DLN: 93491310004157

2016

OMB No 1545-0052

Return of Private Foundation

Department of the Treasury Internal Revenue Service

Form 990-PF

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

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

Open to Public Inspection

		ndar year 2016, or tax year beginning 01-01-2	2016 , a	nd er	nding 12-31-	2016 entification numbe	
		OW-MANN FAMILY FOUNDATION INC			26-1102362	entineation numbe	•
		street (or P O box number if mail is not delivered to street addres SHIRE BLVD STE 400	ss) Room/suite		B Telephone nu (310) 271-0300	mber (see instruction	ns)
		, state or province, country, and ZIP or foreign postal code LLS, CA 90211				application is pendin	g, check here
H Ch	neck ty Section Ir mark year (fi	I that apply	e foundation ble private foundation Cash Accri		Foreign or test, check If private for under section If the foundary	ganizations, check herganizations meeting is here and attach columbiation status was to 507(b)(1)(A), check ation is in a 60-month in 507(b)(1)(B), check	the 85% mputation erminated k here n termination
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and	Ī., .			(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	(b)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach	590,089	9			(casi: basis ciii,)
	2	schedule) Check ▶ ☐ if the foundation is not required to attach Sch B					
	4 5a	Dividends and interest from securities					
.	ь	Net rental income or (loss)	_				
Ĭ	6a	Net gain or (loss) from sale of assets not on line 10	224	4			
Revenue	ь 7	Gross sales price for all assets on line 6a 250,33 Capital gain net income (from Part IV, line 2)	13		224		
	8	Net short-term capital gain				224	
	9	Income modifications					
	10a b	Gross sales less returns and allowances Less Cost of goods sold					
	c	Gross profit or (loss) (attach schedule)		1			
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	590,313	3	224	224	
	13	Compensation of officers, directors, trustees, etc					
	14	Other employee salaries and wages					
ses	15	Pension plans, employee benefits					
en:	16a	Legal fees (attach schedule)					
Operating and Administrative Expenses	b	Accounting fees (attach schedule)		-			
۸e	_ c	,		1			
ratı	17 18	Interest	10	n			
i st	19	Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion		1			
Ē	20	Occupancy					
Ā	21	Travel, conferences, and meetings					
ב	22	Printing and publications					
β	23	Other expenses (attach schedule)	9 75	5			
atıı	24	Total operating and administrative expenses.		1			
ber		Add lines 13 through 23	8!	5	0		0
Ō	25	Contributions, gifts, grants paid	634,208	В			634,208
	26	Total expenses and disbursements. Add lines 24 and 25	634,293	3	0		634,208
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	-43,980	0			
	ь	Net investment income (If negative, enter -0-)			224		
	С	Adjusted net income (if negative, enter -0-)				224	
or	Paner	work Reduction Act Notice, see instructions.			Cat No. 11289)	/ For	m 000-DE (2016)

71,892

71,892

71,892 71,892 27,912

27,912

27,912

27,912

2

3

4

5

6

71,892

-43,980

27,912

27,912 Form 990-PF (2016)

27,912

	6
	7
ts	8
Assets	9
As	10a
	b
	С
	11

12

13

14

15 16

17

18

19

20

21 22

23

24

25

26

28

29

30

31 Part III

Liabilities

Balances

Fund

ö

Assets 27

Net

2

3

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶ _

Less accumulated depreciation (attach schedule) ▶ ___

Less accumulated depreciation (attach schedule) ▶

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Paid-in or capital surplus, or land, bldg, and equipment fund

Land, buildings, and equipment basis ▶ _

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe ▶_

Unrestricted Temporarily restricted

Permanently restricted

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize)

Investments—U S and state government obligations (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that do not follow SFAS 117, check here 🕨 🗹

Capital stock, trust principal, or current funds

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

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

Analysis of Changes in Net Assets or Fund Balances

Investments—corporate stock (attach schedule)

Page **3**

	(a) the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a 2100 FACEBOOK INC			Р	2016-12-20	2016-12-20
b					
С					
d					
e					
	(f)		(g)	(1	h)
(e) Gross sales price	Depreciation allowed	Cost or	other basis		r (loss)
·	(or allowable)	plus expe	ense of sale	, , , , , ,) mınus (g)
a 25	0,313		250,089		224
b					
С					
d					
e					
Complete only for assets	showing gain in column (h) and ow	vned by the foundation	on 12/31/69		I)
(i)	(i)		(k)		h) gain minus
F M V as of 12/31/69	Adjusted basis as of 12/31/69		of col(ɪ) (ʒ), ɪf any	1 '''	less than -0-) or om col (h))
	as 01 12/31/09	over cor	()), ii aliy	203303 (11	224
a h					22-
b					
d					
e		If gain, also enter in P			
	gain or (loss) as defined in sections rt I, line 8, column (c) (see instruct	ions) If (loss), enter -0	, , , , , , , , , , , , , , , , , , ,	3	224
Part V Qualification l	Jnder Section 4940(e) for Re	educed Tax on Net	Investment In	come	
For optional use by domestic p	rivate foundations subject to the se	ction 4940(a) tax on ne	et investment incom	ie)	
f section 4940(d)(2) applies, le	eave this part blank				
f "Yes," the foundation does no	e section 4942 tax on the distributa ot qualify under section 4940(e) Do	not complete this part	·		es Ll No
• • • • • • • • • • • • • • • • • • • •	nount in each column for each year,	see instructions before	making any entries		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(d) Distribution rati (col (b) divided by c	-
2015					
2014					
2013					
2012					
2011	15			I	
2 Total of line 1, column (•		2		
number of years the four	ofor the 5-year base period—divide idation has been in existence if less ncharitable-use assets for 2016 fror	than 5 years	, or by the		
5 Multiply line 4 by line 3		•	5		
• • • •	ont magne (10% of Boyt I line 27h)				
	ent income (1% of Part I, line 27b)		6		
			7		
	ons from Part XII, line 4 , eater than line 7, check the box in P		<u>8</u> oplete that part usin	l g a 1% tax rate Se	e the Part VI
inou dedono				Fo	orm 990-PF (2016

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Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly P	aid Employees,
3 Five highest-paid independent contractors for professional service	es (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include released organizations and other beneficiaries served, conferences convened, research papers produced to the conference of the conferen		er of Expenses
1		
2		
3		
3		
4		
Part IX-B Summary of Program-Related Investments (see	instructions)	
Describe the two largest program-related investments made by the foundation during the	ne tax year on lines 1 and 2	Amount
1		
,		
•		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		•
Total Add Intes I dillough 5		Form 990-PF (2016)
		FULLI 220-FF (2010)

1	Minimum investment return from Part X, line 6		2,303
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016 (This does not include the tax from Part VI) 2b		
С	Add lines 2a and 2b	2 c	4
3	Distributable amount before adjustments Subtract line 2c from line 1	3	2,501
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	2,501

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

3a 3h

4

5

634.208

634,208

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Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

3

4

5

Page 9

2,501

2,501

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Part XIII	Undi

Form 990-PF (2016)							
Part XIII	Undistributed Income (see instructions)						

- 1 Distributable amount for 2016 from Part XI, line 7
- 2 Undistributed income, if any, as of the end of 2016 a Enter amount for 2015 only. Excess distributions carryover, if any, to 2016
- **b** Total for prior years a From 2011. 617.211
- 726,168 **b** From 2012. . . .
- c From 2013. . .
- d From 2014.
- e From 2015.
- 717,888 589.094
- f Total of lines 3a through e. 4 Qualifying distributions for 2016 from Part

same amount must be shown in column (a))

d Applied to 2016 distributable amount. . . . e Remaining amount distributed out of corpus

5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2011 not

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2017.

10 Analysis of line 9

a Excess from 2012. . .

c Excess from 2014. . . .

d Excess from 2015. . .

e Excess from 2016. . .

b Excess from 2013. .

6 Enter the net total of each column as

indicated below:

- 665,404 XII, line 4 ▶ \$
- a Applied to 2015, but not more than line 2a
- **b** Applied to undistributed income of prior years
 - (Election required—see instructions).
- c Treated as distributions out of corpus (Election

726.168 717,888

589.094

665.404

631.707

(a)

Corpus

3.315.765

631.707

3,947,472

617.211

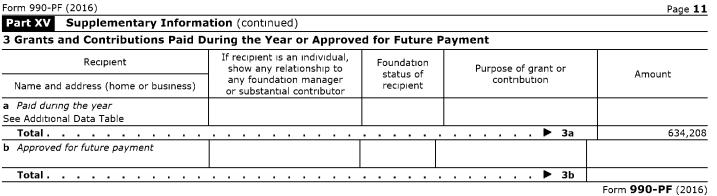
3,330,261

(b)

Years prior to 2015

(c)

2015



er gross amounts unless otherwise indicated		usiness income	Excluded by section		(e) Related or exempt
Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
a					
2					
:					
•					
f					
g Fees and contracts from government agencies Membership dues and assessments					
Interest on savings and temporary cash investments					
Dividends and interest from securities					
a Debt-financed property					
b Not debt-financed property Net rental income or (loss) from personal property					
Other investment income					
Gain or (loss) from sales of assets other than inventory					224
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue a					
b					
d					
e					
e	1				
Subtotal Add columns (b), (d), and (e)					
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)			13	3	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations	ns)			3	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)	ons) I e Accomplisi Income is report	nment of Exem ed in column (e) o	pt Purposes f Part XVI-A contribu	ted importantly to	224
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation. TXVI-B Relationship of Activities to the service of the servi	ons) I e Accomplisi Income is report	nment of Exem ed in column (e) o	pt Purposes f Part XVI-A contribu	ted importantly to	224
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation. TXVI-B Relationship of Activities to the service of the servi	ons) I e Accomplisi Income is report	nment of Exem ed in column (e) o	pt Purposes f Part XVI-A contribu	ted importantly to	224
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Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part	XVII	Exempt Organi	zations						•				
		ganization directly or in Code (other than sectio	directly enga							on 501		Yes	No
a Tra	nsfers f	rom the reporting foun	dation to a n	oncha	ırıtable ex	empt organizatio	n o	- ·	-	Ī			
(1)	Cash.									. [:	1a(1)		No
(2)	Other	assets								.	1a(2)		No
		sactions											
		of assets to a nonchari	•	_						-	1b(1)		No
		ases of assets from a n									1b(2)		No
		il of facilities, equipmer oursement arrangemen									1b(3) 1b(4)		No No
		or loan guarantees.									1b(5)		No
٠.		mance of services or m									1b(6)		No
c Sha	ring of	facilities, equipment, n	nailing lists, d	other .	assets, or	paid employees.					1c		No
		ver to any of the above											
	of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received												
(a) Line	No	(b) Amount involved	(c) Name of	noncha	arıtable exe	mpt organization		(d) Description of	transfers, transactions,	and shari	ng arrai	ngemen	its
	_												
	_												
2a Is t	he foun	idation directly or indire	ctly affiliated	d with	or relate	d to one or mor	e ta	av-evemnt organi	zations				
		n section 501(c) of the									Yes	☑ N	lo
		emplete the following so	•	criari	Section 50)1(c)(3))		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		. –			
		(a) Name of organization			(1	b) Type of organiza	tıon		(c) Description	of relation	ship		
	Unde	er penalties of perjury,	I declare tha	t I ha	ı ve examır	ed this return. in	nclu	iding accompanyi	ng schedules and sta	atements	and	to the	best
	of m	y knowledge and belief	, it is true, co										
Sign	1	h preparer has any kno	wledge			I			.	4 11 70	~ 1		
Here	\ <u>*</u>	*****				2017-11-03		_ *****		lay the IR: with the pro			
	7 s	Signature of officer or ti	rustee			Date		Title	()	see instr)	7 🗹 Y	es 🗆 N	lo
		Deunt/Tune		De	ananta Com		T			OTINI			
		Print/Type preparer's	name	Prep	arer's Sıgı	пасиге		Date	Check if self-	PTIN -			
		Liamand Laster CDA							employed ▶ 🔲	F	00371	.444	
Paid		Howard Leiter CPA											
Prep	arer	Firm's name ▶ The	 Management	Grou									
Use									F	Firm's EII	V P		
		Firm's address ► 83	83 Wilshire E	3lvd S	uite 400								
		Be	verly Hills, C	A 90	211				F	Phone no	(310	271-0	0300

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
Care for the Homeless 30 EAST 33RD STREET New York, NY 10016	None	PC	PROVIDING HEALTHCARE,SHELTER AND HUMAN SERVICES	20,000
Los Angeles Men's Place 527 SOUTH CROCKER ST Los Angeles, CA 90013	None	PC	PROVIDING HEALTH AND CARE SUPPORT SERVICES	12,500
ACLU of Southern California 1313 W 8th Street Los Angeles, CA 90017	None	PC	PRESERVE INDIVIDUAL RIGHTS	10,000
ALZHEIMER'S FOUNDATION OF AMERICA 322 EIGHT AVENUE 6TH FLOOR NEW YORK, NY 10001	None	PC	PROVIDING HEALTH CARE AND SUPPORT OF RESEARCH	5,000
Children hospital Los Angeles 4650 Sunset blvd MS 29 Los Angeles, CA 90027	None	PC	PROVIDING PEDIATRIC CARE	10,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

826LA 1714 W SUNSET BLVD Los Angeles, CA 90026	None	PC	EDUCATION SERVICES	5,000
Cedars - Sinai Medical Center 8700 BEVERLY BLVD SUITE 2416 Los Angeles, CA 90048	None	PC	PROVIDING HEALTH SERVICES	10,000

Los Angeles, CA 90046				
A Place Called Home 2830 SOUTH CENTRAL AVENUE Los Angeles, CA 90011	None	PC	EDUCATIONAL SERVICES	10,000
Project ALS 3960 BROADWAY SUITE 420	None	PC	RESEARCH SERVICES	5,000

Los Angeles, CA 90011				
Project ALS 3960 BROADWAY SUITE 420 New York, NY 10032	None	PC	RESEARCH SERVICES	5,0

Project ALS 3960 BROADWAY SUITE 420 New York, NY 10032	None	PC	RESEARCH SERVICES	5,00
Save The Children	None	PC	PROVIDING EMERGENCY	2,50

New York, NY 10032				
Save The Children 501 KINGS HIGHWAY EAST SUITE 400	None	PC	PROVIDING EMERGENCY SERVICES	2,

New York, NY 10032				
Save The Children 501 KINGS HIGHWAY EAST SUITE 400 FAIRFIFI D. CT. 06825	None	PC	PROVIDING EMERGENCY SERVICES	

Save The Children 501 KINGS HIGHWAY EAST SUITE 400 FAIRFIELD, CT 06825	None	PC	PROVIDING EMERGENCY SERVICES	2,500
Total				634,208

FAIRFIELD, CT 06825		
Total	 	634,20

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
ST Jude Children's Research Hospita 501 ST JUDE PLACE MEMPHIS, TN 38105	None	PC	RESEARCH AND TREATMENT SERVICES	12,500	
THE UCLA FOUNDATION 808 WILSHIRE BLVD SUITE 200 SANTA MONICA, CA 90401	None	PC	EDUCATION SERVICES	11,400	
US FUND FOR UNICEF 125 MAIDEN LANE New York, NY 10038	None	PC	EMERGENCY RELIEF	1,000	
ULMAN CANCER FUND FOR YOUNG ADULTS 921 E FORT AVE STE 325 BALTIMORE, MD 21230	None	PC	EDUCATION AND SUPPORT SERVICES	7,500	
UNITED NATIONS FOUNDATION 1750 PENNSYLVANIA AVE NW SUITE 30 WASHINGTON, DC 20006	None	PC	PROVIDE EMERGENCY RELIEF	2,500	
Total	634,208				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Foundation Purpose of grant or Recipient If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year VENICE FAMILY CLINIC 604 ROSE AVE None PC PROVIDING HEALTH CARE 2,500 Venice, CA 90291 LA LEADERSHIP ACADEMY PC **EDUCATION SERVICES** 2,500 None 234 EAST AVENUE 33 Los Angeles, CA 90031 FULFILLMENT FUND None PC **EDUCATION SERVICES** 12,500 6100 WILSHIRE BLVD SUITE 600 Los Angeles, CA 90048 US VETS 800 W 6TH STREET STE 1505 None PC HOUSING SERVICES 5,000 Los Angeles, CA 90017

PC

EDUCATION AND HEALTH

SERVICES

2.500

634,208

CHILDREN'S DEFENSE FUND

25 E STREET NW

3a

None

Form 990PF Part XV Line 3 - Grant	Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount		
Name and address (home or business)	any foundation manager or substantial contributor	recipient				
a Paid during the year						
JONSSON CANCER CENTER FOUNDATION UC 8-950 FACTOR BUILDING BOX 951780 Los Angeles, CA 90095	None	PC	CLINICAL RESEARCH	2,500		
PROSTATE CANCER FOUNDATION 1250 FOURTH STREET SANTA MONICA, CA 90401	None	PC	RESEARCH SERVICES	1,000		
ST JOSEPH CENTER 204 HAMPTON DRIVE VENICE, CA 90291	None	PC	HEALTH AND CARE SERVICES	2,500		
WORLD FOOD PROGRAM 1725 I STREET NEW SUITE 510 WASHINGTON, DC 20006	None	PC	PROVIDE EMERGENCY RELIEF	2,500		
FRIENDS OF SABAN FREE CLINIC 8405 Beverly Boulevard LOS ANGELES, CA 90048	None	PC	PROVIDING HEALTH CARE SERVICES	15,000		
Total				634,208		

Form 990PF Part XV Line 3 - Gran	ts and Contributions Paid	During the `	Year or Approved for Future F	Payment
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
LOS ANGELES REGIONAL FOOD BANK 1734 East 41st Street LOS ANGELES, CA 90058	None	PC	PROVIDING CARE SERVICES	1,000
THE SUSAN G KOMEN BREAST CANCER FOU 5005 LBJ Freeway Suite 250 DALLAS, TX 75244	None	PC	RESEARCH AND COUNSELING SERVICES	5,000
HUMAN RIGHTS ACTION CENTER 451 First Street SE WASHINGTON DC, DC 20003	None	PC	PRESERVE INDIVIDUAL RIGHTS	2,000
MARCH OF DIMES FOUNDATION 700 N BRAND BLVD SUITE 950 GLENDALE, CA 91203	None	PC	HEALTH OF BABIES RESEARCH PROGRAMS	10,000
REFUGE POINT 689 MASSACHUSETTS AVE CAMBRIDGE, MA 02139	None	PC	PROVIDING EMERGENCY RELIEF	2,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
AMERICAN FILM INSTITUTE 2021 NORTH WESTERN AVENUE LOS ANGELES, CA 90027	None	PC	CULTURAL SERVICES	1,000
PHILABUNDANCE 3616 SOUTH GALLOWAY STREET PHILADEPHIA, PA 19148	None	PC	PROVIDING CARE SERVICES	10,000
MELANOMA RESEARCH FOUNDATION 1411 K STREET NW STE 800 WASHINGTON, DC 20005	None	PC	PROVIDING MEDICAL RESEARCH	5,000
VENICE COMMUNITY HOUSING 720 ROSE AVENUE VENICE, CA 90291	NONE	PC	PROVIDING RESIDENCE SERVICES	1,000
HELP ME SEE	NONE	PC	MEDICAL SERVICES	2,500

634,208

PHILADEPHIA, PA 19148				
MELANOMA RESEARCH FOUNDATION 1411 K STREET NW STE 800 WASHINGTON, DC 20005	None	PC	PROVIDING MEDICAL RESEARCH	5,0

20 WEST 36TH STREET SUITE 701

NEW YORK, NY 10018

Total . . За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
THE RAPE FOUNDATION 1223 WILSHIRE BLVD 410 SANTA MONICA, CA 90403	NONE	PC	PROVIDING PREVENTION & EDUCATION PROGRAMS	10,000
BROADWAY CARES EQUITY FIGHTS AIDS 165 WEST 46TH STREET 1300 NEW YORK, NY 10036	NONE	PC	EDUCATION SERVICES AND TO PROMOTE SUPPORT	1,000
ELIZABETH GLASER PEDIATRIC AIDS 1140 CONNECTICUT AVE NW SUITE 200 WASHINGTON, DC 20036	NONE	PC	PROVIDING MEDICAL SERVICES	2,500
OCEANA 1350 CONNECTICUT AVE NW 5TH FLOOR WASHINGTON, DC 20036	NONE	PC	PROVIDING SERVICES TO PROTECT HABITATS	5,000
CROSSROADS SCHOOL	NONE	PC	PROVIDING EDUCATION	25,000

SERVICES

1714 21ST STREET SANTA MONICA, CA 90404

634,208 Total . . За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
PEOPLE FOR THE AMERICAN WAY FOUNDAT 1101 15T STREET NW SUITE 600 WASHINGTON, DC 20005	NONE	PC	EDUCATION SERVICES	5,000
CAMP DEL CORAZON 11615 HESBY STREET N HOLLYWOOD, CA 91601	NONE	PC	EDUCATION SERVICES	1,000
EPILEPSY FOUNDATION 5777 W CENTURY BLVD 820 LOS ANGELES, CA 90045	NONE	PC	MEDICAL AND RESEARCH SERVICES	2,500
JAIL GUITAR DOORS PO BOX 46115 LOS ANGELES, CA 90046	NONE	PC	REHABILITATION SERVICES	1,000
C5 LOS ANGELES	NONE	PC	EDUCATION SERVICES	2,500

5777 W CENTURY BLVD 820 LOS ANGELES, CA 90045	NONE		SERVICES	
JAIL GUITAR DOORS PO BOX 46115 LOS ANGELES, CA 90046	NONE	PC	REHABILITATION SERVICES	
C5 LOS ANGELES	NONE	DC.	EDUCATION SERVICES	

1334 SOUTH CENTRAL AVE

LOS ANGELES, CA 90021

634,208 Total . . За

form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
CHILDREN'S BURN FOUNDATION 5000 VAN NUYS BLVD SUITE 450 SHERMAN OAKS, CA 91403	NONE	PC	MEDICAL SERVICES	1,000
DOWN SYNDROME ASSOCIATION OF LOS AN 16461 SHERMAN WAY SUITE 180 VAN NUYS, CA 91406	NONE	PC	RESEARCH AND MEDICAL SERVICES	1,000
KCRW FOUNDATION 1900 PICO BLVD SANTA MONICA, CA 90405	NONE	PC	CULTURAL SERVICES	2,000

VAN NUYS, CA 91406				
KCRW FOUNDATION 1900 PICO BLVD SANTA MONICA, CA 90405	NONE	PC	CULTURAL SERVICES	2,000
CARE 484 ELLIS STREET NE ATLANTA, GA 30303	NONE	PC	PROVIDING EMERGENCY RELIEF	2,500

SANTA MONICA, CA 30403				
CARE 484 ELLIS STREET NE ATLANTA, GA 30303	NONE	PC	PROVIDING EMERGENCY RELIEF	
LEUKEMIA-LYMPHOMA SOCIETY	NONE	PC	MEDICAL SERVICES	

CARE 484 ELLIS STREET NE ATLANTA, GA 30303	NONE	PC	PROVIDING EMERGENCY RELIEF	
LEUKEMIA-LYMPHOMA SOCIETY	NONE	PC	MEDICAL SERVICES	

CARE 484 ELLIS STREET NE ATLANTA, GA 30303	NONE	PC	PROVIDING EMERGENCY RELIEF	2
LEUKEMIA-LYMPHOMA SOCIETY	NONE	PC	MEDICAL SERVICES	2

ATLANTA, GA 30303	NONE	PC	PROVIDING EMERGENCY RELIEF	2,50
LEUKEMIA-LYMPHOMA SOCIETY 6033 W CENTURY BLVD 300	NONE	PC	MEDICAL SERVICES	2,50

LEUKEMIA-LYMPHOMA SOCIETY	NONE	PC	MEDICAL SERVICES	2,5
6033 W CENTURY BLVD 300				
LOS ANGELES, CA 90045				

6033 W CENTURY BLVD 300 LOS ANGELES, CA 90045		
Total	 	 634,208

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
MOTION PICTURE TELEVISION FUND 23388 MULHOLLAND DRIVE WOODLAND HILLS, CA 91364	NONE	PC	CULTURAL SERVICES	15,000
NATURAL RESOURCES DEFENSE COUNCIL 1314 SECOND STREET SANTA MONICA, CA 90401	NONE	PC	EDUCATION SERVICES	10,000
SHELTER PARTNERSHIP INC 520 SOUTH GRAND AVENUE SUITE 695 LOS ANGELES, CA 90071	NONE	PC	PROVIDING TECHNICAL ASSISTANCE	12,500
HOMELESS HEALTH CARE LOS ANGELES 2330 BEVERLY BLVD LOS ANGELES, CA 90057	NONE	PC	PROVIDING HEALTH AND CARE SERVICES	12,500
ENTERTAINMENT INDUSTRY FOUNDATION	NONE	PC	ENVIRONMENTAL	5,000
1900 AVENUE OF THE STARS SUITE 140 LOS ANGELES, CA 90067				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
UNITED IN HARMONY PO BOX 34456 LOS ANGELES, CA 90034	NONE	PC	PROVIDING EDUCATION	1,000	
CHRYSALIS 1853 LINCOLN BLVD SANTA MONICA, CA 90404	NONE	PC	PROVIDING ASSISTANCE TO INDIVUDUALS OUT OF POVERTY AND HOMELESSNES	5,000	
BRADY CENTER TO PREVENT GUN VIOLENC 840 FIRST STREET NE SUITE 400 WASHINGTON, DC 20002	NONE	PC	PREVENTING GUN VIOLENCE	10,000	
CAMFED 465 CALIFORNIA STREET SUITE 626 SAN FRANCISCO, CA 94104	NONE	PC	CAMPAIGN FOR FEMALE EDUCATION	2,500	
INTERNATIONAL DYSLEXIA ASSOCIATION PO BOX 8943 CALABASAS, CA 91372	NONE	PC	PROVIDING RESEARCH, EDUCATION AND ADVOCACY	1,000	

Form 990PF Part XV Line 3 - Gran	ts and Contributions Paid	During the	Year or Approved for Future	Payment
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
IRAQ AFGHANISTAN VETERANS OF AMERIC 292 MADISON AVE 10TH FLOOR NEW YORK, NY 10017	NONE	PC	PROVIDING HEALTH CARE AND EDUCATIONAL BENEFITS	2,500
WE SPARK CANCER SUPPORT CENTER 13520 VENTURA BLVD SHERMAN OAKS, CA 91423	NONE	PC	PROVIDES SUPPORT GROUPS,INTEGRATIVE THERAPIES AND EDUCATIONAL WORKSHOPS	1,000
THE PALAY CENTER FOR MEDIA 465 NORTH BEVERLY DRIVE BEVERLY HILLS, CA 90210	NONE	PC	EXAMINES THE INTERSECTIONS BETWEEN MEDIA AND SOCIETY	1,000
CAMBODIAN CHILDREN'S FUND 2461 SANTA MONICA BLVD PMB 833 SANTA MONICA, CA 90404	NONE	PC	PROVIDING EDUCATION, FAMILY SUPPORT AND COMMUNITY DEVELOPMENT PROGRAMS	1,000
THE VETERANS WRITING PROJECT 6508 BARNABY ST NW WASHINGTON, DC 20015	NONE	PC	PROVIDE WRITING SEMINARS AND WORKSHOPS FOR VETERANS, SERVICE AND ADULT FAMILY MEMBERS	1,000
Total				634,208

Form 990PF Part XV Line 3 - Grant	s and Contributions Paid	During the	Year or Approved for Future F	ayment
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
ARTS IN THE ARMED FORCES INC 220 36TH STREET UNIT 21 BROOKLYN, NY 11232	NONE	PC	PROVIDE EDUCATION, ENTERTAINMENT TO ALL ACTIVE DUTY AND VETERAN MEMBERS	1,000
THE VALENTINO ACHAK DENG FOUNDATION 849 VALENCIA STREET SAN FRANCISCO, CA 94110	NONE	PC	PROVIDING EDUCATION	1,000
NEW YORK COLLABORATES FOR AUTISM 3 EAST 54TH STREET 5TH FLOOR NEW YORK, NY 10022	NONE	PC	PROVIDES PROGRAMS TO IMPROVE THE LIVES OF PEOPLE LIVING WITH AUTISM SPECTRUM DISORDER	2,500
LELAND STANFORD JUNIOR UNIVERSITY 326 GALVES STREET STANFORD, CA 94305	NONE	PC	PROVIDE RESEARCH INTO IMPROVED TREATMENTS	10,000
JP HAITIAN RELIEF ORGANIZATION 6464 SUNSET BLVD SUITE 1170 HOLLYWOOD, CA 90028	NONE	PC	PROVIDES EDUCATION, MEDICAL AND PRIMARY CARE SERVICES, ENGINEERING AND CONSTRUCTION	7,500

Total . 3a

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Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
BABY2BABY 6435 WILSHIRE BLVD LOS ANGELES, CA 90048	NONE	PC	PROVIDES BASIC NECESSITIES FOR LOW INCOME CHILDREN AGES 0-12 YEARS	2,000
ALZHEIMER'S GREATER LOS ANGELES 4221 WILSHIRE BLVD STE 400 LOS ANGELES, CA 90010	NONE	PC	PROVIDING HEALTH CARE AND SUPPORT OF RESEARCH	1,000
THE WRITERS GUILD FOUNDATION 7000 WEST THIRD STREET LOS ANGELES, CA 90048	NONE	PC	PROVIDES EDUCATION	2,500
GIRLS EDUCATION MENTORING SERVICES 201 W 148TH STREET GROUND FLOOR NEW YORK, NY 10039	NONE	PC	PROVIDES SUPPORT SYSTEM TO SURVIVORS OF SEXUAL EXPLOITATION	10,000
PELOTONIA 15 351 W NATIONWIDE BLVD COLUMBUS, OH 43215	NONE	PC	CANCER RESEARCH	1,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
NEW VENTURE FUND 1201 CONNECTICUT AVE NW SUITE 300 WASHINGTON, DC 20036	NONE	PC	SUPPORTS INNOVATIVE AND EFFECTIVE PUBLIC INTEREST PROJECTS	5,000	
NOTHING BUT NETS 1750 PENNSYLVANIA AVE WASHINGTON, DC 20006	NONE	PC	RAISE AWARENESS AND FUNDING TO FIGHT MALARIA	2,500	
MIDNIGHT MISSION 601 S SAN PEDRO ST LOS ANGELES, CA 90014	NONE	PC	PROVIDES COUNSELING, EDUCATION,TRAINING, WORKFORCE DEVELOPMENT AND CARE SERVICES	3,308	
NATIONAL HEALTH CARE FOR THE HOMELE PO BOX 60427 NASHVILLE, TN 37206	NONE	PC	PROVIDES HEALTH CARE AND HOUSING, RESEARCHES CRITICAL ISSUES, PUBLISHES NEWLETTERS, ACTION ALERTS ETC	10,000	
THE CHARLOTTE AND GWENYTH GRAY FOUN	NONE	PF	PROVIDING RESEARCH AND FINANCIAL SUPPORT	10,000	

634,208

5757 WEST CENTURY BLVD SUITE 410

LOS ANGELES, CA 90045

Total . 3a

If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
any foundation manager or substantial contributor	recipient		
NONE	PF	PROVIDE INDEPENDENT GLOBAL NEWS PROGRAM	5,000
NONE	PF	PROVIDES CARE TO INDIVIDUALS WITH DISABILITIES	5,000
NONE	PF	PROVIDING EDUCATION AND SUPPORT TO ARTISTS	1,000
NONE	PF	PROVIDES CULTURAL EXCHANGE AND EDUCATION	300
NONE	PF	SUPPORTS EQUALI CIVIL RIGHTS	1,000
	show any relationship to any foundation manager or substantial contributor NONE NONE NONE NONE	show any relationship to any foundation manager or substantial contributor NONE PF NONE PF NONE PF NONE PF PF PF PF NONE PF	show any relationship to any foundation manager or substantial contributor NONE PF PROVIDE INDEPENDENT GLOBAL NEWS PROGRAM NONE PF PROVIDES CARE TO INDIVIDUALS WITH DISABILITIES NONE PF PROVIDING EDUCATION AND SUPPORT TO ARTISTS NONE PF PROVIDES CULTURAL EXCHANGE AND EDUCATION NONE PF SUPPORTS EQUALI CIVIL

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	33.10.22.03.1	
a Paid during the year				
LITTLEST TUMOR FUONDATION PO BOX 7051 APPELTON, WI 54912	NONE	PF	PROVIDES HEALTH CARE	10,000
COMMUNITY FOUNDATION OF GREATER FLI 500 SOUTH SAGINAW STREET 2000 FLINT, MI 48502	NONE	PF	ENGAGING PEOPLE IN PHILANTHROPY AND DEVELOPING THE COMMUNITY'S PERMANENT ENDOWMENT	10,000
EVERYTHOWN FOR GUN SAFETY PO BOX 3886 NEW YORK, NY 10017	NONE	PF	PROVIDES EDUCATION AND AWARENESS	85,000
GOOD FOUNDATION 306 W 37TH STREET 8TH FLOOR NEW YORK, NY 10016	NONE	PF	PROVIDES HELP TO LOW INCOME PARENTS	5,000
REAL GIRL FOUNDATION 2217 NORTH COMMONWEALTH AVE LOS ANGELES, CA 90027	NONE	PF	PROVIDES ESSENTIAL LIFE SKILLS TO GIRLS	5,000

Form 990PF Part XV Line 3 - Grant	ts and Contributions Paid	During the '	Year or Approved for Future	Payment
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
AUTISM SPEAKS 6330 S SAN VICENTE BLVD STE 401 LOS ANGELES, CA 90048	NONE	PF	PROVIDES RESEARCH	1,200
THE HEART FOUNDATION 31822 VILLAGE CENTER ROAD SUITE 208 WESTLAKE VILLAGE, CA 91361	NONE	PF	PROVIDES RESEARCH AND AWARENESS OF HEART DISEASES	5,000
AMERICAN RED CROSS PO BOX 37839 BOONE, IA 50037	NONE	PF	PROVIDES EMERGENCY ASSISTANCE, DISASTER RELIEF AND EDUCATION IN USA	10,000
THE LEARY FIREFIGHTERS FOUNDATION 594 BROADWAY STE 409 NEW YORK, NY 10012	NONE	PF	PROVIDES FUNDING AND RESOURCES TO FIRE DEPARTMENTS	5,000
THE MR HOLLAND'S OPUS FOUNDATION 4370 TUJUNGA AVE SUITE 330 STUDIO CITY, CA 91604	NONE	PF	PROVIDES MUSICAL INSTRUEMNTS TO SCHOOLS	37,500
Total				634,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ALZHEIMER'S ASSOCIATION NONE PF PROVIDES CARE, SUPPORT AND 15,000

SHERMAN OAKS, CA 91423			RESEARCH	
REPRESENTUS PO BOX 60008 FLORENCE, MA 01062	NONE	PF	ADVOCATES FOR STATE AND LOCAL LAWS	5,000
Total				634,208

3a

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491310004157
TY 2016 Other Expenses Sche	dule			_
Name:	THE APATOW-M	ANN FAMILY FOU	JNDATION INC	
EIN:	26-1102362			
Software ID:	16000303			
Software Version:	2016v3.0			
Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
License & Permits	75			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DLN	i: 93491310004157
TY 2016 Taxes Schedule				_
Name	THE APATOV	V-MANN FAMILY F	OUNDATION INC	
EIN	N: 26-1102362			
Software ID:	Software ID: 16000303			
Software Version	2016v3.0			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Calif Franchise Tax Board	10			

efile GRAPHIC print -	OO NOT PROCESS As Filed Data -			DLN: 93491310004157		
Schedule B (Form 990, 990-EZ,	Sched	ule of Contributors		OMB No 1545-0047		
or 990-PF) Department of the Treasury Internal Revenue Service	► Information about Schedule B (I	o Form 990, 990-EZ, or 990-PF Form 990, 990-EZ, or 990-PF) a <u>ww irs gov/form990</u>	ind its instructions is at	2016		
Name of the organizat THE APATOW-MANN FAM	ion ILY FOUNDATION INC		Employer	identification number		
			26-110236	52		
Organization type (ch	eck one)					
Filers of:	Section:					
Form 990 or 990-EZ						
	4947(a)(1) nonexempt cha	ritable trust not treated as a	private foundation			
	☐ 527 political organization					
Form 990-PF	501(c)(3) exempt private for	oundation				
	4947(a)(1) nonexempt cha	ritable trust treated as a priva	ate foundation			
	501(c)(3) taxable private fo	pundation				
	ation filing Form 990, 990-EZ, or 990- r property) from any one contributor C					
Special Rules						
under sections : received from a	tion described in section 501(c)(3) filin 509(a)(1) and 170(b)(1)(A)(vi), that che ny one contributor, during the year, tot ne 1h, or (ii) Form 990-EZ, line 1 Com	ecked Schedule A (Form 990 al contributions of the greate	or 990-EZ), Part II, line 1	3, 16a, or 16b, and that		
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III						
during the year, If this box is che purpose Do no	tion described in section 501(c)(7), (8) contributions exclusively for religious, ecked, enter here the total contributions complete any of the parts unless the lable, etc., contributions totaling \$5,000	charitable, etc., purposes, bis that were received during the General Rule applies to this	ut no such contributions to he year for an <i>exclusively</i> organization because it re	otaled more than \$1,000 religious, charitable, etc., eccived nonexclusively		
990-EZ, or 990-PF), bu	on that is not covered by the General F t it must answer "No" on Part IV, line 2 Form 990PF, Part I, line 2, to certify tha	2, of its Form 990, or check the	ne box on line H of its			
For Paperwork Reduction for Form 990, 990-EZ, or 9	Act Notice, see the Instructions 10-PF	Cat No 30613X	Schedule B (Form 9	90, 990-EZ, or 990-PF) (2016)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Name of organization Employer identification number THE APATOW-MANN FAMILY FOUNDATION INC 26-1102362 Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed (d) (a) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person Judd Apatow Leslie Mann **Payroll** 8383 Wilshire Blvd 400 \$ 590,089 Noncash Beverly Hills, CA90211 (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (c) (a) (b) (d) **Total contributions** Name, address, and ZIP + 4 No. Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (c) (d) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions)

Schedule B (Form 99	0, 990-EZ, or 990-PF) (2016)		Page 3
Name of organizatio	n AMILY FOUNDATION INC	Employer identification number	
	APPEN TONDATION INC	26-1102362	
Part II	Noncash Property		
(a) No.from Part I	(see instructions) Use duplicate copies of Part II if additional space is needed (b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
=			
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
=			
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		Schedule B (Form 9	990, 990-EZ, or 990-PF) (2016)

Schedule B (Form	990, 990-EZ, or 990-PF) (2016)		Page 4	
Name of organization THE APATOW-MANN FAMILY FOUNDATION INC			Employer identification number 26-1102362	
than \$1, organiz the year	000 for the year from any one contributor	r. Complete columns (a) thro of exclusively religious, chari ctions.) ▶ \$	d in section 501(c)(7), (8), or (10) that total more ugh (e) and the following line entry. For table, etc., contributions of \$1,000 or less for	
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, and	(e) Transfer of gift	t Relationship of transferor to transferee	
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
No.IIOIII Part I				
	(e) Transfer of gift Transferee's name, address, and ZIP 4 Relationship of transferor to transferee			
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee	
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	(e) Transfer of gift Transferee's name, address, and ZIP 4 Relationship of transferor to transferee		Relationship of transferor to transferee	
			Schedule B (Form 990, 990-EZ, or 990-PF) (2016)	