BOB BUTLER NATIONAL BOARD MEMBER	1 00	X						0	0	0
L SCOTT CALDWELL NATIONAL BOARD MEMBER/ALTERNATE NATIONAL BOARD MEM	1 00	X						0	0	0
ANDREW CAPLE-SHAW ALTERNATE NATIONAL BOARD MEMBER	1 00	X						0	0	0
JOHN CARTER BROWN NATIONAL BOARD MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOANNA CASSIDY NATIONAL BOARD MEMBER	1 00	X						0	0	0
NATALIA CASTELLANOS ALTERNATE NATIONAL BOARD MEMBER	1 00	X						0	0	0
WILLIAM CHARLTON NATIONAL BOARD MEMBER	1 00	X						0	0	0
PARVESH CHEENA ALTERNATE NATIONAL BOARD MEMBER	1 00	X						0	0	0
TOM CHOI ALTERNATE NATIONAL BOARD MEMBER	1 00	X						0	0	0
ASSAF COHEN UNTIL 81915 NATIONAL BOARD MEMBER	1 00	X						694	0	0
ROY COSTLEY NATIONAL BOARD MEMBER/ALTERNATE NATIONAL BOARD MEM	1 00	X						0	0	0
MIMI COZZENS NATIONAL BOARD MEMBER/ALTERNATE NATIONAL BOARD MEM	1 00	X						0	0	0
ELLEN CRAWFORD NATIONAL BOARD MEMBER	1 00	X						0	0	0
JANE DALY NATIONAL BOARD MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BERTILA DAMAS ALTERNATE NATIONAL BOARD MEMBER	1 00	X						0	0	0
JOE D'ANGERIO NATIONAL BOARD MEMBER/ALTERNATE NATIONAL BOARD MEM	1 00	X						0	0	0
DEE DAWSON UNTIL 81915 NATIONAL BOARD MEMBER	1 00	X						0	0	0
DENNY DELK UNTIL 81915 NATIONAL BOARD MEMBER	1 00	X						0	0	0
MAUREEN DONNELLY NATIONAL BOARD MEMBER	1 00	X						4,370	0	0
NANCY DUERR NATIONAL BOARD MEMBER	1 00	X						4,640	0	0
HAL EISNER NATIONAL BOARD MEMBER	1 00	X						0	0	0
DEBBIE EVANS NATIONAL BOARD MEMBER	1 00	X						0	0	0
PATRICK FABIAN NATIONAL BOARD MEMBER/ALTERNATE NATIONAL BOARD MEM	1 00	X						0	0	0
JIM FERGUSON NATIONAL BOARD MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHARLES FERRARA NATIONAL BOARD MEMBER	1 00	X						0	0	0
FRANCES FISHER NATIONAL BOARD MEMBER	1 00	X						0	0	0
JEFF GARLIN UNTIL 81915 NATIONAL BOARD MEMBER	1 00	X						0	0	0
ANNE GARTLAN NATIONAL BOARD MEMBER	1 00	X						0	0	0
JANETTE GAUTIER ALTERNATE NATIONAL BOARD MEMBER	1 00	X						0	0	0
JASON GEORGE UNTIL 81915 NATIONAL BOARD MEMBER	1 00	X						0	0	0
MARC GESCHWIND ALTERNATE NATIONAL BOARD MEMBER	1 00	X						0	0	0
MARGIE GHIGO NATIONAL BOARD MEMBER	1 00	X						975	0	0
TRACI GODFREY NATIONAL BOARD MEMBER/ALTERNATE NATIONAL BOARD MEM	1 00	X						0	0	0
LISA ANN GOLDSMITH ALTERNATE NATIONAL BOARD MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HOLTER GRAHAM NATIONAL BOARD MEMBER	1 00	X						0	0	0
ABIGAIL GRENLEY NATIONAL BOARD MEMBER	1 00	X						0	0	0
RICHARD HADFIELD ALTERNATE NATIONAL BOARD MEMBER	1 00	X						0	0	0
LINDA HARCHARIC ALTERNATE NATIONAL BOARD MEMBER	1 00	X						0	0	0
SAMANTHA HARTSON ALTERNATE NATIONAL BOARD MEMBER	1 00	X						0	0	0
JON HAYDEN ALTERNATE NATIONAL BOARD MEMBER	1 00	X						0	0	0
CUPID HAYES ALTERNATE NATIONAL BOARD MEMBER	1 00	X						0	0	0
LAURI HENDLER ALTERNATE NATIONAL BOARD MEMBER	1 00	X						0	0	0
JOHN HENREHAN ALTERNATE NATIONAL BOARD MEMBER	1 00	X						0	0	0
KATHRYN HOWELL NATIONAL BOARD MEMBER/ALTERNATE NATIONAL BOARD MEM	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JON HUERTAS NATIONAL BOARD MEMBER	1 00	X						0	0	0
DAVID JOLLIFFE NATIONAL BOARD MEMBER	1 00	X						0	0	0
PHOEBE JONAS ALTERNATE NATIONAL BOARD MEMBER	1 00	X						0	0	0
SANDRA KARAS ALTERNATE NATIONAL BOARD MEMBER	1 00	X						0	0	0
VERANIA KENTON ALTERNATE NATIONAL BOARD MEMBER	1 00	X						0	0	0
JIM KERR ALTERNATE NATIONAL BOARD MEMBER	1 00	X						0	0	0
GERALD KLINE ALTERNATE NATIONAL BOARD MEMBER	1 00	X						0	0	0
EZRA KNIGHT NATIONAL BOARD MEMBER	1 00	X						0	0	0
JOE KREBS NATIONAL BOARD MEMBER	1 00	X						0	0	0
CHRIS LACEY NATIONAL BOARD MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DIANE LADD NATIONAL BOARD MEMBER	1 00	X						0	0	0
ELAINE LEGARO NATIONAL BOARD MEMBER/ALTERNATE NATIONAL BOARD MEM	1 00	X						0	0	0
LANCE LEWMAN ALTERNATE NATIONAL BOARD MEMBER	1 00	X						0	0	0
ANA LILIA NATIONAL BOARD MEMBER	1 00	X						0	0	0
ELAINE LOH ALTERNATE NATIONAL BOARD MEMBER	1 00	X						0	0	0
JODI LONG NATIONAL BOARD MEMBER/ALTERNATE NATIONAL BOARD MEM	1 00	X						0	0	0
KURT LOTT ALTERNATE NATIONAL BOARD MEMBER	1 00	X						0	0	0
ALLEN LULU UNTIL 81915 NATIONAL BOARD MEMBER	1 00	X						0	0	0
ART LYNCH NATIONAL BOARD MEMBER	1 00	X						0	0	0
MEL MACKARON NATIONAL BOARD MEMBER/ALTERNATE NATIONAL BOARD MEM	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ADRIAN MARTINEZ NATIONAL BOARD MEMBER	1 00	X						0	0	0
MARY MCDONALD-LEWIS NATIONAL BOARD MEMBER	1 00	X						0	0	0
ELIZABETH MCLAUGHLIN ALTERNATE NATIONAL BOARD MEMBER/NATIONAL BOARD MEM	1 00	X						0	0	0
HELEN MCNUTT NATIONAL BOARD MEMBER	1 00	X						0	0	0
JOSEPH MELENDEZ ALTERNATE NATIONAL BOARD MEMBER	1 00	X						0	0	0
JULIE MICHAELS ALTERNATE NATIONAL BOARD MEMBER	1 00	X						0	0	0
DW MOFFETT UNTIL 81915 NATIONAL BOARD MEMBER	1 00	X						0	0	0
MICHAEL MONTGOMERY ALTERNATE NATIONAL BOARD MEMBER	1 00	X						0	0	0
BILL MOOTOS NATIONAL BOARD MEMBER	1 00	X						0	0	0
ESAI MORALES NATIONAL BOARD MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RON MORGAN NATIONAL BOARD MEMBER/ALTERNATE NATIONAL BOARD MEM	1 00	X						0	0	0
SUE-ANNE MORROW NATIONAL BOARD MEMBER	1 00	X						0	0	0
AUBREY MOZINO ALTERNATE NATIONAL BOARD MEMBER	1 00	X						0	0	0
JACK MULCAHY ALTERNATE NATIONAL BOARD MEMBER	1 00	X						0	0	0
CHRISTINE NAGY NATIONAL BOARD MEMBER	1 00	X						0	0	0
DEBRA NELSON NATIONAL BOARD MEMBER	1 00	X						1,150	0	0
JENNY O'HARA NATIONAL BOARD MEMBER	1 00	X						0	0	0
RON OSTROW ALTERNATE NATIONAL BOARD MEMBER	1 00	X						0	0	0
CONRAD PALMISANO NATIONAL BOARD MEMBER/ALTERNATE NATIONAL BOARD MEM	1 00	X						0	0	0
JANICE PENDARVIS NATIONAL BOARD MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICK PFEIFFER ALTERNATE NATIONAL BOARD MEMBER	1 00	X						0	0	0
ROBERT PINE NATIONAL BOARD MEMBER	1 00	X						0	0	0
JAY POTTER NATIONAL BOARD MEMBER	1 00	X						0	0	0
LINDA POWELL NATIONAL BOARD MEMBER	1 00	X						0	0	0
MICHELE PROUDE ALTERNATE NATIONAL BOARD MEMBER	1 00	X						0	0	0
JASPER RANDALL ALTERNATE NATIONAL BOARD MEMBER	1 00	X						0	0	0
ROBERTA REARDON UNTIL 92515 NATIONAL BOARD MEMBER	1 00	X						0	0	0
AUTUMN REESER NATIONAL BOARD MEMBER	1 00	X						0	0	0
RIC REITZ ALTERNATE NATIONAL BOARD MEMBER	1 00	X						0	0	0
KIM RENEE ALTERNATE NATIONAL BOARD MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICIA RICHARDSON NATIONAL BOARD MEMBER	1 00	X						0	0	0
ROBIN RIKER NATIONAL BOARD MEMBER/ALTERNATE NATIONAL BOARD MEM	1 00	X						0	0	0
MARK ROBERTS NATIONAL BOARD MEMBER/ALTERNATE NATIONAL BOARD MEM	1 00	X						0	0	0
SCOTT ROGERS NATIONAL BOARD MEMBER	1 00	X						0	0	0
BRADY ROMBERG ALTERNATE NATIONAL BOARD MEMBER	1 00	X						0	0	0
RICCO ROSS ALTERNATE NATIONAL BOARD MEMBER	1 00	X						0	0	0
MIKE SAKELLARIDES ALTERNATE NATIONAL BOARD MEMBER	1 00	X						0	0	0
NEIL SAMUELS ALTERNATE NATIONAL BOARD MEMBER	1 00	X						0	0	0
WOODY SCHULTZ NATIONAL BOARD MEMBER	1 00	X						0	0	0
KEVIN SCULLIN NATIONAL BOARD MEMBER/ALTERNATE NATIONAL BOARD MEM	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD SHAVZIN NATIONAL BOARD MEMBER	1 00	X						0	0	0
MARTIN SHEEN NATIONAL BOARD MEMBER	1 00	X						0	0	0
DICK SHEERAN ALTERNATE NATIONAL BOARD MEMBER	1 00	X						0	0	0
LESLIE SHREVE NATIONAL BOARD MEMBER	1 00	X						0	0	0
SUSAN SNYDER NATIONAL BOARD MEMBER	1 00	X						0	0	0
JEFF SPURGEON NATIONAL BOARD MEMBER	1 00	X						0	0	0
RICHARD STEELE ALTERNATE NATIONAL BOARD MEMBER	1 00	X						0	0	0
JAMAL STORY ALTERNATE NATIONAL BOARD MEMBER	1 00	X						0	0	0
PETER TOCCO NATIONAL BOARD MEMBER	1 00	X						0	0	0
SHEILA TRAISTER NATIONAL BOARD MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STACEY TRAVIS NATIONAL BOARD MEMBER/ALTERNATE NATIONAL BOARD MEM	1 00	X						0	0	0
MONICA TROMBETTA NATIONAL BOARD MEMBER/ALTERNATE NATIONAL BOARD MEM	1 00	X						0	0	0
ED VASGERSIAN ALTERNATE NATIONAL BOARD MEMBER	1 00	X						0	0	0
LISA VIDAL NATIONAL BOARD MEMBER	1 00	X						0	0	0
KATIE WALLACK ALTERNATE NATIONAL BOARD MEMBER	1 00	X						0	0	0
PAMELA WEAVER NATIONAL BOARD MEMBER/ALTERNATE NATIONAL BOARD MEM	1 00	X						0	0	0
DAVID WESTBERG ALTERNATE NATIONAL BOARD MEMBER	1 00	X						0	0	0
BEN WHITEHAIR ALTERNATE NATIONAL BOARD MEMBER	1 00	X						0	0	0
VIVICCA WHITSETT NATIONAL BOARD MEMBER/ALTERNATE NATIONAL BOARD MEM	1 00	X						0	0	0
RICK ZAHN ALTERNATE NATIONAL BOARD MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LIZ ZAZZI NATIONAL BOARD MEMBER	1 00	X						0	0	0
DAVID WHITE NATIONAL EXECUTIVE DIRECTOR	40 00			X				641,996	0	189,389
ARIANNA OZZANTO CHIEF FINANCIAL OFFICER	40 00			X				280,322	0	82,696
DUNCAN CRABTREE-IRELAND CHIEF OPERATING OFFICER / GENERAL COUNSEL	40 00				X			374,428	0	110,457
RAY RODRIGUEZ CHIEF CONTRACTS OFFICER	40 00				X			320,327	0	94,496
MATHIS DUNN JR ASSOCIATE NATIONAL EXECUTIVE DIRECTOR	40 00				X			307,640	0	90,753
PAMELA GREENWALT CHIEF COMMUNICATIONS & MARKETING OFFICER	40 00				X			274,291	0	80,916
DAVID VIVIANO CHIEF ECONOMIST	40 00				X			268,319	0	79,154
MARTHA HOLDRIDGE CHIEF HUMAN RESOURCES OFFICER	40 00				X			253,475	0	74,775
DANIEL INUKAI CHIEF INFORMATION OFFICER	40 00				X			241,059	0	71,112

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARY CAVALLARO CHIEF BROADCAST OFFICER	40 00				X			240,749	0	71,021
JEFF BENNETT CHIEF DEPUTY GENERAL COUNSEL, LEGAL & GOVT AFFAIRS	40 00				X			236,238	0	69,690
KATHY CONNELL SAG AWARDS & NATIONAL PROGRAMMING	40 00				X			227,067	0	66,985
JOHN MCGUIRE SENIOR ADVISOR	40 00				X			200,217	0	59,064
DEBORAH SKELLY ASSISTANT NATIONAL EXECUTIVE DIRECTOR, INDUSTRY RE	40 00				X			195,753	0	57,747
JOAN HALPERN WEISE ASSISTANT NATIONAL EXECUTIVE DIRECTOR, CONTRACTS	40 00				X			174,382	0	51,443
LINDA DOWELL ASSISTANT NATIONAL EXECUTIVE DIRECTOR, LOCALS	40 00				X			158,641	0	46,799
THOMAS LA GRUA EXECUTIVE DIRECTOR, CONTRACTS	40 00					X		291,697	0	86,051
RICHARD LARKIN ASSOCIATE EXECUTIVE DIRECTOR/LABOR COUNSEL	40 00					X		257,506	0	75,965
JUDITH SIMMONS EXECUTIVE DIRECTOR	40 00					X		239,331	0	70,603

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARK FRIEDLANDER EXECUTIVE DIRECTOR NEW MEDIA & THEATRICAL	40 00					X		229,950	0	67,835
RANDALL HIMES ASST NATIONAL EXECUTIVE DIRECTOR SR / EXEC DIRECT	40 00					X		228,134	0	67,300

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
SCREEN ACTORS GUILD-AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS	45-4931719

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $

3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	Yes	
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		No

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
SCREEN ACTORS GUILD-AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS

Employer identification number
45-4931719

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☑ No

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☑ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☑

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land		112,942		112,942
b Buildings				
c Leasehold improvements		10,398,836	6,294,779	4,104,057
d Equipment		33,703,779	27,183,096	6,520,683
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				10,737,682

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) ADVANCES AND DEPOSITS	140,660
(2) FUNDS HELD IN TRUST	171,701,413
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* . . . . . ▶	171,842,073

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	
DEFERRED RENT	13,072,007
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	13,072,007

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	107,893,319
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-594,625		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	-287,427		
e	Add lines **2a** through **2d**			2e	-882,052
3	Subtract line **2e** from line **1**			3	108,775,371
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	687,824		
c	Add lines **4a** and **4b**			4c	687,824
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	109,463,195

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	96,035,059
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	-287,427		
e	Add lines **2a** through **2d**			2e	-287,427
3	Subtract line **2e** from line **1**			3	96,322,486
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	687,824		
c	Add lines **4a** and **4b**			4c	687,824
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	97,010,310

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
PART IV, LINE 2B	PRODUCERS' PRODUCTION AND RESIDUAL DEPOSITS ARE HELD IN TRUST TO ENSURE PAYMENT OF PERFORMERS SALARIES AND RESIDUALS PERFORMERS' RESIDUAL PAYMENTS, SETTLEMENTS AND FOREIGN ROYALTIES ARE HELD IN TRUST PENDING DISTRIBUTION TO PERFORMERS

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	GRANTS NETTED IN AWARD SHOW -287,427
PART XI, LINE 4B - OTHER ADJUSTMENTS	CONVENTION INCOME NETTED IN EXPENSES 22,650 SAG MAGAZINE INCOME NETTED IN EXPENSES 59,049 ADVERTISING INCOME NETTED IN EXPENSES 606,125
PART XII, LINE 2D - OTHER ADJUSTMENTS	GRANT NETTED IN AWARD SHOW -287,427
PART XII, LINE 4B - OTHER ADJUSTMENTS	CONVENTION INCOME NETTED IN EXPENSES 22,650 SAG MAGAZINE INCOME NETTED IN EXPENSES 59,049 ADVERTISING INCOME NETTED IN EXPENSES 606,125

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
SCREEN ACTORS GUILD-AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS

Employer identification number
45-4931719

Part I General Information on Activities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS	N/A	4,500,000
(2)						
(3)						
(4)						
(5)						
3a	Sub-total	0	0			4,500,000
b	Total from continuation sheets to Part I	0	0			0
c	**Totals** (add lines 3a and 3b)	0	0			4,500,000

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*	☐ Yes	☑ No

Additional Data

Software ID:

Software Version:

EIN: 45-4931719

Name: SCREEN ACTORS GUILD-AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
SCREEN ACTORS GUILD-AMERICAN FEDERATION
OF TELEVISION AND RADIO ARTISTS

Employer identification number
45-4931719

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☑ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 12

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of non-cash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of non-cash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 45-4931719
Name: SCREEN ACTORS GUILD-AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SAG-AFTRA FOUNDATION 5757 WILSHIRE BLVD PH1 LOS ANGELES,CA 90036	95-3967876	501(C)(3)	347,427				GENERAL ASSISTANCE
MUSEUM OF THE MOVING IMAGE 162 W 56TH ST STE 405 NEW YORK,NY 10019	11-2730714	501(C)(3)	25,000				GENERAL ASSISTANCE
THE ART OF ELYSIUM 3278 WILSHIRE BLVD PH LOS ANGELES,CA 90010	95-4673306	501(C)(3)	25,000				GENERAL ASSISTANCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MUSICARES FOUNDATION 3030 OLYMPIC BLVD LOS ANGELES,CA 90404	95-4470909	501(C)(3)	22,500				GENERAL ASSISTANCE
THE ACTORS FUND 5757 WILSHIRE BLVD STE 400 LOS ANGELES,CA 90036	13-1635251	501(C)(3)	16,500				GENERAL ASSISTANCE
WOMEN IN FILM 701 WILSHIRE BLVD SUITE 1000 BEVERLY HILLS,CA 90212	23-7322834	501(C)(3)	9,500				GENERAL ASSISTANCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NEWFILMMAKERS LOS ANGELES 438 N GOWER ST BOX 83 BLDG 42 STE 103 HOLLYWOOD,CA 90028	26-4286940	501(C)(3)	8,000				GENERAL ASSISTANCE
ASIAN AMERICAN JOURNALISTS ASSOCIATION 5 THIRD ST STE 1108 SAN FRANCISCO,CA 94103	95-3755203	501(C)(3)	7,500				GENERAL ASSISTANCE
NATIONAL HISPANIC MEDIA COALITION 55 S GRAND AVE LOS ANGELES,CA 91105	95-4111353	501(C)(3)	6,000				GENERAL ASSISTANCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RADIO TELEVISION DIGITAL NEWS FOUNDATION 529 14TH ST NW STE 1240 WASHINGTON,DC 20045	38-1860090	501(C)(3)	6,000				GENERAL ASSISTANCE
AFYRC 36-12 34TH AVE 4TH FL ASTORIA,NY 11106	13-3962392	501(C)(3)	5,000				GENERAL ASSISTANCE
SOCIETY OF PROFESSIONAL JOURNALISTS GREATER LOS ANGELES 3909 N MERIDIAN ST INDIANAPOLIS,IN 46208	95-6119058	501(C)(3)	5,000				GENERAL ASSISTANCE

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
SCREEN ACTORS GUILD-AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS

Employer identification number
45-4931719

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☑ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☑ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		
b	Any related organization?	**5b**		
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		
b	Any related organization?	**6b**		
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 3	OTHER REPORTABLE COMPENSATION MAY ALSO INCLUDE PAYOUT OF UNUSED VACATION PAY, WHICH WOULD BE INCLUDED IN TAXABLE COMPENSATION
PART I, LINE 4A	PER CONFIDENTIALITY AGREEMENT SIGNED BY THE ORGANIZATION, THE SEVERANCE PACKAGE PAID TO AN EMPLOYEE IS NOT OPEN FOR PUBLIC INSPECTION HOWEVER, THIS INFORMATION WILL BE MADE AVAILABLE TO THE TAXING AUTHORITIES UPON REQUEST

Additional Data

Software ID:

Software Version:

EIN: 45-4931719

Name: SCREEN ACTORS GUILD-AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1DAVID WHITE NATIONAL EXECUTIVE DIRECTOR	(I)	584,318	10,953	46,725	75,699	113,690	831,385	0
	(II)	0	0	0	0	0	0	0
1ARIANNA OZZANTO CHIEF FINANCIAL OFFICER	(I)	266,457	5,865	8,000	33,471	49,225	363,018	0
	(II)	0	0	0	0	0	0	0
2 DUNCAN CRABTREE-IRELAND CHIEF OPERATING OFFICER / GENERAL CO	(I)	308,139	8,280	58,009	44,707	65,750	484,885	0
	(II)	0	0	0	0	0	0	0
3RAY RODRIGUEZ CHIEF CONTRACTS OFFICER	(I)	305,694	6,729	7,904	38,247	56,249	414,823	0
	(II)	0	0	0	0	0	0	0
4MATHIS DUNN JR ASSOCIATE NATIONAL EXECUTIVE DIRECTO	(I)	300,911	6,729	0	24,580	66,173	398,393	0
	(II)	0	0	0	0	0	0	0
5PAMELA GREENWALT CHIEF COMMUNICATIONS & MARKETING OFF	(I)	259,376	6,985	7,930	32,750	48,166	355,207	0
	(II)	0	0	0	0	0	0	0
6DAVID VIVIANO CHIEF ECONOMIST	(I)	263,409	4,910	0	32,037	47,117	347,473	0
	(II)	0	0	0	0	0	0	0
7MARTHA HOLDRIDGE CHIEF HUMAN RESOURCES OFFICER	(I)	248,019	5,456	0	30,265	44,510	328,250	0
	(II)	0	0	0	0	0	0	0
8DANIEL INUKAI CHIEF INFORMATION OFFICER	(I)	228,740	6,252	6,067	28,782	42,330	312,171	0
	(II)	0	0	0	0	0	0	0
9MARY CAVALLARO CHIEF BROADCAST OFFICER	(I)	228,731	6,252	5,766	19,236	51,785	311,770	0
	(II)	0	0	0	0	0	0	0
10JEFF BENNETT CHIEF DEPUTY GENERAL COUNSEL, LEGAL	(I)	210,628	17,630	7,980	28,207	41,483	305,928	0
	(II)	0	0	0	0	0	0	0
11KATHY CONNELL SAG AWARDS & NATIONAL PROGRAMMING	(I)	222,117	4,950	0	27,112	39,873	294,052	0
	(II)	0	0	0	0	0	0	0
12JOHN MCGUIRE SENIOR ADVISOR	(I)	195,548	4,669	0	23,906	35,158	259,281	0
	(II)	0	0	0	0	0	0	0
13DEBORAH SKELLY ASSISTANT NATIONAL EXECUTIVE DIRECTO	(I)	191,471	4,282	0	23,373	34,374	253,500	0
	(II)	0	0	0	0	0	0	0
14JOAN HALPERN WEISE ASSISTANT NATIONAL EXECUTIVE DIRECTO	(I)	67,021	0	107,361	13,933	37,510	225,825	0
	(II)	0	0	0	0	0	0	0
15LINDA DOWELL ASSISTANT NATIONAL EXECUTIVE DIRECTO	(I)	155,606	3,035	0	18,942	27,857	205,440	0
	(II)	0	0	0	0	0	0	0
16THOMAS LA GRUA EXECUTIVE DIRECTOR, CONTRACTS	(I)	203,493	3,979	84,225	34,829	51,222	377,748	0
	(II)	0	0	0	0	0	0	0
17RICHARD LARKIN ASSOCIATE EXECUTIVE DIRECTOR/LABOR C	(I)	250,786	6,720	0	20,575	55,390	333,471	0
	(II)	0	0	0	0	0	0	0
18JUDITH SIMMONS EXECUTIVE DIRECTOR	(I)	209,946	4,053	25,332	28,576	42,027	309,934	0
	(II)	0	0	0	0	0	0	0
19MARK FRIEDLANDER EXECUTIVE DIRECTOR NEW MEDIA & THEAT	(I)	165,720	0	64,230	27,456	40,379	297,785	0
	(II)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 RANDALL HIMES ASST NATIONAL EXECUTIVE DIRECTOR SR	(I)	188,269	0	39,865	18,228	49,072	295,434	0
	(II)	0	0	0	0	- 0	- 0	0

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization	Employer identification number
SCREEN ACTORS GUILD-AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS	45-4931719

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION	(A) INCREASING THE POWER AND LEVERAGE OF OUR MEMBERS IN THEIR BARGAINING RELATIONSHIPS WITH THE EMPLOYERS IN OUR INDUSTRIES, (B) ORGANIZING WORKERS IN THE ENTERTAINMENT AND MEDIA INDUSTRIES IN ORDER TO MAXIMIZE OUR BARGAINING STRENGTH, (C) INCREASING OUR POWER IN DEALING WITH THE VARIOUS GOVERNMENTAL BODIES THAT ADDRESS THE SIGNIFICANT PUBLIC POLICY ISSUES CONFRONTING OUR MEMBERS, (D) PROTECTING AND SECURING THE RIGHTS OF OUR MEMBERS IN THEIR PROFESSIONAL ACTIVITIES, INCLUDING SECURING MEANINGFUL LEGISLATION AND REGULATIONS ON MATTERS AFFECTION THEIR WORK AND TAKING APPROPRIATE PROTECTIVE ACTION IN RESPONSE TO THE UNAUTHORIZED USE OF THEIR WORK, (E) COOPERATING, COORDINATING AND COMBINING WITH OTHER ORGANIZATIONS WHOSE OBJECTIVES INCLUDE THE ADVANCEMENT AND IMPROVEMENT OF MEMBERS' COMPENSATION AND WORKING CONDITIONS WHENEVER SUCH ACTION IS IN THE BEST INTEREST OF OUR MEMBERS, (F) ESTABLISHING, CONDUCTION, SPONSORING AND MAINTAINING SUCH EDUCATIONAL, RECREATIONAL, SOCIAL AND CHARITABLE ENTERPRISES AS MAY ASSIST OUR MEMBERS AND AID IN THEIR GENERAL WELFARE, (G) RECEIVING, ADMINISTERING AND EXPENDING THE UNIONS FUND IN THE INTERESTS OF OUR MEMBERS, (H) COLLECTING AND DISTRIBUTING GOVERNMENT MANDATED OR OTHER COMPULSORY ROYALTIES, LEVIES OF REMUNERATION SUBJECT TO WORLDWIDE COLLECTIVE ADMINISTRATION, (I) WITHOUT LIMITATION, PROTECTING THE RIGHTS OF ENTERTAINMENT AND MEDIA ARTISTS IN ALL OTHER ASPECTS CONSISTENT WITH THE OVERALL OBJECTIVES OF THE UNION AND DOING ALL THINGS NECESSARY AND PROPER TO ADVANCE AND PROMOTE THEIR WELFARE AND INTERESTS
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS MEMBERS DIVIDED INTO THE FOLLOWING CATEGORIES OF MEMBERSHIP STATUS A CTIVE, HONORABLE WITHDRAWAL, PAYMENTS PENDING AND SUSPENDED PAYMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE NATIONAL BOARD OF DIRECTORS IS THE HIGHEST POLICY BODY OF THE ORGANIZATION IT IS ELECTED BY THE MEMBERSHIP
FORM 990, PART VI, SECTION A, LINE 7B	APPROVAL OF CERTAIN ISSUES MAY BE REFERRED TO EITHER THE MEMBERSHIP FOR A REFERENDUM VOTE OR TO A BIANNUAL NATIONAL CONVENTION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE CFO AND CONTROLLER REVIEW THE 990 FOR MISSTATEMENTS OR ERRORS AND THE AMOUNTS REPORTED ARE COMPARED TO THE AUDITED FINANCIALS THE 990 IS DISTRIBUTED TO THE FINANCE COMMITTEE FOR DISCUSSION AND REVIEW THE FORM IS ALSO AVAILABLE UPON REQUEST TO ANY BOARD MEMBER
FORM 990, PART VI, SECTION B, LINE 12C	THE POLICY IS REVIEWED ANNUALLY BY THE HUMAN RESOURCES DEPARTMENT AND UPDATED AS NECESSARY EXEMPTIONS, IF ANY, WOULD HAVE TO BE APPROVED BY THE NATIONAL EXECUTIVE DIRECTOR OR GENE RAL COUNSEL FOR EMPLOYEES AND ARE SUBJECT TO CONSTITUTIONAL REVIEW FOR MEMBERS SAG-AFTRA IS NOT AWARE OF ANY EXEMPTIONS AT THIS TIME

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	A COMMITTEE COMPOSED OF NATIONAL BOARD MEMBERS REVIEWS AND COMPARES THE NATIONAL EXECUTIVE DIRECTOR'S COMPENSATION WITH COMPENSATION FOR COMPARABLE POSITIONS, AND MAKES A RECOMMENDATION TO THE FULL BOARD FOR APPROVAL. THE ULTIMATE AUTHORITY RESIDES WITH THE NATIONAL BOARD
FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION'S FORM 990 MAY ALSO BE INSPECTED ON WWW GUIDESTAR ORG

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	UPON REQUEST, THESE DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC
FORM 990, PART VII, SECTION A	ALTERNATE BOARD MEMBERS HAVE VOTING RIGHTS UPON BEING ASKED TO ATTEND A NATIONAL BOARD MEE TING ON BEHALF OF A NATIONAL BOARD MEMBER ACCORDINGLY, THE ORGANIZATION IS REPORTING THE NAMES OF ALTERNATE BOARD MEMBERS WHO WERE CALLED TO SERVE IN PLACE OF NATIONAL BOARD MEMBE RS AT ANY TIME DURING THE TAX YEAR

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
SCREEN ACTORS GUILD-AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS

Employer identification number
45-4931719

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SCREEN ACTORS GUILD AWARDS LLC 5757 WILSHIRE BOULEVARD 7TH FLOOR LOS ANGELES, CA 90036 26-1703514	AWARDS SHOW PRESENTATION	CA	2,586,848	17,616,440	SAG-AFTRA
(2) GUILD INTELLECTUAL PROPERTY REALIZATION LLC 5757 WILSHIRE BOULEVARD 7TH FLOOR LOS ANGELES, CA 90036 27-0902453	RECOVER ASSIGNED DEBTS AND DISBURSE SUMS OWED TO MEMBERS	CA	-4,588	231,616	SAG-AFTRA
(3) SAG-AFTRA REAL PROPERTY HOLDINGS LLC 5757 WILSHIRE BOULEVARD 7TH FLOOR LOS ANGELES, CA 90036 36-4797722	HOLD AND OPERATE REAL ESTATE ON BEHALF OF SAG-AFTRA	DE	-5,845	112,942	SAG-AFTRA

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) THE AFTRA FOUNDATION 5757 WILSHIRE BOULEVARD 7TH FLOOR LOS ANGELES, CA 90036 13-3904351	PROVIDES SUPPORT OF EDUCATIONAL & CHARITABLE PURPOSES OF AFTRA	CA	501(C)(3)	11			No
(2) AFTRA INDIVIDUAL ACCOUNT PLAN 260 MADISON AVE NEW YORK, NY 10016 13-4048801	DEFINED CONTRIBUTION PROFIT SHARING PLAN	NY	401				No
(3) SAG-AFTRA 401(K) RETIREMENT PLAN 5757 WILSHIRE BOULEVARD 7TH FLOOR LOS ANGELES, CA 90036 95-1202270	PROVIDES RETIREMENT BENEFITS	CA	401				No
(4) SAG-AFTRA FOUNDATION 5757 WILSHIRE BOULEVARD PH1 LOS ANGELES, CA 90036 95-3967876	PROVIDES SUPPORT OF EDUCATIONAL & CHARITABLE PURPOSES OF AFTRA	CA	501(C)(3)				No

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest, **(ii)**annuities, **(iii)**royalties, or**(iv)**rent from a controlled entity	**1a**		**No**
b	Gift, grant, or capital contribution to related organization(s)	**1b**	**Yes**	
c	Gift, grant, or capital contribution from related organization(s)	**1c**		**No**
d	Loans or loan guarantees to or for related organization(s)	**1d**		**No**
e	Loans or loan guarantees by related organization(s)	**1e**		**No**
f	Dividends from related organization(s)	**1f**		**No**
g	Sale of assets to related organization(s)	**1g**		**No**
h	Purchase of assets from related organization(s)	**1h**		**No**
i	Exchange of assets with related organization(s)	**1i**		**No**
j	Lease of facilities, equipment, or other assets to related organization(s)	**1j**		**No**
k	Lease of facilities, equipment, or other assets from related organization(s)	**1k**		**No**
l	Performance of services or membership or fundraising solicitations for related organization(s)	**1l**	**Yes**	
m	Performance of services or membership or fundraising solicitations by related organization(s)	**1m**		**No**
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1n**	**Yes**	
o	Sharing of paid employees with related organization(s)	**1o**	**Yes**	
p	Reimbursement paid to related organization(s) for expenses	**1p**		**No**
q	Reimbursement paid by related organization(s) for expenses	**1q**		**No**
r	Other transfer of cash or property to related organization(s)	**1r**		**No**
s	Other transfer of cash or property from related organization(s)	**1s**		**No**

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation