Form 990-PF

Department of the Treasury

Internal Revenue Service

DLN: 93491316015829

2018

OMB No 1545-0052

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

▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

or	caler	ndar year 2018, or tax year	beginning 01-01-20)18 , a	nd er	nding 12-31-	2018	
		indation V ROVEN FAMILY FOUNDATION				A Employer ıd	entification numbe	r
CI	IAINEES	VICOVENTAPIET TOUNDATION				80-0519859		
		I street (or P O box number if mail is no	ot delivered to street address)	Room/suite		B Telephone nu	mber (see instruction	ns)
C	/O L LI	5323 SPRING VALLEY NO 300				(469) 687-2600)	
		, state or province, country, and ZIP or	foreign postal code	<u> </u>		· · ·	application is pendin	g check here
DAL	_AS, TX	75254				C II exemption	аррисаціон із ренціп	b [
G C	neck al	l that apply Initial return	Initial return of a	former public charity		D 1. Foreign or	ganızatıons, check he	ere 🕨
		Final return	Amended return				ganizations meeting k here and attach coi	
		Address chang	ge 🔲 Name change			·		· _
1 CI	neck ty	pe of organization 🗹 Section 5	01(c)(3) exempt private				undation status was t n 507(b)(1)(A), chec	
<u></u>	Section	1 4947(a)(1) nonexempt charitable		e private foundation				
		ret value of all assets at end rom Part II, col (c),		✓ Cash ☐ Accru	ıal		ation is in a 60-mont <mark>i</mark> n 507(b)(1)(B), chec	
		►\$ <u>295,014</u>	Other (specify) (Part I, column (d) must	he on each hasis		ander seens	507(5)(1)(5)) 666	
			(rare 1, column (a) mase	Te on cash basis)				Г
Pa	rt I	Analysis of Revenue and I of amounts in columns (b), (c), and (c)	•	(a) Revenue and	(b)	Net investment	(c) Adjusted net	(d) Disbursements for charitable
		equal the amounts in column (a) (see		expenses per books	` '	ıncome	income	purposes (cash basıs only)
	1	Contributions, gifts, grants, etc ,	received (attach					(cash basis only)
	_	schedule)	· · · · · · · · · · · · · · · · · · ·	400,000				
	2	Check ▶ ☐ If the foundation is n	ot required to attach					
	3	Sch B	· · · · · · · · · · · · · · · · · · ·					
	4	Dividends and interest from secui	•					
	5a	Gross rents						
	Ь	Net rental income or (loss)						
<u>e</u>	6a	Net gain or (loss) from sale of ass	sets not on line 10					
e K	ь	Gross sales price for all assets on						
Revenue	7	Capital gain net income (from Par				0		
4	8	Net short-term capital gain						
	9	Income modifications						
	10a	Gross sales less returns and allow	vances					
	ь	Less Cost of goods sold						
	c	Gross profit or (loss) (attach sche	edule)					
	11	Other income (attach schedule)						
	12	Total. Add lines 1 through 11		400,000		0	0	
	13	Compensation of officers, director	rs, trustees, etc	C		0	0	ı
	14	Other employee salaries and wag	es					
es	15	Pension plans, employee benefits						
ens	16a	Legal fees (attach schedule)		2,772		0	0	2,77.
Expenses	ь	Accounting fees (attach schedule))	7,400		0	0	7,40
e L	С	Other professional fees (attach so	chedule)					
}	17	Interest						
<u> </u>	18	Taxes (attach schedule) (see inst	ructions)	9 60		0	0	6
and Administrative	19	Depreciation (attach schedule) ar	nd depletion					
Ē	20	Occupancy						
פֿ	21	Travel, conferences, and meeting						
	22	Printing and publications						
Operating	23	Other expenses (attach schedule)		265		0	0	26
arat S	24	Total operating and administra				_	_	
<u>ಹ</u>		Add lines 13 through 23		10,497	-	0	0	10,49
_	25	Contributions, gifts, grants paid		224,800	<u>'</u>			224,80
	26	Total expenses and disbursem	nents. Add lines 24 and	235,297	,	Λ	0	235,29
	27	Subtract line 26 from line 12		233,297				255,29
	a	Excess of revenue over expen	ses and					
	.	disbursements	ativo optor 0)	164,703	1			
	b	Net investment income (if negative Adjusted net income (if negative net income)	•			0		
	C	Adjusted net income (il negative	inchusations		<u> </u>	N. 44300	0	000 PE (2212

	_		
		Less allowance for doubtful accounts ▶	
	4	Pledges receivable ▶	
		Less allowance for doubtful accounts ▶	
	5	Grants receivable	
	6	Receivables due from officers, directors, trustees, and other	
		disqualified persons (attach schedule) (see instructions)	
	7	Other notes and loans receivable (attach schedule)	
		Less allowance for doubtful accounts ▶	
S	8	Inventories for sale or use	
sets	9	Prepaid expenses and deferred charges	
As	10a	Investments—U S and state government obligations (attach schedule)	
	ь	Investments—corporate stock (attach schedule)	
	С	Investments—corporate bonds (attach schedule)	
	11	Investments—land, buildings, and equipment basis ▶	
		Less accumulated depreciation (attach schedule) ▶	
	12	Investments—mortgage loans	
	13	Investments—other (attach schedule)	
	14	Land, buildings, and equipment basis ▶	
		Less accumulated depreciation (attach schedule) ▶	
	15	Other accets (describe	

130,311

130,311

130,311

130,311

295,014

295,014

295.014

295,014

2

3

4

5

6

130,311

164,703

295,014

295,014 Form **990-PF** (2018)

0

0

295,014

16

17

18

19

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21 22

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24

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26

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31

Part III

2

Liabilities

Net Assets or Fund Balances

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

Foundations that follow SFAS 117, check here ▶

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

Foundations that do not follow SFAS 117, check here ▶

Capital stock, trust principal, or current funds

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

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

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

Analysis of Changes in Net Assets or Fund Balances

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

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

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

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

instructions Also, see page 1, item I)

Grants payable

Unrestricted

Temporarily restricted . Permanently restricted .

and complete lines 27 through 31.

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

Other increases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) ▶

Deferred revenue .

Other liabilities (describe >_

Accounts payable and accrued expenses .

instructions

	pe the kınd(s) of property sold (e g , arehouse, or common stock, 200 sh		(b) How acqui P—Purcha D—Donati	se	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a			2 201140			
					-	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or d	(g) other basis ense of sale		Gain o	h) or (loss) i) minus (g)
a						
b						
c						
d						
e						
Complete only for assets	s showing gain in column (h) and ov	vned by the foundation o	on 12/31/69			T)
(i) F M V as of 12/31/69	(j)	Excess	(k) of col(ı) (յ), ıf any		Gains (Col (col (k), but not	h) gain minus less than -0-) or om col (h))
a						
b						
С						
d						
e						
·	gain or (loss) sa defined in sections art I, line 8, column (c) (see instruct	ions) If (loss), enter -0		}	3	
Part V Qualification	Under Section 4940(e) for Re	educed Tax on Net	Investmer	nt Inc	:ome	
If section 4940(d)(2) applies, li Was the foundation liable for th	orivate foundations subject to the se eave this part blank ne section 4942 tax on the distributa ot qualify under section 4940(e) Do	able amount of any year				es 🗸 No
1 Enter the appropriate ar	nount in each column for each year,	see instructions before	making any e	entries	,	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitabl	e-use assets		(d) Distribution rati (col (b) divided by c	
2017	245,179		140,788			1 741477
2016	311,730		24,611			12 666287
2015	70,141		6,395			10 968100
2014	71,890		38,632			1 860893
2013	258,791		25,731	-		10 057557
2 Total of line 1, column (2		37 294314
number of years the four	o for the 5-year base period—divide ndation has been in existence if less oncharitable-use assets for 2018 fror	than 5 years	0, or by the	3		7 458863 53,273
5 Multiply line 4 by line 3				5	<u> </u>	397,356
. , , ,	ent income (1% of Part I line 27h)			6		0

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

397,356

235,297

7

8

Page **3**

Ollin	330-F1 (2010)									rage c
Pai	rt VIII-B Statements Regard	ding	Activities for Which	Form 4720 May Be	Required (continu	ıed)				
5a	During the year did the foundation	pay o	r incur any amount to						Yes	No
	(1) Carry on propaganda, or otherw	wise a	ttempt to influence legisl	ation (section 4945(e))?	☐ Ye	s 🗸	No			
	(2) Influence the outcome of any s	pecifi	c public election (see sect	tion 4955), or to carry						
	on, directly or indirectly, any vo		-		· ·	s 🗸	No			
	(3) Provide a grant to an individual				☐ Ye:	s 🗸	No			
	(4) Provide a grant to an organizat			· •						
	ın section 4945(d)(4)(A)? See i				· ·	s 🗸	No			
	(5) Provide for any purpose other t		- ·	* * * * * * * * * * * * * * * * * * * *						
	educational purposes, or for the		•		☐ Ye:	s 🗸	No			
b	If any answer is "Yes" to 5a(1)-(5),				·					
	Regulations section 53 4945 or in a				_	٠		5b		
	Organizations relying on a current r		-			' □				
С	If the answer is "Yes" to question 5			·	_	_				
	tax because it maintained expenditi				· · L Ye	s 📙	No			
_	If "Yes," attach the statement requi		·	* *						
6a	Did the foundation, during the year				ıms on	_				
L	a personal benefit contract?				' Ye:	s 🛂	No	61-		N
D	Did the foundation, during the year	, pay	premiums, directly or ind	ilrectly, on a personal be	nent contract/	•		6b		No
7 -	If "Yes" to 6b, file Form 8870	+b	foundation a party to a m	wahihitad tay ahaltar tras	nenetion? \Box	_				
7a	At any time during the tax year, wa				⊥ Ye:	s 🗸	No	7b		
8	If yes, did the foundation receive an Is the foundation subject to the sec		•			•		70		
0	excess parachute payment during t									
Pai	Information About (Offic	ers, Directors, Trust	ees, Foundation Ma	inagers, Highly Pa	aid En	nplo	yees,		
1	List all officers, directors, truste						т —			
	(a) Name and address	'	b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions employee benefit pla				se acc	
			devoted to position	-0-)	deferred compensa		l °	tner a	lowand	es
	LES V ROVEN	TRUS	STEE	0		0				C
	SPRING VALLEY RD STE 300 AS, TX 75254	1 00								
	HANIE H ROVEN	SPEC	IAL TRUSTEE	0		0				(
	SPRING VALLEY RD STE 300	1 00		,		·				·
DALL	AS, TX 75254									
	CCA STEEL ROVEN	SPEC 1 00	IAL TRUSTEE	0		0				C
	SPRING VALLEY RD STE 300 AS, TX 75254	1 00								
	IAS SPIEGEL	SPEC	IAL TRUSTEE	0		0	1			
	SPRING VALLEY RD STE 300	1 00	2712 11100122	•		•				
	AS, TX 75254									
2	Compensation of five highest-pa	id en	nployees (other than th	nose included on line 1	1		ne, e	nter "	NONE.	<u>." </u>
(2)	Name and address of each employee	haid	(b) Title, and average		(d) Contributions employee benef		(6)	Evnani	se acco	unt
(4)	more than \$50,000	paid	hours per week devoted to position	(c) Compensation	plans and deferr				owanc	
			devoted to position		compensation					
NON	E									
					1					
Tota	I number of other employees paid ov	er \$5	0,000		<u> ▶</u>	'				C
							For	m 99 0	D-PF (2018

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Part VIII Information About Officers, Directors, Trustees, Foundary and Contractors (continued)	oundation Managers, Highly Pai	d Employees,
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 releva organizations and other beneficiaries served, conferences convened, research papers produced		Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see ins	structions)	
Describe the two largest program-related investments made by the foundation during the	tax year on lines 1 and 2	Amount
11		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		P 0
		Form 990-PF (2018)

4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	ınstructions)	4	811
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	53,273
6	Minimum investment return. Enter 5% of line 5	6	2,664
	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a	nd cei	rtain foreign
Par	organizations check here and do not complete this part)		
1	Minimum investment return from Part X, line 6.	1	2.664

2a

2b

2c

3

4

5

6

1a

1b

2

За 3h

4

5

2.664

2.664

2.664

235,297

235.297

235,297

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Tax on investment income for 2018 from Part VI. line 5.

Income tax for 2018 (This does not include the tax from Part VI). . .

Distributable amount before adjustments Subtract line 2c from line 1.

Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . .

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

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

Adjusted qualifying distributions. Subtract line 5 from line 4.

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.

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

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

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the

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

3

4 5

6

1

2

3

4

5

b

Part XII

Page 9

2,664

2,664

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0

Form	99	0-PF	(20
Pa	rt	XII	1

0-PF	(2	01	8)	
VIII	Į				_

D-PF (2	018)	
XIII	Undistributed Income	(see instructions)

a From 2013.

b From 2014. c From 2015. . .

d From 2016.

e From 2017.

- Distributable amount for 2018 from Part XI, line 7
- 2 Undistributed income, if any, as of the end of 2018 a Enter amount for 2017 only. **b** Total for prior years

f Total of lines 3a through e.

d Applied to 2018 distributable amount. e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2018

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 **b** Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2013 not

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

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . .

c Excess from 2016. . . .

d Excess from 2017. . .

e Excess from 2018. . .

b Excess from 2015. .

(If an amount appears in column (d), the

6 Enter the net total of each column as

indicated below:

4 Qualifying distributions for 2018 from Part XII, line 4 🕨 \$ a Applied to 2017, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

- Excess distributions carryover, if any, to 2018
 - 257.504

69 821

310.499 238,140

69.958

69,821

310.499

238.140

232.633

- - 69,958

945,922

232,633

1,178,555

257,504

921,051

(a)

Corpus

(b)

Years prior to 2017

(c)

2017



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Part XVI-A Analysis of Income-Produ	cing Activities				
Enter gross amounts unless otherwise indicated	Unrelated bu	usiness income	Excluded by section	n 512, 513, or 514	(e) Related or exempt
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
a					
b					
c					
e					
f					
g Fees and contracts from government agencies2 Membership dues and assessments	s				
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal proper Other investment income.	erty				
8 Gain or (loss) from sales of assets other than					
inventory					
9 Net income or (loss) from special events10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
c					
e					
12 Subtotal Add columns (b), (d), and (e)		С		•	0
13 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify			1	3	0
Part XVI-B Relationship of Activities		ment of Exem	pt Purposes		
Explain below how each activity for with accomplishment of the foundation instructions))
•				F	orm 990-PF (2018)

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Part XV	Information Re Exempt Organi		ions and Relationships With Nonchari	table		
		directly engage in any of the following with a organizations) or in section 527, relating to	any other organization described in section 501 political organizations?		Yes	No
a Transfe	rs from the reporting foun	dation to a noncharitable exempt organization	on of			
(1) Ca	ısh			1a(1)		No
				1a(2)		No
b Other t	ransactions					
(1) Sa	les of assets to a nonchar	itable exempt organization		1b(1)		No
				1b(2)		No
				1b(3)		No
		ts		1b(4)		No
	-			1b(5)		No
	-	embership or fundraising solicitations		1b(6)		No
		nailing lists, other assets, or paid employees		1c		No
of the g	joods, other assets, or ser		column (b) should always show the fair market of the foundation received less than fair market values foundation received he goods, other assets, or services received			
(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sha	rıng arra	ngemen	ts

a) Line No	(b) Amount involved	(c) Name of nonchar	ritable exempt organization	(d) Desc	ription of transfers, transactions, and sharing arrangements
		1			
		+			
		+			
		+			
		+			
		+			
		+			
		+			
					
	·		or related to, one or more		<u> </u>
described	l in section 501(c) (othe	er than section 501(c	:)(3)) or in section 527? .		🗌 Yes 🛂 No
If "Yes,"	complete the following :	schedule			
	(a) Name of organizat	ion	(b) Type of organizat	ion	(c) Description of relationship

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 Sign May the IRS discuss this return with the preparer shown 2019-11-12 Here Signature of officer or trustee Date Title (see instr)? 🗹 Yes 🗆 No Print/Type preparer's name Preparer's Signature PTIN Date Check if self-P00171011 employed ▶ □ CLAY DANIELS Paid **Preparer** DANIELS & ERICKSON PC Firm's name ▶ Firm's EIN ▶75-2916499 **Use Only** Firm's address ▶ 5323 SPRING VALLEY RD STE 250

Phone no (214) 750-8985 DALLAS, TX 75254 Form **990-PF** (2018)

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ACADEMY MUSEUM OF MOTION NONE PC GIFT FOR PLANNING. 125,000

PICTURES 8949 WILSHIRE BOULEVARD LOS ANGELES, CA 90211			DEVELOPMENT, OPERATIONS, DESIGN AND CONSTRUCTION	
BAR ILAN UNIVERSITY IN ISRAEL RAMAT GAN	NONE	PC	GENERAL FUND	50,000

RAMAT GAN ISRAEL 5290002 IS	NONE		GENERAL FORD	
BAR ILAN UNIVERSITY IN ISRAEL	NONE	PC	GENERAL FUND	50
]		

RAMAI GAN ISRAEL 5290002 IS				
BIG LIFE FOUNDATION	NONE	PC	GENERAL FUND	1,000

IS				
BIG LIFE FOUNDATION 1715 NORTH HERON DRIVE RIDGEFIELD, WA 98642	NONE	PC	GENERAL FUND	1,000

BIG LIFE FOUNDATION	NONE	PC	GENERAL FUND	1,00
1715 NORTH HERON DRIVE				
RIDGEFIELD, WA 98642				

RIDGEFIELD, WA 98642		
Total	 ▶ 3a	224,800

Foundation Purpose of grant or Recipient If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CHILDREN'S HOSPITAL OF LOS NONE PC **CONTRIBUTION FOR THE 2018** 5,000 ANGELES. GOFAR FUNDRAISER PROGRAM 4650 SUNSET BLVD 29

LOS ANGELES, CA 90027				
CONGREGATION OHR HACHAIM 100 SOUTH CITRUS AVE LOS ANGELES, CA 90036	NONE	PC	RELIGIOUS, GENERAL FUND	1,800
CONGREGATION TIFERETH ZVI 7561 BEVERLY BLVD LOS ANGELES, CA 90036	NONE	PC	RELIGIOUS, JEWISH TEACHING	3,000

Total . .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year EPILEPSY FOUNDATION OF GREATER NONE PC **GENERAL FUND** 7,500 LOS ANGELES 5777 W CENTURY BLVD 820

LOS ANGELES, CA 90045				
LA FAMILY HOUSING 7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605	NONE	PC	GENERAL FUND	5,000
LEUKEMIA & LYMPHOMA SOCIETY	NONE	PC	GENERAL FUND	2,000

7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605	None		SEIVELVIE I SIND	3,0
LEUKEMIA & LYMPHOMA SOCIETY 8111 LYNDON B JOHNSON FWY 425	NONE	PC	GENERAL FUND	2,0

Total .

NORTH HOLLYWOOD, CA 91605				
LEUKEMIA & LYMPHOMA SOCIETY 8111 LYNDON B JOHNSON FWY 425 DALLAS, TX 75251	NONE	PC	GENERAL FUND	2,000
				(

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

Total .

	or substantial contributor			
a Paid during the year				
OAKWOOD SCHOOL 11600 MAGNOLIA BLVD	NONE	PC	2018 SPECIAL EVENT OAKWOOD FAMILY ALBUM DONATION	7,500

	NORTH HOLLYWOOD, CA 91601				
	OCEANA INC	NONE	PC	GENERAL FUND	1,0
	1025 CONNECTICUT AVE NW STE 200				
ı	MACHINICTON DC 20026				1

OCEANA INC 1025 CONNECTICUT AVE NW STE 200 WASHINGTON, DC 20036	NONE	PC	GENERAL FUND	1
SHEA THERAPEUTIC RIDING CENTER	NONE	PC	CONTRIBUTION FOR THE GIRL	1

WASHINGTON, DC 20036				
SHEA THERAPEUTIC RIDING CENTER 26284 OSO RD SAN JUAN CAPISTRANO, CA 92675	NONE	PC	CONTRIBUTION FOR THE GIRL SCOUT CADETTE PROJECT FOR HELMETS FOR CHILDREN	1,000

WASHINGTON, DC 20036				
SHEA THERAPEUTIC RIDING CENTER 26284 OSO RD SAN JUAN CAPISTRANO, CA 92675	NONE	PC	CONTRIBUTION FOR THE GIRL SCOUT CADETTE PROJECT FOR HELMETS FOR CHILDREN	1,000

.000

Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year SHINE ON SIERRA LEONE NONE PC GENERAL FUND 1,000 4040 GLENCOE AVE MARINA DEL REY, CA 90066

THE REPORT OF THE PERSON OF TH				
TEXAS CIVIL RIGHTS PROJECT 1405 MONTOPOLIS DRIVE AUSTIN, TX 78741	NONE	PC	GENERAL FUND	1,000
THE BRENT SHAPIRO FOUNDATION FOR ALCOHOL & DRUG 10250 CONSTELLATION BLVD 18TH FLOOR LOS ANGELES, CA 90067	NONE	PC	EDUCATION ON DISEASE OF ALCOHOL AND DRUG DEPENDENCE	7,500

Total .

▶ 3a

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

a Paid during the year				
THE CHICAGO COMMUNITY FOUNDATION	NONE	PC	GENERAL FUND	2,500

225 NORTH MICHIGAN AVE STE 2200 CHICAGO, IL 60601				
TOWER CANCER RESEARCH FOUNDATION	NONE	PC	GENERAL FUND	

CHICAGO, IL 60601				
TOWER CANCER RESEARCH FOUNDATION 8767 WILSHIRE BLVD 40 BEVERLY HILLS CA 90311	NONE	PC	GENERAL FUND	3,0

,				
TOWER CANCER RESEARCH FOUNDATION 8767 WILSHIRE BLVD 40 BEVERLY HILLS, CA 90211	NONE	PC	GENERAL FUND	3,000

efile GRAPHIC print - DO NOT P	ROCESS	As Filed Data -		DI	LN: 93491316015829		
TY 2018 Accounting Fe	ees Sche	dule		_			
Name: CHARLES V ROVEN FAMILY FOUNDATION EIN: 80-0519859							
Category	Amou	unt Ne	t Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
ACCOUNTING FEES		7,400	0	0	7,400		

efile GRAPHIC print - DO NOT PROCESS	S As Filed Data	a - DLN: 93491316015829			
TY 2018 Legal Fees Schedul	le	_			
Nam	e: CHARLES V	ROVEN FAMILY FO	UNDATION		
EIN: 80-0519859					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
LEGAL FEES	2,772	0	0	2,772	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	93491316015829			
TY 2018 Other Expenses Schedule							
Name: CHARLES V ROVEN FAMILY FOUNDATION							
EIN:	EIN: 80-0519859						
Other Expenses Schedule							
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			

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TY 2018 Taxes Sched	ule					
Name: CHARLES V ROVEN FAMILY FOUNDATION						
EIN: 80-0519859						
Category	An	nount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
CA TAX		60	0	0	60	

efile GRAPHIC print -	DO NOT PROCESS	As Filed Data -			Ī	DLN: 93491316015829
Schedule B		Schedu	le of Contributo	rs		OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service			Form 990, 990-EZ, or 990 <u>v/Form990</u> for the latest i			2018
Name of the organizat				Employer ide	entification number	
					80-0519859	
Organization type (ch	eck one)					
Filers of:	Section:					
Form 990 or 990-EZ	☐ 501(c)() (enter number) o	rganization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	☐ 527 politi	cal organization				
Form 990-PF	✓ 501(c)(3)	exempt private fou	undation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
			F that received, during open plete Parts I and II S			
Special Rules						
under sections received from a	509(a)(1) and 170(b)	(1)(A)(vı), that cheo urıng the year, tota	Form 990 or 990-EZ th cked Schedule A (Form I contributions of the gre plete Parts I and II	990 or 990-EZ), Pa	art II, line 13,	16a, or 16b, and that
during the year,	total contributions of	f more than \$1,000	or (10) filing Form 990 o exclusively for religious animals Complete Part	, charitable, scient		
during the year, If this box is che purpose Don't	contributions <i>exclus</i> ecked, enter here the complete any of the p	<i>ively</i> for religious, o total contributions parts unless the Ge	or (10) filing Form 990 or charitable, etc., purpose that were received duri ineral Rule applies to th or more during the year	s, but no such cont ng the year for an e ns organization bed	ributions total exclusively rel cause it receiv	ed more than \$1,000 igious, charitable, etc, yed nonexclusively
990-EZ, or 990-PF), bu	t it must answer "No	on Part IV, line 2,	e and/or the Special Ru of its Form 990, or che i it doesn't meet the filing	ck the box on line I	d of its	
For Paperwork Reduction for Form 990, 990-EZ, or 9		ructions	Cat No 30613X	Schedu	le B (Form 990,	990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

CHARLES V ROVEN FAMILY FOUNDATION 80-0519859 Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed (a) (d) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person CHARLES V ROVEN 400 YUKON CT Payroll \$ 400,000 Noncash WEATHERFORD, TX 76087 (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions) (b) (c) (a) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions) (c) (a) (b) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)