

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93491316006278

Form 990-PF

Department of the Treasury
Internal Revenue Service

Return of Private Foundation
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.

OMB No 1545-0052

2017

Open to Public Inspection

For calendar year 2017, or tax year beginning 01-01-2017, and ending 12-31-2017

Name of foundation
THE APATOW-MANN FAMILY FOUNDATION INC

A Employer identification number
26-1102362

Number and street (or P O box number if mail is not delivered to street address)
8383 WILSHIRE BLVD STE 400

Room/suite

B Telephone number (see instructions)
(310) 271-0300

City or town, state or province, country, and ZIP or foreign postal code
BEVERLY HILLS, CA 90211

C If exemption application is pending, check here

G Check all that apply

Initial return

Initial return of a former public charity

Final return

Amended return

Address change

Name change

D 1. Foreign organizations, check here
2 Foreign organizations meeting the 85% test, check here and attach computation

H Check type of organization

Section 501(c)(3) exempt private foundation

Section 4947(a)(1) nonexempt charitable trust

Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here

I Fair market value of all assets at end of year (from Part II, col (c), line 16)\$ 332,592

J Accounting method

Cash

Accrual

Other (specify)

(Part I, column (d) must be on cash basis)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

Part I

Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))

(a) Revenue and expenses per books

(b) Net investment income

(c) Adjusted net income

(d) Disbursements for charitable purposes (cash basis only)

Revenue

1 Contributions, gifts, grants, etc , received (attach schedule)

2 Check If the foundation is not required to attach Sch B

3 Interest on savings and temporary cash investments

4 Dividends and interest from securities

5a Gross rents

b Net rental income or (loss)

6a Net gain or (loss) from sale of assets not on line 10

b Gross sales price for all assets on line 6a

7 Capital gain net income (from Part IV, line 2)

8 Net short-term capital gain

9 Income modifications

10a Gross sales less returns and allowances

b Less Cost of goods sold

c Gross profit or (loss) (attach schedule)

11 Other income (attach schedule)

12 Total. Add lines 1 through 11

905,198

472

705,670

472

472

472

905,670

472

472

Operating and Administrative Expenses

13 Compensation of officers, directors, trustees, etc

14 Other employee salaries and wages

15 Pension plans, employee benefits

16a Legal fees (attach schedule)

b Accounting fees (attach schedule)

c Other professional fees (attach schedule)

17 Interest

18 Taxes (attach schedule) (see instructions)

19 Depreciation (attach schedule) and depletion

20 Occupancy

21 Travel, conferences, and meetings

22 Printing and publications

23 Other expenses (attach schedule)

24 Total operating and administrative expenses.
Add lines 13 through 23

25 Contributions, gifts, grants paid

26 Total expenses and disbursements. Add lines 24 and 25

10

150

160

606,500

606,660

27 Subtract line 26 from line 12

a Excess of revenue over expenses and disbursements

b Net investment income (if negative, enter -0-)

c Adjusted net income(if negative, enter -0-)

299,010

472

472

For Paperwork Reduction Act Notice, see instructions.

Cat No 11289X

Form 990-PF (2017)

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value			
Assets	1	Cash—non-interest-bearing	27,912	321,252	326,922		
	2	Savings and temporary cash investments		5,670	5,670		
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____					
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)					
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____					
	8	Inventories for sale or use					
	9	Prepaid expenses and deferred charges					
	10a	Investments—U S and state government obligations (attach schedule)					
	b	Investments—corporate stock (attach schedule)					
	c	Investments—corporate bonds (attach schedule)					
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
	12	Investments—mortgage loans					
	13	Investments—other (attach schedule)					
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
15	Other assets (describe ▶ _____)						
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	27,912	326,922	332,592			
Liabilities	17	Accounts payable and accrued expenses					
	18	Grants payable					
	19	Deferred revenue					
	20	Loans from officers, directors, trustees, and other disqualified persons					
	21	Mortgages and other notes payable (attach schedule)					
	22	Other liabilities (describe ▶ _____)					
	23	Total liabilities (add lines 17 through 22)		0			
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.						
	24	Unrestricted					
	25	Temporarily restricted					
	26	Permanently restricted					
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.						
	27	Capital stock, trust principal, or current funds	27,912	326,922			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund					
29	Retained earnings, accumulated income, endowment, or other funds						
30	Total net assets or fund balances (see instructions)	27,912	326,922				
31	Total liabilities and net assets/fund balances (see instructions) .	27,912	326,922				

Part III Analysis of Changes in Net Assets or Fund Balances			
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	27,912
2	Enter amount from Part I, line 27a	2	299,010
3	Other increases not included in line 2 (itemize) ▶ _____	3	
4	Add lines 1, 2, and 3	4	326,922
5	Decreases not included in line 2 (itemize) ▶ _____	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	326,922

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a 3900 Fascebook Inc	P	2017-12-20	2017-12-20
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 705,670		705,198	472
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			472
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	<div> <div>If gain, also enter in Part I, line 7</div> <div>If (loss), enter -0- in Part I, line 7</div> </div>	2	472
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		3	472

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☐ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016			
2015			
2014			
2013			
2012			

2 Total of line 1, column (d)	2	
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	
5 Multiply line 4 by line 3	5	
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	
7 Add lines 5 and 6	7	
8 Enter qualifying distributions from Part XII, line 4	8	

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	9
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	
3	Add lines 1 and 2.	3	9
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	9
6	Credits/Payments		
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	9
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	
11	Enter the amount of line 10 to be Credited to 2018 estimated tax ▶ Refunded ▶	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ _____ (2) On foundation managers ▶ \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	No
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	No
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ CA _____		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A	13	Yes	
14	The books are in care of The Management Group Telephone no (310) 271-0300			

Located at **8383 WILSHIRE BLVD STE 400 BEVERLY HILLS CA** ZIP+4 **90211**

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15			
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country ▶	16	Yes	No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> 1b			No
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017? <input type="checkbox"/> 1c			No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions) <input type="checkbox"/> 2b			No
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 3b			No
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a			No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017? 4b			No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?	<input type="checkbox"/>	5b	No
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <i>If "Yes" to 6b, file Form 8870</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6b	No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7b	No

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
JUDD APATOW 8383 WILSHIRE BLVD STE 400 BEVERLY HILLS, CA 90211	Pres & Director 2 00	0		
LESLIE MANN 8383 WILSHIRE BLVD STE 400 BEVERLY HILLS, CA 90211	Sec & Director 2 00	0		

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				

Total number of other employees paid over \$50,000. ▶**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services. ▶**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	

Total. Add lines 1 through 3. ▶

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	0
b	Average of monthly cash balances.	1b	58,438
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	58,438
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	58,438
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	877
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	57,561
6	Minimum investment return. Enter 5% of line 5.	6	2,878

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	2,878
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	9
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	9
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	2,869
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	2,869
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	2,869

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	606,500
b	Program-related investments—total from Part IX-B.	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	606,500
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	606,500

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				2,869
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2017				
a From 2012.	726,168			
b From 2013.	717,888			
c From 2014.	589,094			
d From 2015.	665,404			
e From 2016.	631,707			
f Total of lines 3a through e.	3,330,261			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ 606,500				
a Applied to 2016, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2017 distributable amount.				2,869
e Remaining amount distributed out of corpus	603,631			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,933,892			
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).				
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions).	726,168			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	3,207,724			
10 Analysis of line 9				
a Excess from 2013.	717,888			
b Excess from 2014.	589,094			
c Excess from 2015.	665,404			
d Excess from 2016.	631,707			
e Excess from 2017.	603,631			

Part XIV

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

Part XV

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

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

- a The name, address, and telephone number or email address of the person to whom applications should be addressed
- b The form in which applications should be submitted and information and materials they should include
- c Any submission deadlines
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	606,500
b <i>Approved for future payment</i>				
Total			3b	

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments. . . .					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities. . . .					
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory					472
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal Add columns (b), (d), and (e). .					472
13 Total. Add line 12, columns (b), (d), and (e).					472

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

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

		Yes	No
--	--	-----	----

--	--	--

1a(1)		No
1a(2)		No

--	--	--

1b(1)	No
--------------	-----------

1b(2)	No
--------------	-----------

1b(3)		No
--------------	--	-----------

1b(4)		No
--------------	--	-----------

1b(5)		No
--------------	--	-----------

1b(6)		No
--------------	--	-----------

1c		No
-----------	--	-----------

value
ue[illegible]

described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

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

**Sign
Here**

* * * * *


Title

(see instr)? ☒ Yes ☐ No


Form **990-PF** (2017)

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Care for the Homeless 30 EAST 33RD STREET New York, NY 10016	None	PC	PROVIDING HEALTHCARE,SHELTER AND HUMAN SERVICES	10,000
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	56,000
Total ▶ 3a				606,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
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
Cedars - Sinai Medical Center 8700 BEVERLY BLVD SUITE 2416 Los Angeles, CA 90048	None	PC	PROVIDING HEALTH SERVICES	10,000
Total ► 3a				606,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
A Place Called Home 2830 SOUTH CENTRAL AVENUE Los Angeles, CA 90011	None	PC	EDUCATIONAL SERVICES	10,000
Project ALS3960 BROADWAY SUITE 420 New York, NY 10032	None	PC	RESEARCH SERVICES	5,000
Save The Children 501 KINGS HIGHWAY EAST SUITE 400 FAIRFIELD, CT 06825	None	PC	PROVIDING EMERGENCY SERVICES	5,000
Total 				606,500
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST Jude Children's Research Hospita 501 ST JUDE PLACE MEMPHIS, TN 38105	None	PC	RESEARCH AND TREATMENT SERVICES	2,500
THE UCLA DEVELOPMENT SEMEL INSTITUT 10920 WILSHIRE BLVD STE 1400 LOS ANGELES, CA 90024	None	PC	EDUCATION SERVICES	10,000
US FUND FOR UNICEF125 MAIDEN LANE New York, NY 10038	None	PC	EMERGENCY RELIEF	10,000
Total ▶ 3a				606,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
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
VENICE FAMILY CLINIC604 ROSE AVE Venice, CA 90291	None	PC	PROVIDING HEALTH CARE	2,500
Total 				606,500
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LA LEADERSHIP ACADEMY 234 EAST AVENUE 33 Los Angeles, CA 90031	None	PC	EDUCATION SERVICES	2,500
FULFILLMENT FUND 6100 WILSHIRE BLVD SUITE 600 Los Angeles, CA 90048	None	PC	EDUCATION SERVICES	12,500
US VETS800 W 6TH STREET STE 1505 Los Angeles, CA 90017	None	PC	HOUSING SERVICES	5,000
Total ▶ 3a				606,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHILDREN'S DEFENSE FUND 25 E STREET NW WASHINGTON, DC 20001	None	PC	EDUCATION AND HEALTH SERVICES	2,500
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
Total ▶ 3a				606,500


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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
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	10,000
Total ▶ 3a				606,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
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
Total ▶ 3a				606,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
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
AMERICAN FILM INSTITUTE 2021 NORTH WESTERN AVENUE LOS ANGELES, CA 90027	None	PC	CULTURAL SERVICES	2,500
Total ▶ 3a				606,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
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
Total ▶ 3a				606,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
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
Total ► 3a				606,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
OCEANA 1350 CONNECTICUT AVE NW 5TH FLOOR WASHINGTON, DC 20036	NONE	PC	PROVIDING SERVICES TO PROTECT HABITATS	5,000
CROSSROADS SCHOOL 1714 21ST STREET SANTA MONICA, CA 90404	NONE	PC	PROVIDING EDUCATION SERVICES	25,000
PEOPLE FOR THE AMERICAN WAY FOUNDAT 1101 15T STREET NW SUITE 600 WASHINGTON, DC 20005	NONE	PC	EDUCATION SERVICES	10,000
Total 				606,500
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
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 DOORSPO BOX 46115 LOS ANGELES, CA 90046	NONE	PC	REHABILITATION SERVICES	1,000
Total ▶ 3a				606,500


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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
C5 LOS ANGELES 3100 NORTH BROADWAY LOS ANGELES, CA 90031	NONE	PC	EDUCATION SERVICES	2,500
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
Total ► 3a				606,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WORLDWIDE ORPHANS FOUNDATION 136 MADISON AVE 17TH FL NEW YORK, NY 10016	NONE	PC	CHILDCARE SERVICES	5,000
KCRW FOUNDATION1900 PICO BLVD SANTA MONICA, CA 90405	NONE	PC	CULTURAL SERVICES	2,000
CARE484 ELLIS STREET NE ATLANTA, GA 30303	NONE	PC	PROVIDING EMERGENCY RELIEF	2,500
Total ▶ 3a				606,500


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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LEUKEMIA-LYMPHOMA SOCIETY 6033 W CENTURY BLVD 300 LOS ANGELES, CA 90045	NONE	PC	MEDICAL SERVICES	2,500
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
Total 3a				606,500


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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
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 1900 AVENUE OF THE STARS SUITE 140 LOS ANGELES, CA 90067	NONE	PC	ENVIRONMENTAL	5,000
Total ► 3a				606,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNITED IN HARMONYPO BOX 34456 LOS ANGELES, CA 90034	NONE	PC	PROVIDING EDUCATION	1,000
CHRYSLIS1853 LINCOLN BLVD SANTA MONICA, CA 90404	NONE	PC	PROVIDING ASSISTANCE TO INDIVIDUALS 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
Total ▶ 3a				606,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
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
IRAQ AFGHANISTAN VETERANS OF AMERIC 292 MADISON AVE 10TH FLOOR NEW YORK, NY 10017	NONE	PC	PROVIDING HEALTH CARE AND EDUCATIONAL BENEFITS	2,500
Total 				606,500
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
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
Total ► 3a				606,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
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
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
Total 				606,500
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
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	2,500
Total 				606,500
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BABY2BABY6435 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	1,500
THE WRITERS GUILD FOUNDATION 7000 WEST THIRD STREET LOS ANGELES, CA 90048	NONE	PC	PROVIDES EDUCATION	2,500
Total ▶ 3a				606,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GIRLS EDUCATION MENTORING SERVICES 201 W 148TH STREET GROUND FLOOR NEW YORK, NY 10039	NONE	PC	PROVIDES SUPPORT SYSTEM TO SURVIVORS OF SEXUAL EXPLOITATION	5,000
PELOTONIA 15 351 W NATIONWIDE BLVD COLUMBUS, OH 43215	NONE	PC	CANCER RESEARCH	1,000
NOTHING BUT NETS 1750 PENNSYLVANIA AVE WASHINGTON, DC 20006	NONE	PC	RAISE AWARENESS AND FUNDING TO FIGHT MALARIA	2,500
Total ► 3a				606,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
MIDNIGHT MISSION 601 S SAN PEDRO ST LOS ANGELES, CA 90014	NONE	PC	PROVIDES COUNSELING, EDUCATION, TRAINING, WORKFORCE DEVELOPMENT AND CARE SERVICES	1,000
NATIONAL HEALTH CARE FOR THE HOMELE PO BOX 60427 NASHVILLE, TN 37206	NONE	PC	PROVIDES HEALTH CARE AND HOUSING, RESEARCHES CRITICAL ISSUES, PUBLISHES NEWLETTERS, ACTION ALERTS ETC	10,000
THE CHARLOTTE AND GWENYTH GRAY FOUN 5757 WEST CENTURY BLVD SUITE 410 LOS ANGELES, CA 90045	NONE	PF	PROVIDING RESEARCH AND FINANCIAL SUPPORT	5,000
Total ▶ 3a				606,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
DEMOCRACY NOW 207 WEST 25TH STREET 11TH FLOOR NEW YORK, NY 10001	NONE	PF	PROVIDE INDEPENDENT GLOBAL NEWS PROGRAM	5,000
BRONX DOCUMENTARY CENTER 614 COURTLANDT AVE BRONX, NY 10451	NONE	PF	PROVIDES CULTURAL EXCHANGE AND EDUCATION	500
LITTLEST TUMOR FUONDATION PO BOX 7051 APPELTON, WI 54912	NONE	PF	PROVIDES HEALTH CARE	10,000
Total ▶ 3a				606,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
EVERYTHOWN FOR GUN SAFETY PO BOX 4184 NEW YORK, NY 10163	NONE	PF	PROVIDES EDUCATION AND AWARENESS	10,000
AUTISM SPEAKS 6330 S SAN VICENTE BLVD STE 401 LOS ANGELES, CA 90048	NONE	PF	PROVIDES RESEARCH	5,000
THE HEART FOUNDATION 31822 VILLAGE CENTER ROAD SUITE 208 WESTLAKE VILLAGE, CA 91361	NONE	PF	PROVIDES RESEARCH AND AWARENESS OF HEART DISEASES	2,500
Total ► 3a				606,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AMERICAN RED CROSS 431 18TH STREET NW WASHINGTON, DC 20006	NONE	PF	PROVIDES EMERGENCY ASSISTANCE, DISASTER RELIEF AND EDUCATION IN USA	5,000
THE LEARY FIREFIGHTERS FOUNDATION 594 BROADWAY STE 409 NEW YORK, NY 10012	NONE	PF	PROVIDES FUNDING AND RESOURCES TO FIRE DEPARTMENTS	5,000
CAIR FOUNDATION 453 NEW JERSEY AVE SE WASHINGTON, DC 20003	NONE	PF	PROVIDES EDUCATION AND AWARENESS	1,000
Total ▶ 3a				606,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
RUTH ELLIS CENTER77 VICTOR ST HIGHLAND PARK, MI 48203	NONE	PF	TO PROVIDE MEALS AND MENTAL HEALTH SERVICES TO HOMELESS AND AT RISK YOUTH	5,000
CITY YEAR LA 606 S OLIVE ST 2ND FLOOR LOS ANGELES, CA 90014	NONE	PF	TO PROVIDE EDUCATIONAL SERVICES TO YOUTH	10,000
MEMORIAL SLOAN KETTERING CANCER CEN 1275 YORK AVENUE NY, NY 10065	NONE	PF	CANCER RESEARCH	5,000
Total ► 3a				606,500


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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
SHAKING WITH LAUGHTER 2683 WEST ST JAMES PARKWAY CLEVELAND HTS, OH 44106	NONE	PF	PARKINSON'S RESEARCH	2,500
NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON, IL 60208	NONE	PF	TO PROVIDE EDUCATIONAL OPPORTUNITIES	10,000
THE BOSTON FOUNDATION 75 ARLINGTON ST BOSTON, MA 02116	NONE	PF	PROVIDE SUPPORT FOR GREATER BOSTON AFTER SCHOOL ARTS FUND	10,000
Total ▶ 3a				606,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AMERICAN INDIAN COLLEGE FUND 8333 GREENWOOD BLVD DENVER, CO 80221	NONE	PF	HELP AMERICAN INDIANS OBTAIN A COLLEGE DEGREE	500
ANTI-DEFAMATION LEAGUE 10495 SANTA MONICA BLVD LOS ANGELES, CA 90025	NONE	PF	RESPONDING AGAINST ANTI-SEMITIC ACTIVITIS	10,000
MICHAEL J FOX FOUNDATION PO BOX 4777 GRAND CENTRAL STATION NEW YORK, NY 10163	NONE	PF	PARKINSONS RESEARCH	5,000
Total ▶ 3a				606,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE BARACK OBAMA FOUNDATION 5235 HARPER CT SUITE 1140 CHICAGO, IL 60615	NONE	PF	EMPOWER COMMUNITIES	10,000
HUMAN RIGHTS WATCH 11500 W OLYMPIC BLVD 549 LOS ANGELES, CA 90064	NONE	PF	SUPPORT HUMAN RIGHTS AROUND THE WORLD	5,000
NATIONAL COMPASSION FUND 2000 M ST NW SUITE 480 WASHINGTON, DC 20036	NONE	PF	PROVIDE ASSISTANCE TO VICTIMS OF CRIME	10,000
Total ▶ 3a				606,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
VITAL VOICES GLOBAL PARTNERSHIP 1625 MASSACHUSETTS AVE NW 300 WASHINGTON, DC 20036	NONE	PF	PROVIDE MENTORSHIP TO WOMEN LEADERS	10,000
SAG-AFTRA FOUNDATION 5757 WILSHIRE BLVD PH 1 LOS ANGELES, CA 90036	NONE	PF	ASSISTANCE AND EDUCATIONAL PROGRAMING FOR PROFESSIONALS AT SAG-AFTRA	5,000
ALZHEIMERS ASSOCIATION 225 N MICHIGAN AVE FL 17 CHICAGO, IL 60601	NONE	PF	PROVIDE SUPPORT, CARE AND RESEARCH FOR ALZHEIMER'S PATIENTS	10,000
Total ▶ 3a				606,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
REPRESENT USPO BOX 60008 FLORENCE, MA 01062	NONE	PF	ENABLING PROFESSIONALS TO PASS ANTI-CORRUPTION ACTS AND RESOLUTIONS	5,000
DIRECT RELEIF27 S LA PATERA LANE SANTA BARBARA, CA 93117	NONE	PF	TO PROVIDE SUPPORT TO SOUTHERN CA WILDFIRE VICTIMS	4,500
WORLDWIDE ORPHANS FOUNDATION 515 VALLEY ST STE 200 MAPLEWOOD, NJ 07040	NONE	PF	TRANSFORM LIVES OF CHILDREN AND COMMUNITIES IN NEED	2,500
Total ▶ 3a				606,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
MAASAI WILDERNESS CONSERVATION FUND PO BOX 1413 SANTA BARBARA, CA 93102		PF	TO PROTECT ECOSYSTEMS AND BIODIVERSITY OF EAST AFRICA	1,000
Total 				606,500
3a				

TY 2017 Other Expenses Schedule**Name:** THE APATOW-MANN FAMILY FOUNDATION INC**EIN:** 26-1102362**Software ID:** 17005038**Software Version:** 2017v2.2**Other Expenses Schedule**

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

TY 2017 Taxes Schedule**Name:** THE APATOW-MANN FAMILY FOUNDATION INC**EIN:** 26-1102362**Software ID:** 17005038**Software Version:** 2017v2.2

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

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990	OMB No 1545-0047 2017
	Name of the organization THE APATOW-MANN FAMILY FOUNDATION INC	Employer identification number 26-1102362

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization THE APATOW-MANN FAMILY FOUNDATION INC	Employer identification number 26-1102362
--	---

Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Judd Apatow Leslie Mann 8383 Wilshire Blvd 400 Beverly Hills, CA90211	\$ 905,198	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>

Employer identification number

26-1102362

Part II

[illegible]

Name of organization THE APATOW-MANN FAMILY FOUNDATION INC	Employer identification number 26-1102362
--	---

Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____ Use duplicate copies of Part III if additional space is needed
-----------------	--

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