

For calendar year 2017, or tax year beginning 07-01-2017, and ending 06-30-2018

|                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                   |                                                                                                                           |                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Name of foundation<br>HOLLYWOOD FOREIGN PRESS ASSOCIATION<br>CHARITABLE TRUST                                                                                                                                                                                                                         |                                                                                                                                                                                                   | A Employer identification number<br>95-3735188                                                                            |                                                                                         |
| Number and street (or P O box number if mail is not delivered to street address)<br>646 NORTH ROBERTSON BLVD                                                                                                                                                                                          |                                                                                                                                                                                                   | Room/suite                                                                                                                |                                                                                         |
| City or town, state or province, country, and ZIP or foreign postal code<br>WEST HOLLYWOOD, CA 90069                                                                                                                                                                                                  |                                                                                                                                                                                                   | B Telephone number (see instructions)<br>(310) 657-1731                                                                   |                                                                                         |
| G Check all that apply<br><div><input type="checkbox"/> Initial return<input type="checkbox"/> Initial return of a former public charity<input type="checkbox"/> Final return<input type="checkbox"/> Amended return<input type="checkbox"/> Address change<input type="checkbox"/> Name change</div> |                                                                                                                                                                                                   | D 1. Foreign organizations, check here<br>2 Foreign organizations meeting the 85% test, check here and attach computation |                                                                                         |
| H Check type of organization<br><input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> 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)▶\$ 25,620                                                                                                                                                                                                           | J Accounting method<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____<br>(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)                                    | 1,930,000                          |                           |                         |                                                             |
|                                                                                                                                                                     | 2 Check <input type="checkbox"/> If the foundation is <b>not</b> 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) . . . . .                                          |                                    | 0                         |                         |                                                             |
|                                                                                                                                                                     | 8 Net short-term capital gain . . . . .                                                             |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 9 Income modifications . . . . .                                                                    |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 10a Gross sales less returns and allowances _____                                                   |                                    |                           |                         |                                                             |
| Operating and Administrative Expenses                                                                                                                               | b Less Cost of goods sold . . . . .                                                                 |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | c Gross profit or (loss) (attach schedule) . . . . .                                                |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 11 Other income (attach schedule) . . . . .                                                         |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 12 Total. Add lines 1 through 11 . . . . .                                                          | 1,930,000                          | 0                         |                         |                                                             |
|                                                                                                                                                                     | 13 Compensation of officers, directors, trustees, etc                                               | 0                                  | 0                         |                         | 0                                                           |
|                                                                                                                                                                     | 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) . . . . .                                                       | 195                                | 0                         |                         | 0                                                           |
|                                                                                                                                                                     | 24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .                   | 195                                | 0                         |                         | 0                                                           |
|                                                                                                                                                                     | 25 Contributions, gifts, grants paid . . . . .                                                      | 1,909,150                          |                           |                         | 1,909,150                                                   |
|                                                                                                                                                                     | 26 Total expenses and disbursements. Add lines 24 and 25                                            | 1,909,345                          | 0                         |                         | 1,909,150                                                   |
|                                                                                                                                                                     | 27 Subtract line 26 from line 12                                                                    |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | a Excess of revenue over expenses and disbursements                                                 | 20,655                             |                           |                         |                                                             |
|                                                                                                                                                                     | b Net investment income (if negative, enter -0-)                                                    |                                    | 0                         |                         |                                                             |
|                                                                                                                                                                     | c Adjusted net income(if negative, enter -0-)                                                       |                                    |                           |                         |                                                             |

**Part II Balance Sheets** Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)

|        |                                                                                                                                            | Beginning of year | End of year    |                       |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------|-----------------------|
|        |                                                                                                                                            | (a) Book Value    | (b) Book Value | (c) Fair Market Value |
| Assets | <b>1</b> Cash—non-interest-bearing . . . . .                                                                                               | 4,965             | 25,620         | 25,620                |
|        | <b>2</b> Savings and temporary cash investments . . . . .                                                                                  |                   |                |                       |
|        | <b>3</b> Accounts receivable ▶ _____<br>Less allowance for doubtful accounts ▶ _____                                                       |                   |                |                       |
|        | <b>4</b> Pledges receivable ▶ _____<br>Less allowance for doubtful accounts ▶ _____                                                        |                   |                |                       |
|        | <b>5</b> Grants receivable . . . . .                                                                                                       |                   |                |                       |
|        | <b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . . |                   |                |                       |
|        | <b>7</b> Other notes and loans receivable (attach schedule) ▶ _____<br>Less allowance for doubtful accounts ▶ _____                        |                   |                |                       |
|        | <b>8</b> Inventories for sale or use . . . . .                                                                                             |                   |                |                       |
|        | <b>9</b> Prepaid expenses and deferred charges . . . . .                                                                                   |                   |                |                       |
|        | <b>10a</b> Investments—U S and state government obligations (attach schedule)                                                              |                   |                |                       |
|        | <b>b</b> Investments—corporate stock (attach schedule) . . . . .                                                                           |                   |                |                       |
|        | <b>c</b> Investments—corporate bonds (attach schedule) . . . . .                                                                           |                   |                |                       |
|        | <b>11</b> Investments—land, buildings, and equipment basis ▶ _____<br>Less accumulated depreciation (attach schedule) ▶ _____              |                   |                |                       |
|        | <b>12</b> Investments—mortgage loans . . . . .                                                                                             |                   |                |                       |
|        | <b>13</b> Investments—other (attach schedule) . . . . .                                                                                    |                   |                |                       |
|        | <b>14</b> Land, buildings, and equipment basis ▶ _____<br>Less accumulated depreciation (attach schedule) ▶ _____                          |                   |                |                       |
|        | <b>15</b> Other assets (describe ▶ _____)                                                                                                  |                   |                |                       |
|        | <b>16</b> Total assets (to be completed by filer)                                                                                          |                   |                |                       |

**Part IV Capital Gains and Losses for Tax on Investment Income**

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

  

| (e)<br>Gross sales price | (f)<br>Depreciation allowed<br>(or allowable) | (g)<br>Cost or other basis<br>plus expense of sale | (h)<br>Gain or (loss)<br>(e) plus (f) minus (g) |
|--------------------------|-----------------------------------------------|----------------------------------------------------|-------------------------------------------------|
| <b>a</b>                 |                                               |                                                    |                                                 |
| <b>b</b>                 |                                               |                                                    |                                                 |
| <b>c</b>                 |                                               |                                                    |                                                 |
| <b>d</b>                 |                                               |                                                    |                                                 |
| <b>e</b>                 |                                               |                                                    |                                                 |

  

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

  

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

**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)<br>Base period years Calendar<br>year (or tax year beginning in)                                                                                                                   | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col (b) divided by col (c)) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------|-----------------------------------------------------------|
| 2016                                                                                                                                                                                   | 1,937,681                                | 30,310                                       | 63 928769                                                 |
| 2015                                                                                                                                                                                   | 1,891,622                                | 57,114                                       | 33 120111                                                 |
| 2014                                                                                                                                                                                   | 1,790,650                                | 66,557                                       | 26 904007                                                 |
| 2013                                                                                                                                                                                   | 1,566,150                                | 21,873                                       | 71 601975                                                 |
| 2012                                                                                                                                                                                   | 1,258,000                                | 12,932                                       | 97 278070                                                 |
| <b>2</b> Total of line 1, column (d)                                                                                                                                                   |                                          |                                              | <b>2</b> 292 832932                                       |
| <b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the<br>number of years the foundation has been in existence if less than 5 years |                                          |                                              | <b>3</b> 58 566586                                        |
| <b>4</b> Enter the net value of noncharitable-use assets for 2017 from Part X, line 5                                                                                                  |                                          |                                              | <b>4</b> 29,808                                           |
| <b>5</b> Multiply line 4 by line 3                                                                                                                                                     |                                          |                                              | <b>5</b> 1,745,753                                        |
| <b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)                                                                                                                    |                                          |                                              | <b>6</b> 0                                                |
| <b>7</b> Add lines 5 and 6                                                                                                                                                             |                                          |                                              | <b>7</b> 1,745,753                                        |
| <b>8</b> Enter qualifying distributions from Part XII, line 4                                                                                                                          |                                          |                                              | <b>8</b> 1,909,150                                        |

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 ☐ and enter "N/A" on line 1

Date of ruling or determination letter: \_\_\_\_\_ (attach copy of letter if necessary—see instructions)

**Part VII-A Statements Regarding Activities** (continued)

|           |                                                                                                                                                                                          |           |            |           |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>11</b> | 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). | <b>11</b> |            | <b>No</b> |
| <b>12</b> | 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) | <b>12</b> |            | <b>No</b> |
| <b>13</b> | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?<br>Website address <b>N/A</b>                                        | <b>13</b> | <b>Yes</b> |           |
| <b>14</b> | The books are in care of <b>HOLLYWOOD FOREIGN PRESS ASSOCIATION</b> Telephone no <b>(310) 657-1731</b>                                                                                   |           |            |           |

Located at **646 N ROBERTSON BLVD WEST HOLLYWOOD CA**ZIP+4 **90069**

|           |                                                                                                                                                                                                                                                                                                                                                                                          |           |            |           |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>15</b> | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>15</b>                                                                                                                                      |           |            |           |
| <b>16</b> | 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?<br>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 <b>▶</b> | <b>16</b> | <b>Yes</b> | <b>No</b> |

**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.**

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |            |           |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------|-----------|
| <b>1a</b> | During the year did the foundation (either directly or indirectly)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>Yes</b> | <b>No</b> |
| (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? ( <b>Exception.</b> 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>b</b>  | If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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"/> <b>1b</b>                                                                                                                                                                                                                                                                                                                |  |            |           |
| <b>c</b>  | 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"/> <b>1c</b>                                                                                                                                                                                                                                                                                                                                                    |  |            | <b>No</b> |
| <b>2</b>  | 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))                                                                                                                                                                                                                                                                                                                                                                                                 |  |            |           |
| <b>a</b>  | 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<br>If "Yes," list the years <b>▶ 20____, 20____, 20____, 20____</b>                                                                                                                                                                                                                                                                                     |  |            |           |
| <b>b</b>  | Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/> <b>2b</b>                                                                                                                                                                                                                      |  |            |           |
| <b>c</b>  | If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here <b>▶ 20____, 20____, 20____, 20____</b>                                                                                                                                                                                                                                                                                                                                                                                                                |  |            |           |
| <b>3a</b> | 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>b</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 <b>3b</b> |  |            |           |
| <b>4a</b> | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? <b>4a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |            | <b>No</b> |
| <b>b</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? <b>4b</b>                                                                                                                                                                                                                                                                                                                                   |  |            | <b>No</b> |

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

|           |                                                                                                                                                                                                                                |                                                                     |           |  |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------|--|
| <b>5a</b> | During the year did the foundation pay or incur any amount to                                                                                                                                                                  |                                                                     |           |  |
|           | <b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?                                                                                                                               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |  |
|           | <b>(2)</b> 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 |           |  |
|           | <b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes?                                                                                                                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |  |
|           | <b>(4)</b> 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 |           |  |
|           | <b>(5)</b> 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>b</b>  | If any answer is "Yes" to 5a(1)–(5), did <b>any</b> 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)? | <b>5b</b>                                                           |           |  |
|           | Organizations relying on a current notice regarding disaster assistance check here.                                                         |                                                                     |           |  |
| <b>c</b>  | 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 type="checkbox"/> No            |           |  |
| <b>6a</b> | Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                |                                                                     |           |  |
|           | <b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                            | <b>6b</b>                                                           | <b>No</b> |  |
|           | <i>If "Yes" to 6b, file Form 8870</i>                                                                                                                                                                                          |                                                                     |           |  |
| <b>7a</b> | At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?                                                                                                                           |                                                                     |           |  |
|           | <b>b</b> If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?                                                                                                               | <b>7b</b>                                                           |           |  |

**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 |
|---------------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| See Additional Data Table |                                                           |                                           |                                                                       |                                       |
|                           |                                                           |                                           |                                                                       |                                       |
|                           |                                                           |                                           |                                                                       |                                       |
|                           |                                                           |                                           |                                                                       |                                       |
|                           |                                                           |                                           |                                                                       |                                       |
|                           |                                                           |                                           |                                                                       |                                       |
|                           |                                                           |                                           |                                                                       |                                       |

**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. . . . . **0****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. . . . . **0****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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>1</b>                                                                                                                                                                                                                                               |          |
|                                                                                                                                                                                                                                                        |          |
|                                                                                                                                                                                                                                                        |          |
| <b>2</b>                                                                                                                                                                                                                                               |          |
|                                                                                                                                                                                                                                                        |          |
|                                                                                                                                                                                                                                                        |          |
| <b>3</b>                                                                                                                                                                                                                                               |          |
|                                                                                                                                                                                                                                                        |          |
|                                                                                                                                                                                                                                                        |          |
| <b>4</b>                                                                                                                                                                                                                                               |          |
|                                                                                                                                                                                                                                                        |          |
|                                                                                                                                                                                                                                                        |          |

**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 |
|------------------------------------------------------------------------------------------------------------------|--------|
| <b>1</b>                                                                                                         |        |
|                                                                                                                  |        |
|                                                                                                                  |        |
| <b>2</b>                                                                                                         |        |
|                                                                                                                  |        |
|                                                                                                                  |        |
| All other program-related investments. See instructions.                                                         |        |
| <b>3</b>                                                                                                         |        |
|                                                                                                                  |        |
|                                                                                                                  |        |

**Total.** Add lines 1 through 3. . . . . **0**

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

|          |                                                                                                              |           |        |
|----------|--------------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>1</b> | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes   |           |        |
| <b>a</b> | Average monthly fair market value of securities.                                                             | <b>1a</b> | 0      |
| <b>b</b> | Average of monthly cash balances.                                                                            | <b>1b</b> | 30,262 |
| <b>c</b> | Fair market value of all other assets (see instructions).                                                    | <b>1c</b> | 0      |
| <b>d</b> | <b>Total</b> (add lines 1a, b, and c).                                                                       | <b>1d</b> | 30,262 |
| <b>e</b> | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).   | <b>1e</b> | 0      |
| <b>2</b> | Acquisition indebtedness applicable to line 1 assets.                                                        | <b>2</b>  | 0      |
| <b>3</b> | Subtract line 2 from line 1d.                                                                                | <b>3</b>  | 30,262 |
| <b>4</b> | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).   | <b>4</b>  | 454    |
| <b>5</b> | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4. | <b>5</b>  | 29,808 |
| <b>6</b> | <b>Minimum investment return.</b> Enter 5% of line 5.                                                        | <b>6</b>  | 1,490  |

**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.)

|           |                                                                                                            |           |       |
|-----------|------------------------------------------------------------------------------------------------------------|-----------|-------|
| <b>1</b>  | Minimum investment return from Part X, line 6.                                                             | <b>1</b>  | 1,490 |
| <b>2a</b> | Tax on investment income for 2017 from Part VI, line 5.                                                    | <b>2a</b> |       |
| <b>b</b>  | Income tax for 2017 (This does not include the tax from Part VI).                                          | <b>2b</b> |       |
| <b>c</b>  | Add lines 2a and 2b.                                                                                       | <b>2c</b> | 0     |
| <b>3</b>  | Distributable amount before adjustments. Subtract line 2c from line 1.                                     | <b>3</b>  | 1,490 |
| <b>4</b>  | Recoveries of amounts treated as qualifying distributions.                                                 | <b>4</b>  | 0     |
| <b>5</b>  | Add lines 3 and 4.                                                                                         | <b>5</b>  | 1,490 |
| <b>6</b>  | Deduction from distributable amount (see instructions).                                                    | <b>6</b>  | 0     |
| <b>7</b>  | <b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. | <b>7</b>  | 1,490 |

**Part XII Qualifying Distributions** (see instructions)

|          |                                                                                                                                                       |           |           |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b> | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes                                                             |           |           |
| <b>a</b> | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.                                                                          | <b>1a</b> | 1,909,150 |
| <b>b</b> | Program-related investments—total from Part IX-B.                                                                                                     | <b>1b</b> | 0         |
| <b>2</b> | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.                                            | <b>2</b>  |           |
| <b>3</b> | Amounts set aside for specific charitable projects that satisfy the                                                                                   |           |           |
| <b>a</b> | Suitability test (prior IRS approval required).                                                                                                       | <b>3a</b> |           |
| <b>b</b> | Cash distribution test (attach the required schedule).                                                                                                | <b>3b</b> |           |
| <b>4</b> | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.                                    | <b>4</b>  | 1,909,150 |
| <b>5</b> | 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). | <b>5</b>  | 0         |
| <b>6</b> | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.                                                                                | <b>6</b>  | 1,909,150 |

**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)<br>Corpus | (b)<br>Years prior to 2016 | (c)<br>2016 | (d)<br>2017 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| <b>1</b> Distributable amount for 2017 from Part XI, line 7                                                                                                                                |               |                            |             | 1,490       |
| <b>2</b> Undistributed income, if any, as of the end of 2017                                                                                                                               |               |                            |             |             |
| <b>a</b> Enter amount for 2016 only. . . . .                                                                                                                                               |               |                            | 0           |             |
| <b>b</b> Total for prior years 20____, 20____, 20____                                                                                                                                      |               | 0                          |             |             |
| <b>3</b> Excess distributions carryover, if any, to 2017                                                                                                                                   |               |                            |             |             |
| <b>a</b> From 2012. . . . .                                                                                                                                                                | 1,257,353     |                            |             |             |
| <b>b</b> From 2013. . . . .                                                                                                                                                                | 1,565,056     |                            |             |             |
| <b>c</b> From 2014. . . . .                                                                                                                                                                | 1,787,322     |                            |             |             |
| <b>d</b> From 2015. . . . .                                                                                                                                                                | 1,888,766     |                            |             |             |
| <b>e</b> From 2016. . . . .                                                                                                                                                                | 1,936,165     |                            |             |             |
| <b>f</b> <b>Total</b> of lines 3a through e. . . . .                                                                                                                                       | 8,434,662     |                            |             |             |
| <b>4</b> Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ 1,909,150                                                                                                            |               |                            |             |             |
| <b>a</b> Applied to 2016, but not more than line 2a                                                                                                                                        |               |                            | 0           |             |
| <b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .                                                                                      |               | 0                          |             |             |
| <b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .                                                                                              | 0             |                            |             |             |
| <b>d</b> Applied to 2017 distributable amount. . . . .                                                                                                                                     |               |                            |             | 1,490       |
| <b>e</b> Remaining amount distributed out of corpus                                                                                                                                        | 1,907,660     |                            |             |             |
| <b>5</b> Excess distributions carryover applied to 2017<br>(If an amount appears in column (d), the same amount must be shown in column (a) )                                              | 0             |                            |             | 0           |
| <b>6</b> <b>Enter the net total of each column as indicated below:</b>                                                                                                                     |               |                            |             |             |
| <b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5                                                                                                                                   | 10,342,322    |                            |             |             |
| <b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .                                                                                                         |               | 0                          |             |             |
| <b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . |               | 0                          |             |             |
| <b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .                                                                                                           |               | 0                          |             |             |
| <b>e</b> Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .                                                                             |               |                            | 0           |             |
| <b>f</b> Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018 . . . . .                                                               |               |                            |             | 0           |
| <b>7</b> 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). . . . .       | 0             |                            |             |             |
| <b>8</b> Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions). . . . .                                                                              | 1,257,353     |                            |             |             |
| <b>9</b> <b>Excess distributions carryover to 2018.</b><br>Subtract lines 7 and 8 from line 6a . . . . .                                                                                   | 9,084,969     |                            |             |             |
| <b>10</b> Analysis of line 9                                                                                                                                                               |               |                            |             |             |
| <b>a</b> Excess from 2013. . . . .                                                                                                                                                         | 1,565,056     |                            |             |             |
| <b>b</b> Excess from 2014. . . . .                                                                                                                                                         | 1,787,322     |                            |             |             |
| <b>c</b> Excess from 2015. . . . .                                                                                                                                                         | 1,888,766     |                            |             |             |
| <b>d</b> Excess from 2016. . . . .                                                                                                                                                         | 1,936,165     |                            |             |             |
| <b>e</b> Excess from 2017. . . . .                                                                                                                                                         | 1,907,660     |                            |             |             |

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

|                                                                                                                                                                                                  |          |               |          |          |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------|----------|----------|-----------|
| <b>1a</b> If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. . . . . |          |               |          |          |           |
| <b>b</b> Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)        |          |               |          |          |           |
| <b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .                                                    | Tax year | Prior 3 years |          |          | (e) Total |
|                                                                                                                                                                                                  | (a) 2017 | (b) 2016      | (c) 2015 | (d) 2014 |           |
| <b>b</b> 85% of line 2a . . . . .                                                                                                                                                                |          |               |          |          |           |
| <b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .                                                                                                           |          |               |          |          |           |
| <b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .                                                                                         |          |               |          |          |           |
| <b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .                                                                 |          |               |          |          |           |
| <b>3</b> Complete 3a, b, or c for the alternative test relied upon                                                                                                                               |          |               |          |          |           |
| <b>a</b> "Assets" alternative test—enter                                                                                                                                                         |          |               |          |          |           |
| (1) Value of all assets . . . . .                                                                                                                                                                |          |               |          |          |           |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .                                                                                                                          |          |               |          |          |           |
| <b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .                                                              |          |               |          |          |           |
| <b>c</b> "Support" alternative test—enter                                                                                                                                                        |          |               |          |          |           |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .                                      |          |               |          |          |           |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .                                                                            |          |               |          |          |           |
| (3) Largest amount of support from an exempt organization . . . . .                                                                                                                              |          |               |          |          |           |
| (4) Gross investment income . . . . .                                                                                                                                                            |          |               |          |          |           |

**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.)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>1 Information Regarding Foundation Managers:</b>                                                                                                                                                                                                                                                                                                                                                                            |  |
| <b>a</b> List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )                                                                                                                                                                           |  |
| <b>b</b> List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest                                                                                                                                                                                           |  |
| <b>2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:</b>                                                                                                                                                                                                                                                                                                                                   |  |
| Check here <input type="checkbox"/> 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.                                                                                              |  |
| <b>a</b> The name, address, and telephone number or e-mail address of the person to whom applications should be addressed<br>HFPA ATTN GRANTS CONSULTANT<br>PO BOX 753 149 SOUTH BARRINGTON<br>AVENUE<br>LOS ANGELES, CA 900493310<br>(310) 657-1731<br>GRANTS@HFPA.ORG                                                                                                                                                        |  |
| <b>b</b> The form in which applications should be submitted and information and materials they should include<br>WRITTEN APPLICATIONS AVAILABLE AT WWW HFPA.ORG/GRANT-APPLICATIONS                                                                                                                                                                                                                                             |  |
| <b>c</b> Any submission deadlines<br>MARCH 30                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <b>d</b> Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors<br>MUST BE A UNITED STATES 501(C)(3) CHARITABLE ORGANIZATION WITH 509(A)(1) OR 509(A)(2) STATUS, FURTHER, MUST BE CHARITABLE, LITERARY, SCIENTIFIC, OR EDUCATIONAL ORGANIZATION, CONNECTED WITH THE MOTION PICTURE, TELEVISION OR DRAMATIC, MUSICAL OR COMEDY THEATER INDUSTRIES |  |

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

| Recipient                                                         | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount    |
|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|-----------|
| Name and address (home or business)                               |                                                                                                                    |                                      |                                     |           |
| <b>a</b> <i>Paid during the year</i><br>See Additional Data Table |                                                                                                                    |                                      |                                     |           |
| <b>Total</b> . . . . .                                            |                                                                                                                    |                                      | <b>3a</b>                           | 1,909,150 |
| <b>b</b> <i>Approved for future payment</i>                       |                                                                                                                    |                                      |                                     |           |
| <b>Total</b> . . . . .                                            |                                                                                                                    |                                      | <b>3b</b>                           | 0         |

## Enter gross amounts unless otherwise indicated

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

[illegible]

**Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

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

| (a) Line No | (b) Amount involved | (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions, and sharing arrangements |
|-------------|---------------------|-----------------------------------------------|----------------------------------------------------------------------|
|             |                     |                                               |                                                                      |
|             |                     |                                               |                                                                      |
|             |                     |                                               |                                                                      |
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|             |                     |                                               |                                                                      |
|             |                     |                                               |                                                                      |

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

**b** If "Yes," complete the following schedule

| (a) Name of organization            | (b) Type of organization | (c) Description of relationship |
|-------------------------------------|--------------------------|---------------------------------|
| HOLLYWOOD FOREIGN PRESS ASSOCIATION | 501(C)(6)                | COMMON DIRECTORS                |
|                                     |                          |                                 |
|                                     |                          |                                 |
|                                     |                          |                                 |

|                  |                                                                                                                                                                                                                                                                                                                        |            |       |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------|
| <b>Sign Here</b> | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. |            |       |
|                  | *****                                                                                                                                                                                                                                                                                                                  | 2019-02-11 | ***** |
|                  | Signature of officer or trustee                                                                                                                                                                                                                                                                                        | Date       | Title |

|                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| May the IRS discuss this return with the preparer shown below<br>(see instr.)? <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                          |                                           |                      |            |                                                 |                                |
|--------------------------------------------------------------------------|-------------------------------------------|----------------------|------------|-------------------------------------------------|--------------------------------|
| <b>Paid Preparer Use Only</b>                                            | Print/Type preparer's name                | Preparer's Signature | Date       | Check if self-employed <input type="checkbox"/> | PTIN                           |
|                                                                          | ALEX HERSHTIK CPA                         |                      | 2019-02-11 |                                                 | P00899644                      |
|                                                                          | Firm's name <b>►</b> HERSHTIK & DAMDA LLP |                      |            |                                                 | Firm's EIN <b>►</b> 82-2548181 |
| Firm's address <b>►</b> 16055 VENTURA BLVD SUITE 407<br>ENCINO, CA 91436 |                                           |                      |            |                                                 | Phone no. (818) 986-7572       |

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

| (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 |
|------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| THEO KINGMA                                          | TRUSTEE<br>4 00                                           | 0                                         | 0                                                                     | 0                                     |
| 646 NORTH ROBERTSON BLVD<br>WEST HOLLYWOOD, CA 90069 |                                                           |                                           |                                                                       |                                       |
| AIDA TAKLA-O'REILLY                                  | TRUSTEE<br>4 00                                           | 0                                         | 0                                                                     | 0                                     |
| 646 NORTH ROBERTSON BLVD<br>WEST HOLLYWOOD, CA 90069 |                                                           |                                           |                                                                       |                                       |
| PHILIP BERK                                          | TRUSTEE<br>4 00                                           | 0                                         | 0                                                                     | 0                                     |
| 646 NORTH ROBERTSON BLVD<br>WEST HOLLYWOOD, CA 90069 |                                                           |                                           |                                                                       |                                       |
| LORENZO SORIA                                        | TRUSTEE<br>4 00                                           | 0                                         | 0                                                                     | 0                                     |
| 646 NORTH ROBERTSON BLVD<br>WEST HOLLYWOOD, CA 90069 |                                                           |                                           |                                                                       |                                       |
| MEHER TATNA                                          | TRUSTEE<br>4 00                                           | 0                                         | 0                                                                     | 0                                     |
| 646 NORTH ROBERTSON BLVD<br>WEST HOLLYWOOD, CA 90069 |                                                           |                                           |                                                                       |                                       |
| SERGE RAKHLIN                                        | TRUSTEE<br>4 00                                           | 0                                         | 0                                                                     | 0                                     |
| 646 NORTH ROBERTSON BLVD<br>WEST HOLLYWOOD, CA 90069 |                                                           |                                           |                                                                       |                                       |
| JORGE CAMARA                                         | TRUSTEE<br>4 00                                           | 0                                         | 0                                                                     | 0                                     |
| 646 NORTH ROBERTSON BLVD<br>WEST HOLLYWOOD, CA 90069 |                                                           |                                           |                                                                       |                                       |
| JANET R NEPALES                                      | TRUSTEE<br>4 00                                           | 0                                         | 0                                                                     | 0                                     |
| 646 NORTH ROBERTSON BLVD<br>WEST HOLLYWOOD, CA 90069 |                                                           |                                           |                                                                       |                                       |
| ALI SAR                                              | TRUSTEE<br>4 00                                           | 0                                         | 0                                                                     | 0                                     |
| 646 NORTH ROBERTSON BLVD<br>WEST HOLLYWOOD, CA 90069 |                                                           |                                           |                                                                       |                                       |
| ANKE HOFMANN                                         | TRUSTEE<br>4 00                                           | 0                                         | 0                                                                     | 0                                     |
| 646 NORTH ROBERTSON BLVD<br>WEST HOLLYWOOD, CA 90069 |                                                           |                                           |                                                                       |                                       |
| HELEN HOEHNE                                         | TRUSTEE<br>4 00                                           | 0                                         | 0                                                                     | 0                                     |
| 646 NORTH ROBERTSON BLVD<br>WEST HOLLYWOOD, CA 90069 |                                                           |                                           |                                                                       |                                       |
| LUCA CELADA                                          | TRUSTEE<br>4 00                                           | 0                                         | 0                                                                     | 0                                     |
| 646 NORTH ROBERTSON BLVD<br>WEST HOLLYWOOD, CA 90069 |                                                           |                                           |                                                                       |                                       |
| YORAM KAHANA                                         | TRUSTEE<br>4 00                                           | 0                                         | 0                                                                     | 0                                     |
| 646 NORTH ROBERTSON BLVD<br>WEST HOLLYWOOD, CA 90069 |                                                           |                                           |                                                                       |                                       |
| RUBEN NEPALES                                        | TRUSTEE<br>4 00                                           | 0                                         | 0                                                                     | 0                                     |
| 646 NORTH ROBERTSON BLVD<br>WEST HOLLYWOOD, CA 90069 |                                                           |                                           |                                                                       |                                       |
| SAM ASI                                              | TRUSTEE<br>4 00                                           | 0                                         | 0                                                                     | 0                                     |
| 646 NORTH ROBERTSON BLVD<br>WEST HOLLYWOOD, CA 90069 |                                                           |                                           |                                                                       |                                       |

**Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**

| (a) Name and address                                                                  | Title, and average hours per week<br>(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 |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| VERA ANDERSON<br><br>646 NORTH ROBERTSON BLVD<br>WEST HOLLYWOOD, CA 90069             | TRUSTEE<br>4 00                                              | 0                                         | 0                                                                     | 0                                     |
| MARIO AMAYA<br><br>646 NORTH ROBERTSON BLVD<br>WEST HOLLYWOOD, CA 90069               |                                                              |                                           |                                                                       |                                       |
| KIRPI UIMONEN BALLESTEROS<br><br>646 NORTH ROBERTSON BLVD<br>WEST HOLLYWOOD, CA 90069 | TRUSTEE<br>4 00                                              | 0                                         | 0                                                                     | 0                                     |
|                                                                                       |                                                              |                                           |                                                                       |                                       |

| 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)                                                                      |                                                                                                           |                                |                                                           |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                           |           |
| AMERICAN FILM INSTITUTE INC<br>2021 N WESTERN AVE<br>LOS ANGELES, CA 90027                               | NONE                                                                                                      | PC                             | HFPA SCHOLARSHIP/FELLOWSHIPS ENDOWMENTS                   | 20,000    |
| AMERICAN FILM INSTITUTE INC<br>2021 N WESTERN AVE<br>LOS ANGELES, CA 90027                               | NONE                                                                                                      | PC                             | SUPPORT FOR WOMEN'S FILMMAKER PROGRAM                     | 40,000    |
| AMERICAN FRIENDS OF TIFF<br>THE BOW TIE BLDG 4TH FLOOR 1530 BROADWAY<br>NEW YORK, NY 10036               | NONE                                                                                                      | PC                             | YEAR 3 OF 3 YEAR FILM RESTORATION, EDUCATION & SCREENINGS | 15,000    |
| <b>Total . . . . .</b> ►<br><b>3a</b>                                                                    |                                                                                                           |                                |                                                           | 1,909,150 |

| 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)                                                                        |                                                                                                           |                                |                                          |           |
| <b>a</b> <i>Paid during the year</i>                                                                       |                                                                                                           |                                |                                          |           |
| ARTS HIGH FOUNDATION<br>1149 SOUTH HILL STREET H-100<br>LOS ANGELES, CA 90015                              | NONE                                                                                                      | PC                             | SCREENWRITING CLASSES & EQUIPMENT REPAIR | 25,000    |
| CAL STATE FULLERTON PHILANTHROPIC FOUNDATION<br>2600 NUTWOOD AVE SUITE 850<br>FULLERTON, CA 92831          | NONE                                                                                                      | PC                             | CAPSTONE FILM PROJECT                    | 60,000    |
| CAL STATE FULLERTON PHILANTHROPIC FOUNDATION<br>2600 NUTWOOD AVE SUITE 850<br>FULLERTON, CA 92831          | NONE                                                                                                      | PC                             | HFPA SCHOLARSHIP/FELLOWSHIPS ENDOWMENTS  | 5,000     |
| <b>Total . . . . .</b>  |                                                                                                           |                                |                                          | 1,909,150 |
| <b>3a</b>                                                                                                  |                                                                                                           |                                |                                          |           |

| 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)                                                                      |                                                                                                           |                                |                                               |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                               |           |
| CALIFORNIA INSTITUTE OF THE ARTS<br>24700 MCBEAN PARKWAY<br>VALENCIA, CA 91355                           | NONE                                                                                                      | PC                             | FELLOWSHIPS                                   | 60,000    |
| CALIFORNIA INSTITUTE OF THE ARTS<br>24700 MCBEAN PARKWAY<br>VALENCIA, CA 91355                           | NONE                                                                                                      | PC                             | HFPA<br>SCHOLARSHIP/FELLOWSHIPS<br>ENDOWMENTS | 12,500    |
| CALIFORNIA STATE UNIVERSITY -<br>NORTHRIDGE FOUNDATION<br>18111 NORDHOFF STREET<br>NORTHRIDGE, CA 91330  | NONE                                                                                                      | PC                             | FELLOWSHIPS                                   | 60,000    |
| <b>Total . . . . .</b> ►<br><b>3a</b>                                                                    |                                                                                                           |                                |                                               | 1,909,150 |

| 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)                                                                            |                                                                                                           |                                |                                         |           |
| <b>a</b> <i>Paid during the year</i>                                                                           |                                                                                                           |                                |                                         |           |
| CALIFORNIA STATE UNIVERSITY - NORTHRIDGE FOUNDATION<br>18111 NORDHOFF STREET<br>NORTHRIDGE, CA 91330           | NONE                                                                                                      | PC                             | HFPA SCHOLARSHIP/FELLOWSHIPS ENDOWMENTS | 5,000     |
| CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION<br>1250 BELLFLOWER BLVD<br>LONG BEACH, CA 908402004 | NONE                                                                                                      | PC                             | FILM PRODUCTION COSTS FOR STUDENT FILMS | 60,000    |
| CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION<br>1250 BELLFLOWER BLVD<br>LONG BEACH, CA 908402004 | NONE                                                                                                      | PC                             | HFPA SCHOLARSHIP/FELLOWSHIPS ENDOWMENTS | 5,000     |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                          |                                                                                                           |                                |                                         | 1,909,150 |

| 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)                                                                           |                                                                                                           |                                |                                         |           |
| <b>a</b> <i>Paid during the year</i>                                                                          |                                                                                                           |                                |                                         |           |
| CALIFORNIA STATE UNIVERSITY LOS ANGELES FOUNDATION<br>5151 STATE UNIVERSITY DR<br>LOS ANGELES, CA 90032       | NONE                                                                                                      | PC                             | HFPA SCHOLARSHIP/FELLOWSHIP ENDOWMENTS  | 60,000    |
| CALIFORNIA STATE UNIVERSITY LOS ANGELES FOUNDATION<br>5151 STATE UNIVERSITY DR<br>LOS ANGELES, CA 90032       | NONE                                                                                                      | PC                             | HFPA SCHOLARSHIP /FELLOWSHIP ENDOWMENTS | 2,650     |
| COALITION OF ASIAN PACIFICS IN ENTERTAINMENT FOUNDATION INC<br>10600 W PICO BLVD 202<br>LOS ANGELES, CA 90064 | NONE                                                                                                      | PC                             | SCREEN WRITING FELLOWSHIP PROGRAM       | 15,000    |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                         |                                                                                                           |                                |                                         | 1,909,150 |

| 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)                                                                      |                                                                                                           |                                |                                         |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                         |           |
| COLUMBIA UNIVERSITY SCHOOL OF THE ARTS<br>2960 BROADWAY 305 DODGE HALL MC 1803<br>NEW YORK, NY 10027     | NONE                                                                                                      | PC                             | FELLOWSHIPS                             | 60,000    |
| COLUMBIA UNIVERSITY SCHOOL OF THE ARTS<br>2960 BROADWAY 305 DODGE HALL MC 1803<br>NEW YORK, NY 10027     | NONE                                                                                                      | PC                             | HFPA SCHOLARSHIP/FELLOWSHIPS ENDOWMENTS | 20,000    |
| DIZZY FEET FOUNDATION<br>6300 WILSHIRE BLVD 860<br>LOS ANGELES, CA 90048                                 | NONE                                                                                                      | PC                             | DONATION                                | 5,000     |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                         | 1,909,150 |

| 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)                                                                      |                                                                                                           |                                |                                                 |           |
| <b>a</b> Paid during the year                                                                            |                                                                                                           |                                |                                                 |           |
| ECHO PARK FILM CENTER<br>1200 N ALVARADO ST<br>LOS ANGELES, CA 900263127                                 | NONE                                                                                                      | PC                             | ONE-TIME EQUIPMENT REQUEST                      | 10,000    |
| ENSEMBLE STUDIO THEATRE<br>137 N LARCHMONT BLVD 134<br>LOS ANGELES, CA 90004                             | NONE                                                                                                      | PC                             | GENERAL SUPPORT FOR NEW PLAY DEVELOPMENT        | 15,000    |
| EXCEPTIONAL MINDS<br>13400 RIVERSIDE DR 211<br>SHERMAN OAKS, CA 91423                                    | NONE                                                                                                      | PC                             | SUPPORT FOR CONSTRUCTION OF PROFESSIONAL STUDIO | 25,000    |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                                 | 1,909,150 |

| 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)                                                                      |                                                                                                           |                                |                                      |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                      |           |
| FILM FOUNDATION INC<br>7920 SUNSET BLVD 6TH FLOOR<br>LOS ANGELES, CA 90046                               | NONE                                                                                                      | PC                             | FILM RESTORATION                     | 350,000   |
| FILM INDEPENDENT INC<br>9911 W PICO BLVD 11TH FLOOR<br>LOS ANGELES, CA 90035                             | NONE                                                                                                      | PC                             | GENERAL SUPPORT/PROJECT INVOLVE      | 60,000    |
| FILM NOIR FOUNDATION<br>1411 PARU STREET<br>ALAMEDA, CA 94501                                            | NONE                                                                                                      | PC                             | PRESERVATION OF LA BESTIA DEBE MORIR | 25,000    |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                      | 1,909,150 |

| 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)                                                                      |                                                                                                           |                                |                                         |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                         |           |
| GHETTO FILM SCHOOL<br>79 ALEXANDER AVE 41-A<br>THE BRONX, NY 10454                                       | NONE                                                                                                      | PC                             | GENERAL SUPPORT FOR FELLOWS PROGRAM     | 30,000    |
| GINGOLD THEATRICAL GROUP<br>520 8TH AVE 304<br>NEW YORK, NY 10018                                        | NONE                                                                                                      | PC                             | GENERAL SUPPORT FOR SHAW PRODUCTIONS    | 10,000    |
| GLOBAL GIRL MEDIA4203 JACKSON AVE<br>CULVER CITY, CA 902323235                                           | NONE                                                                                                      | PC                             | MEDIA TRAINING FOR LA HIGH SCHOOL GIRLS | 10,000    |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                         | 1,909,150 |

| 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)                                                                      |                                                                                                           |                                |                                                |           |
| <b>a</b> Paid during the year                                                                            |                                                                                                           |                                |                                                |           |
| INDEPENDENT FILMMAKER PROJECT<br>30 JOHN STREET<br>BROOKLYN, NY 11201                                    | NONE                                                                                                      | PC                             | GENERAL SUPPORT FOR INDEPENDENT FILMMAKER LABS | 20,000    |
| INNER-CITY ARTS620 KOHLER ST<br>LOS ANGELES, CA 90021                                                    | NONE                                                                                                      | PC                             | GENERAL SUPPORT                                | 30,000    |
| INNER-CITY FILMMAKERS<br>3000 WEST OLYMPIC BLVD<br>SANTA MONICA, CA 90404                                | NONE                                                                                                      | PC                             | GENERAL SUPPORT FOR JOB PLACEMENT PROGRAM      | 30,000    |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                                | 1,909,150 |

| 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)                                                                      |                                                                                                           |                                |                                                    |           |
| <b>a</b> Paid during the year                                                                            |                                                                                                           |                                |                                                    |           |
| INTERNATIONAL DOCUMENTARY ASSOCIATION<br>3470 WILSHIRE BLVD 980<br>LOS ANGELES, CA 90010                 | NONE                                                                                                      | PC                             | GENERAL SUPPORT FOR "CONVERSATION" PROGRAM         | 10,000    |
| KIDS IN THE SPOTLIGHT INC<br>145 S GLENOAKS BLVD STE 124<br>BURBANK, CA 915021315                        | NONE                                                                                                      | PC                             | FILMMAKING AND MENTORING FOR YOUTH IN FOSTER HOMES | 10,000    |
| LOLLIPOP THEATRE NETWORK<br>10351 SANTA MONICA BLVD 200<br>LOS ANGELES, CA 90025                         | NONE                                                                                                      | PC                             | SCREENINGS FOR CHILDREN IN SOCIAL HOSPITALS        | 20,000    |
| <b>Total . . . . .</b> ►<br><b>3a</b>                                                                    |                                                                                                           |                                |                                                    | 1,909,150 |

| 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)                                                                      |                                                                                                           |                                |                                               |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                               |           |
| LOS ANGELES CITY COLLEGE<br>855 NORTH VERMONT AVE<br>LOS ANGELES, CA 90029                               | NONE                                                                                                      | PC                             | FELLOWSHIPS                                   | 25,000    |
| LOS ANGELES CITY COLLEGE<br>855 NORTH VERMONT AVE<br>LOS ANGELES, CA 90029                               | NONE                                                                                                      | PC                             | HFPA<br>SCHOLARSHIP/FELLOWSHIPS<br>ENDOWMENTS | 4,000     |
| LOS ANGELES UNIFIED SCHOOL<br>DISTRICT<br>822 WEST 32ND STR<br>LOS ANGELES, CA 90007                     | NONE                                                                                                      | PC                             | COMPUTER EQUIPMENT FOR<br>MAGNET SCHOOL       | 25,000    |
| <b>Total . . . . .</b> ►<br><b>3a</b>                                                                    |                                                                                                           |                                |                                               | 1,909,150 |

| 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)                                                                      |                                                                                                           |                                |                                                         |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                         |           |
| LOYOLA MARYMOUNT UNIVERSITY<br>1 LMU DRIVE SUITE 2800<br>LOS ANGELES, CA 90045                           | NONE                                                                                                      | PC                             | HFPA<br>SCHOLARSHIP/FELLOWSHIPS<br>ENDOWMENTS           | 20,000    |
| MOTION PICTURE & TELEVISION FUND<br>23388 MULHOLLAND DR 220<br>WOODLAND HILLS, CA 91364                  | NONE                                                                                                      | PC                             | PRODUCTION OF MEDIA<br>CONTENT BY INDUSTRY<br>RETIREEES | 10,000    |
| MOTION PICTURE & TELEVISION FUND<br>23388 MULHOLLAND DR 220<br>WOODLAND HILLS, CA 91364                  | NONE                                                                                                      | PC                             | IN HONOR OF CHRIS NOLAN AND<br>EMMA THOMAS              | 5,000     |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                                         | 1,909,150 |

| 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)                                                                      |                                                                                                           |                                |                                                    |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                    |           |
| MT SAN ANTONIO COLLEGE FOUNDATION<br>1100 N GRAND AVENUE<br>WALNUT, CA 91789                             | NONE                                                                                                      | PC                             | FELLOWSHIPS                                        | 10,000    |
| MT SAN ANTONIO COLLEGE FOUNDATION<br>1100 N GRAND AVENUE<br>WALNUT, CA 91789                             | NONE                                                                                                      | PC                             | HFPA SCHOLARSHIP/FELLOWSHIP ENDOWMENTS             | 5,000     |
| NEW FILMMAKERS LOS ANGELES<br>1438 N GOWER STREET<br>LOS ANGELES, CA 90028                               | NONE                                                                                                      | PC                             | EXPANSION OF LA SCREENING SERIES AND VIDEO PROJECT | 10,000    |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                                    | 1,909,150 |

| 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)                                                                      |                                                                                                           |                                |                                                    |           |
| <b>a</b> Paid during the year                                                                            |                                                                                                           |                                |                                                    |           |
| NEW YORK UNIVERSITY<br>721 BROADWAY 12TH FL<br>NEW YORK, NY 10003                                        | NONE                                                                                                      | PC                             | FELLOWSHIPS & INTERNSHIPS                          | 50,000    |
| NEW YORK UNIVERSITY<br>721 BROADWAY 12TH FL<br>NEW YORK, NY 10003                                        | NONE                                                                                                      | PC                             | HFPA<br>SCHOLARSHIP/FELLOWSHIP<br>ENDOWMENTS       | 20,000    |
| OUTFEST3470 WILSHIRE BL 1022<br>LOS ANGELES, CA 90010                                                    | NONE                                                                                                      | PC                             | GENERAL SUPPORT FOR<br>EXPANSION OF LEGACY PROJECT | 35,000    |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                                    | 1,909,150 |



| 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)                                                                      |                                                                                                           |                                |                                                |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                |           |
| STREET LIGHTS PRODUCTION ASSISTANT PROGRAM INC<br>662 N VAN NEES AVE RM 105<br>HOLLYWOOD, CA 90004       | NONE                                                                                                      | PC                             | GENERAL SUPPORT FOR CAREER ADVANCEMENT PROGRAM | 15,000    |
| SUNDANCE INSTITUTE<br>5900 WILSHIRE BLVD 800<br>BEVERLY HILLS, CA 90036                                  | NONE                                                                                                      | PC                             | GENERAL SUPPORT FOR FEATURE FILM LABS          | 125,000   |
| THE MUSIC CENTER<br>135 N GRAND AVENUE<br>LOS ANGELES, CA 90012                                          | NONE                                                                                                      | PC                             | TMC ACTING PROGRAM FOR GIFTED HIGH SCHOOLERS   | 5,000     |
| <b>Total . . . . .</b> ►<br><b>3a</b>                                                                    |                                                                                                           |                                |                                                | 1,909,150 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                 |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                 |           |
| a Paid during the year                                                                                   |                                                                                                           |                                |                                                 |           |
| THE PABLOVE FOUNDATION INC<br>6607 WEST SUNSET BLVD<br>LOS ANGELES, CA 90028                             | NONE                                                                                                      | PC                             | SUPPORT FOR PHOTO PROJECT FOR YOUTH WITH CANCER | 20,000    |
| THE UNIVERSITY OF GUADALAJARA FOUNDATION<br>PO BOX 4578<br>DOWNEY, CA 90241                              | NONE                                                                                                      | PC                             | GENERAL SUPPORT                                 | 5,000     |
| UCLA SCHOOL OF THEATER FILM AND TV<br>PO BOX 951622<br>LOS ANGELES, CA 90095                             | NONE                                                                                                      | PC                             | DIRECTING AND ACTING FELLOWSHIPS, FILM FESTIVAL | 125,000   |
| Total . . . . . ▶<br>3a                                                                                  |                                                                                                           |                                |                                                 | 1,909,150 |

| 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)                                                                      |                                                                                                           |                                |                                         |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                         |           |
| UCLA SCHOOL OF THEATER FILM AND TV<br>PO BOX 951622<br>LOS ANGELES, CA 90095                             | NONE                                                                                                      | PC                             | HFPA SCHOLARSHIP/FELLOWSHIP ENDOWMENTS  | 20,000    |
| UNIVERSITY OF NORTH CAROLINA<br>1533 S MAIN STREET<br>WINSTONSALEM, NC 27127                             | NONE                                                                                                      | PC                             | HFPA SCHOLARSHIP/FELLOWSHIPS ENDOWMENTS | 5,000     |
| USC SCHOOL OF CINEMA - TELEVISION<br>900 WEST 34TH ST 457<br>LOS ANGELES, CA 900892211                   | NONE                                                                                                      | PC                             | HFPA SCHOLARSHIP/FELLOWSHIP ENDOWMENTS  | 20,000    |
| <b>Total . . . . .</b> ►<br><b>3a</b>                                                                    |                                                                                                           |                                |                                         | 1,909,150 |

| 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)                                                                      |                                                                                                           |                                |                                           |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                           |           |
| USC SHOAH FOUNDATION<br>444 S FLOWER STREET 4100<br>LOS ANGELES, CA 90071                                | NONE                                                                                                      | PC                             | IN HONOR OF STEVEN SPIELBERG              | 5,000     |
| VETERANS IN FILM AND TV<br>1237 SOUTH CRESCENT HEIGHTS<br>LOS ANGELES, CA 90035                          | NONE                                                                                                      | PC                             | EDUCATIONAL PROGRAMS FOR VETERANS         | 10,000    |
| WOMEN MAKE MOVIES<br>115 W 29TH STREET 1200<br>NEW YORK, NY 10091                                        | NONE                                                                                                      | PC                             | SUPPORT FOR WOMEN PRODUCERS AND DIRECTORS | 10,000    |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                           | 1,909,150 |

| 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)                                                                      |                                                                                                           |                                |                                                             |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                             |           |
| YOUNG MUSICIANS FOUNDATION<br>244 S SAN PEDRO STR 5 FLOOR 506<br>LOS ANGELES, CA 90012                   | NONE                                                                                                      | PC                             | GENERAL SUPPORT FOR YOUTH ORCHESTRA                         | 10,000    |
| YOUNG STORYTELLERS FOUNDATION<br>923 E 3RD STR 307<br>LOS ANGELES, CA 90013                              | NONE                                                                                                      | PC                             | STORYTELLING, WRITING & PLAY PRODUCTION FOR INNER-CITY KIDS | 10,000    |
| ZIMMER CHILDREN'S MUSEUM<br>6505 WILSHIRE BLVD 100<br>LOS ANGELES, CA 90048                              | NONE                                                                                                      | PC                             | LAUSD CHILDREN'S PROGRAM                                    | 10,000    |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                                             | 1,909,150 |

**TY 2017 Other Expenses Schedule**

**Name:** HOLLYWOOD FOREIGN PRESS ASSOCIATION  
CHARITABLE TRUST

**EIN:** 95-3735188

**Other Expenses Schedule**

| Description                | Revenue and<br>Expenses per<br>Books | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |
|----------------------------|--------------------------------------|--------------------------|------------------------|---------------------------------------------|
| LICENSES, FEES AND PERMITS | 195                                  | 0                        |                        | 0                                           |

**TY 2017 Other Liabilities Schedule**

**Name:** HOLLYWOOD FOREIGN PRESS ASSOCIATION  
CHARITABLE TRUST

**EIN:** 95-3735188

| Description    | Beginning of Year<br>- Book Value | End of Year -<br>Book Value |
|----------------|-----------------------------------|-----------------------------|
| ADVANCES: HFPA | 100                               | 100                         |