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Form **990**

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information. Inspection A For the 2022 calendar year, or tax year beginning and ending C Name of organization Check if applicable: D Employer identification number Address Ichange MOTION PICTURE AND TELEVISION FUND Name change 95-1652916 Doing business as]Initial |return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 23388 MULHOLLAND DR. MAIL STOP 218 818-876-4168 134,867,412. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return WOODLAND HILLS, CA 91364-2792 H(a) Is this a group return Applica-F Name and address of principal officer: ROBERT L. BEITCHER for subordinates? Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or If "No." attach a list. See instructions WWW, MPTF.COM J Website: H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 1921 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: SUPPORTING THE ENTERTAINMENT Governance COMMUNITY IN LIVING AND AGING WELL. WITH DIGNITY AND PURPOSE. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 14 Number of independent voting members of the governing body (Part VI, line 1b) 13 4 Activities & 565 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 641 6 Total number of volunteers (estimate if necessary) 6 5,052. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 1,718, Current Year 8 Contributions and grants (Part VIII, line 1h) 28 866 603 32,227,708, Revenue Program service revenue (Part VIII, line 2g) 32,536,979. 31,024,628 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,572,747 1,133,537, -209,129 -2,383,115. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 62,254,849 63,515,109. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 985,702, 855,913, Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 0 0. 43,828,564. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 42,450,024 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 24,108,277. 23,257,715. 67.544,003. 67,942,192. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -5,289,154. -4,427,083. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5% 99,208,460. 117,551,107. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 57,262,356. 39,664,537. Net assets or fund balances. Subtract line 21 from line 20 60,288,751. 59,543,923. 22 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign ROBERT L. BEITCHER PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature LAUREN A. HAVERLOCK LAUREN A. HAVERLOCK 11/01/23 P00545829 Paid self-employed Preparer Firm's name MOSS ADAMS LLP Firm's EIN 91-0189318 Firm's address 225 S. LAKE AVENUE, SUITE 900 Use Only

X Yes

Phone no. 310-477-0450

May the IRS discuss this return with the preparer shown above? See instructions

PASADENA, CA 91101

Form 990 (2022) MOTION PICTURE AND Part IV Checklist of Required Schedules

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	<u></u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	•		х
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	٠,		х
_	the environment, historic land areas, or historic structures? # "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		х
10	If "Yes," complete Schedule D, Part IV	. a		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Section and the section of the secti
11				The second of th
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1.14		
Ü	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		v	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	سوجي		v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		х
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
18	·	18	х	
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
19		19	х	
20-	complete Schedule G, Part III	20a	X	
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b	X	_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
۱ ک	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		х
	Gornous government on that by column yy, into it. II. 165, Complete Schedule I, Falls Land II. International International Columns of the Col		990	

Form	990 (2022) MOTION PICTURE AND TELEVISION FUND 95-16529	16	Р	age 4
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
2.5	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
-00	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current		<u> </u>	
23				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		x	
	Schedule J	23	<u> </u>	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		l	
	Schedule K. If "No," go to line 25a	24a	Х	├─
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	ŀ		
	any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
	Schedule L, Part I	200		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	ŀ		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	1		х
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	 	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	İ		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	The second secon		
	instructions for applicable filing thresholds, conditions, and exceptions):	Control of the contro	Annual Company of the State of	Regions supplied to a property of the control of th
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	1		
	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
·	"Yes," complete Schedule L, Part IV	28c		х
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
29	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1		\vdash
30	·	20	x	
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	<u> </u>	<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	<u> </u>
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
50	If "Yes," complete Schedule R, Part V, line 2	36		х
07	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1 3		
37		37		х
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	\vdash	
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		x	
ED#	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance	38	Ι Δ	<u></u>
Pai				·
	Check if Schedule O contains a response or note to any line in this Part V			
	1 1	. 50000000	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 234			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
232004	1 12-13-22	Form	990	(2022)

Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)				age •
	Continued)			Yes	No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		A TOTAL OF THE PARTY OF THE PAR		Company of the compan
20	filed for the calendar year ending with or within the year covered by this return	2a 56	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	х	
3a	and the second s		3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
Tu	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		х
h	If "Yes," enter the name of the foreign country	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Section 2	Control of the Contro	Manager and American Manager and American Manager and American Manager and American
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).	combination for the combination of the combination		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	, ,	5a	School and ware	Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		х
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
va			6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributi				
~	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		TOWN TO TOWN THE TOWN TO THE TOWN THE T		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	х	
b			7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?		7c	Х	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d 0	The state of the s		company of the control of the contro
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	ontract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7 <u>g</u>	<u></u>	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h	X	117700000000000000000000000000000000000
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	Company of the Compan	SCHOOL STATE	
	sponsoring organization have excess business holdings at any time during the year?		8	>->	
9	Sponsoring organizations maintaining donor advised funds.		mitty for the part of the part	Confidence Con-	Inches words
а			9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		New York Control
10	Section 501(c)(7) organizations. Enter:	l l	College Ages La (College Ages La (Colleg		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			A STATE OF THE STA
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	The second secon	and the control of th	In the second se
11	Section 501(c)(12) organizations. Enter:	ایدا	Spring of Description of the Control		Control of the contro
а	Gross income from members or shareholders	11a	Commission of the commission o		TOTAL CONTROL OF THE
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	445	Control on any of participant of the control of the	PARA PERMANANGA PARA SELEKTRANGA PERMANANGANANGA PERMANANGANANGA	The state of the s
4.00	amounts due or received from them.)	11b	12a	Typica Sangan, ganga ng Mikamana garan,	Contractor Contractor
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	104 1 ? 12b	120	Marking Spirit pink marking paratical marking paratical marking paratical marking paratical	And the articles, account of Andrea arts () and with the analysis of the plan () of the articles, articles,
		[120]	- Sales and Art Art		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?		13a	.,	100000
a	Note: See the instructions for additional information the organization must report on Schedule O.	***************************************	promote the second of the seco	January Communication of the C	And production of the control of the
h	Enter the amount of reserves the organization is required to maintain by the states in which the		Design processing and a second control of the contr		
Ŋ	organization is licensed to issue qualified health plans	13b			
^	Enter the amount of reserves on hand	13c	Frankling.		Company of the Compan
		[100]	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
-	excess parachute payment(s) during the year?		15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.		Control Control		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х
	If "Yes," complete Form 4720, Schedule O.		Commence of the commence of th	27 (2007) 44 (15) 27 (2007) 44 (15) 27 (2007) 44 (15) 27 (2007) 44 (15)	
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17	<u></u>	
			I continue to the	I de la companya de l	■ 10.75 (20.000)

232005 12-13-22

Form **990** (2022)

If "Yes," complete Form 6069.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI	****				Х
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14		-616	Company Compan
	If there are material differences in voting rights among members of the governing body, or if the governing					and the second s
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					And the second
b	Enter the number of voting members included on line 1a, above, who are independent	1b	13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other				Property of the company of the compa
	officer, director, trustee, or key employee?			2	X	
3	Did the organization delegate control over management duties customarily performed by or under the	direct supervision				
		····		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one or				
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockholders, or				
	persons other than the governing body?	***************************************		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the following:			Continue orași Lieu el lieu yman noi et autoremen Lieu continue	Transport Control of the Control of
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)				,
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the form	?	11a	X	naidenaudeniid
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?		12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," describe				
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	X	Account to Account
15	Did the process for determining compensation of the following persons include a review and approva					Accordance to the control of the con
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			The state of the s		Continue to the continue to th
	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	ng propinsi panggapa
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					end sylve and
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent with a			A CONTROL OF THE PARTY OF THE P	A Community of the control of the co
	taxable entity during the year?			16a	20,000,000	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's		CONTROL OF THE CONTRO	The part of the pa	American and the second
	exempt status with respect to such arrangements?	***************************************		16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed CA, NY	-1000 T (- 11 5511	-)/C'			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	na 990-1 (section 501)	c)(3)s	only)	avanat	oie
	for public inspection. Indicate how you made these available. Check all that apply.					
		on Schedule O)		e	.11	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	ntlict of interest policy	, and	ıınano	iai	
	statements available to the public during the tax year.	les and versus!				
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and records				
	JEFF ARNETT - (818)876-4168 23388 MULHOLLAND DRIVE, WOODLAND HILLS, CA 91364-2792					
	23388 MULHOLLAND DRIVE, WOODLAND HILLS, CA 91364-2792					

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

 See the instructions for the order in which to list the persons above.

Check this box if neither the organization	nor any related	orga	niza	tion	con	ıpen	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos			one	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)				an	compensation	compensation	amount of
	week		cer an	la a o	recio	ecior/il dates,		from	from related	other
	(list any	irecto						the	organizations (W-2/1099-MISC/	compensation from the
	hours for related	b or d	te e			sated		organization (W-2/1099-MISC/	1099-NEC)	organization
	organizations	ruste	Itrus		eg.	ubdu		1099-NEC)	1000 NEO)	and related
	below	dual t	rtiona	_	a a	st co		1333 1123/		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Кеу етрюуее	Highest compensated employee	Former			_
(1) ROBERT L. BEITCHER	40,00			-						
PRESIDENT / CEO		Х		Х				831,688.	0.	26,402.
(2) MICHAEL H, KUEHL	40.00						1			
CHIEF FINANCIAL OFFICER				х				282,118.	0.	-51,315.
(3) SHARON A. SIEFERT	40,00									
VP, LEGAL AFFAIRS				Х				251,223.	0.	19,681.
(4) CHRIS G. LIVANOS	40.00									
CHIEF INFORMATION OFFICER					х			233,186.	0,	27,481.
(5) COURTENEY D. BAILEY	40.00									
CHIEF DEVELOPMENT OFFICER		L		<u> </u>	х		L	194,879.	0,	23,175.
(6) LINDA K. HEALY	40.00								_	
DIRECTOR- PC&GERIATRIC SER				L		Х	L.	247,775.	0.	-4,115.
(7) VILMA DINHAM	40.00								_	
HOSPITAL ADMINISTRATOR/CNO		$oxed{oxed}$			<u> </u>	Х	L	227,694.	0,	15,801.
(8) JEFF D. ARNETT	40,00	1								
DIRECTOR, FINANCE		<u> </u>	<u> </u>			Х	L	202,002.	0.	14,803.
(9) JENNIFER S. CALIXTO	40.00	1								
DIRECTOR, LONG TERM CARE			ļ	<u> </u>	<u> </u>	X	_	202,140.	0.	23,785.
(10) JULIA KYLE	40.00								_	
DIRECTOR, PHARMACY SERVICES		╙			_	Х	_	186,119.	0.	18,060.
(11) JIM GIANOPULOS	1.00								_	
CHAIR		X	<u> </u>	Х			L.	0.	0.	0.
(12) MARK FLEISCHER	1,00								_	
VICE CHAIR		Х	ļ	Х	_	<u> </u>	<u> </u>	0.	0.	0.
(13) MICHAEL KARLIN	1.00									_
SECRETARY		X		Х	┡	<u> </u>	_	0.	0.	0.
(14) JAY D. ROTH	1.00				l					_
TREASURER		Х	╙	Х	<u> </u>	<u> </u>	<u> </u>	0,	0.	0.
(15) GEORGE CLOONEY	1.00	1_							_	_
DIRECTOR	1	Х	ļ	<u> </u>	_	ļ	_	0.	0.	0.
(16) RUSSELL HOLLANDER	1.00								_	_
DIRECTOR		Х	\vdash		<u> </u>	ļ	\vdash	0,	0.	0.
(17) HAWK KOCH	1.00							0.	0.	0.
DIRECTOR		Х	<u> </u>	<u> </u>	L	<u></u>	<u> </u>	J	J	Form 990 (2022)

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Part VII Section A. Officers, Directors, Trus						ahes	t Co	ompensated Employee	93-163291 (continued)	o Page O
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	tee or director oppo	not c	Pos heck ss per	itior more rson i		one i an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) JESSIE KORNBERG DIRECTOR	1.00	х						0.	0.	0.
(19) MATTHEW LOEB DIRECTOR	1.00	x						0.	0.	0,
(20) LISA PIEROZZI DIRECTOR	1.00	х						0.	0,	0.
(21) NINA SHAW DIRECTOR	1,00	х						0.	0,	0.
(22) CASEY WASSERMAN DIRECTOR	1.00	х						0.	0.	0,
(23) DAVID WHITE DIRECTOR	1.00	х						0,	0.	0.
1b Subtotal c Total from continuation sheets to Part V								2,858,824.	0.	113,758. 0.
d Total (add lines 1b and 1c)								2,858,824.	0.	113,758.

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

67

			Yes	No
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			S1450.2
	line 1a? If "Yes," complete Schedule J for such individual	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization	Service Control	A CONTRACTOR	
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Х

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MORRISON MANAGEMENT SPECIALISTS		
P.O BOX 102289, ATLANTA, GA 30368-2289	DIETARY AND HOUSEKEEPING	2,891,036.
COMMUNITY LIVING HOLDINGS LLC, 1500		
LIBERTY RIDGE DRIVE, STE 210, WAYNE, PA	HOUSEKEEPING AND LAUNDRY	645,842.
UNIVERSAL PROTECTION SERV., LP, 1551 N		
TUSTIN AVENUE, STE 650, SANTA ANA, CA	SECURITY SERVICES	642,519.
PROFESSIONAL STAFFING, 17645 CHATSWORTH		
STREET, GRANADA HILLS, CA 91344	TEMP SERVICES	591,537.
REVELRY, INC		
3536 MEDFORD STREET, LOS ANGELES, CA 90063	OTHER PURCHASED SERVICES	555,965.
Total number of independent contractors (including but not limited \$100,000 of compensation from the organization	to those listed above) who received more than 31	- 200 (2000)

Form 990 (2022)

3	Рa	rt I	VII	ı	S	ta	ten	nen	t :	of	F	lei	vе	nι	ıe

300000		A100,000	Check if Schedule O	conta	ins a r	esponse (or note to any lin	e in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									Tariotion revenue	Business revenue	sections 512 - 514
yy	1	a Fed	erated campaigns			1a		The second secon			
Contributions, Gifts, Grants and Other Similar Amounts	J	b Men	nbership dues			1b					
Ω,ğ		c Fun	draising events		[1c	9,775,936.		The state of the s	A CONTROL OF THE PROPERTY OF T	
ii a		d Rela	ated organizations		.,	1d					
s, G mil		e Gov	ernment grants (contr	ibutic	ons)	1e			Arrando de Caracteria de Carac		
r igi	1	f Allo	ther contributions, gifts,	grants	s, and						
the the		simi	lar amounts not included	above	e 💄	1f	22,451,772.				
들임	!	g Nonc	ash contributions included in	lines 1a	a-1f	1g \$	706,516.				
ပို့	- 1	h Tota	al. Add lines 1a-1f					32,227,708.			
							Business Code	And the second s			Committee of the Commit
ø	2	~	ATIENT REVENUE				623000	24,910,642.	24,910,642.		
e K			IDENTIAL REVENUE				623990	7,347,047.	7,347,047.		
S I			AGEMENT SERVICE				551112	38,130.	38,130.		
Program Service Revenue		d HEA	LTH AND WELLNESS	CE			713940	1,660.	1,660.		ļ <u></u>
<u>Б</u>		e									
Ē	1	f All c	other program service	reven	nue		621990	239,500	239,500.	The State Committee of	
			al. Add lines 2a-2f					32,536,979.	The second state of the second	Control of the Contro	Service Control of the Control of th
	3	Inve	estment income (includ	ding d	lividen	ds, intere	st, and			5 050	
								2,003,920.		5,052.	1,998,868.
	4	nco	ome from investment o	of tax-	-exemp	ot bond p	roceeds				010 000
	5	Roy	alties					940,273.		A Secretary of Control	940,273.
				1 1		Real	(ii) Personal		The state of the s	A common de la composição de la composiç	Control of the Contro
			ss rents	6a	30	05,201.		Andreas and the second	The state of the s		
			s: rental expenses	6b	2.4	4,512.					And the second s
			tal income or (loss)	6c	31	00,689.		The same of the sa	And the second s	A minute of the control of the contr	200 600
			rental income or (loss))			r	300,689.	garaga a mang karang magnapan dan kalang karang mang aparang at mananggan yang dan san Sang kang dan dan mang at kang dan dan dan kang manang at kang mang at kang mang at kang dan sang dan dan dan		300,689.
	7		s amount from sales of	1 -		curities	(ii) Other	The second secon		A company of the comp	The second of th
			ts other than inventory	7a	05,2	50,619.		The second secon			
			s: cost or other basis		cc 11	01 000		Comment of the Commen	and proceedings of the control of th		Company of the Compan
Revenue			sales expenses			21,002.					
Š			n or (loss)	7c		70,383.		-870,383.	The state of the s		-870,383.
			gain or (loss)					-8/0 383.	PARTY OF THE PARTY	And the second s	State of the state
Other	8 :		s income from fundraising \$ 9,7	ng eve	ยาเร (มด	ot					
٥						1 1		The second secon			
			tributions reported on		•	1	934,876.			Committee of the commit	
			: IV, line 18			04	5,217,779.	The second section of the section of the second section of the section of the second section of the sectio		And the state of t	The second secon
			s: direct expenses income or (loss) from				3,221,113.	-4,282,903.			-4,282,903.
			ss income or (loss) from		_		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Annual Control of Cont			
	9 7		: IV, line 19	_			31,450.		Complete of the control of the contr	The state of the s	
						9a 9b	9,010.	American regions (Sangara method) (Sanga	The second secon		
			income or (loss) from		na aoti		2,000	22,440.		Comment of the control of the contro	22,440.
			ss sales of inventory, I			Vities		disemperatura de la companya del companya de la companya del companya de la companya del la companya de la comp	The second section of the section of t	The state of the s	
	10 7		allowances			10a					
]								The state of the s			Control of the Contro
			income or (loss) from		of inve			The second secon	ere de la companya d		Control of the second s
_		U INEL	moderne of global from	JUICO	ILIV	υπυ <u>η</u>	Business Code				
S	11 :	а ОТН	ER NON-OPERATING	RE			541900	400,016.	·		400,016.
eo Tre			TRACT AND OTHER				541900	235,642.			235,642.
yen Ven		~ —	PITAL AND GIFT S				459420	728.			728.
Miscellaneous Revenue	Ì		other revenue								
Σ	Ì		al. Add lines 11a-11d					636,386.	ar Contact of Contact		
	12		l revenue. See instructio	ns				63,515,109.	32,536,979.	5,052.	-1,254,630.
			.,	<i></i>							

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Form 990 (2022)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Х (A) Total expenses (**D)** Fundraising Do not include amounts reported on lines 6b, Management and general expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 855 913. 855,913. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 218,054. 1,683,576 1,901,630 trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 3,481,470 496,056. 30,212,455 26,234,929. Other salaries and wages 7 Pension plan accruals and contributions (include 29,272. 1,977,566, 1 782 334 165,960 section 401(k) and 403(b) employer contributions) 7,362,171 6,520,382 712,922 128.867. Other employee benefits 9 229,960 41,567. 2,374,742. 2 103 215, 10 Payroll taxes Fees for services (nonemployees): 91,611, 91,611. Management 1,129 687,633 688,762, Legal 232,663, 232,663, Accounting 27,772, 27,772 Lobbying Professional fundraising services. See Part IV, line 17 95,000 95,000. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 8,530,220, 8 011 527 345,682 173,011. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 340.852 209,769. 1,618,506, 1,067,885 Office expenses 13 750,295. 104,069. 545,306. 100,920. Information technology 14 Royalties 15 2,778,740 2,533,763 244,977 16 Occupancy 9 107 11,216. 7,477. 27,800. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 363,044. 363,044, 20 21 Payments to affiliates 166,282 90,923. 2,600,810, 2,343,605 Depreciation, depletion, and amortization 22 799,338, 799,338, 23 Insurance Other expenses, Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 63,350 1,263. REPAIRS AND MAINTENANCE 1,460,081. 1,395,468. MEDICAL SUPPLIES 919,792, 919,792. SOFTWARE HOSTING FEES 618,195. 7 879 610 316 PHARMACEUTICALS 577,979. 577,979 208,472, 225,673, 1,077,107. 642,962. All other expenses 67,942,192. 55,594,365. 10,624,975. 1,722,852. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)

Form 990 (2022)
Part X Balance Sheet

		Check if Schedule O contains a response or	note to any lir	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,599,861.	1	5,319,160.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			17,582,182.	3	17,938,933
	4	Accounts receivable, net		8,813,695.	4	8,969,698	
	5	Loans and other receivables from any current					A STATE OF THE STA
		trustee, key employee, creator or founder, su		i di		Control of the Contro	
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descril		6			
G)	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use	274,575.	8	249,059		
Ϋ́	9	Prepaid expenses and deferred charges	936,214.	9	1,506,079		
		Land, buildings, and equipment: cost or othe	1 1		Company of the Compan	A COUNTY COUNTY TO THE PARTY OF	
		basis. Complete Part VI of Schedule D	, ,	133,060,547.	The second secon	Association (Association Control of Control	
	ь	Less: accumulated depreciation	1 1	114,215,928.	20,731,232.	10c	18,844,619
	11	Investments - publicly traded securities	••• •		47,146,005.	11	29,352,325
	12	Investments - other securities. See Part IV, Iir		i	14,711,774.	12	12,578,600
	13	Investments - program-related. See Part IV, li		2,700,000.	13	2,700,000	
	14	Intangible assets	3010 20 11	14			
	15	Other assets. See Part IV, line 11		1,055,569.	15	1,749,987	
	16	Total assets, Add lines 1 through 15 (must e	,	117,551,107.	16	99,208,460	
	17	Accounts payable and accrued expenses			9,597,792.	17	8,988,496
	18	Grants payable	i i		18		
	19	Deferred revenue		718,603.	19	119,968	
	20	Tax-exempt bond liabilities			14,955,639.	20	6,747,842
	21	Escrow or custodial account liability. Comple			21		
'n	22	Loans and other payables to any current or fo	ormer officer,	director,			
Ë		trustee, key employee, creator or founder, su	bstantial con	tributor, or 35%	Administration of the continuous and the continuous		
Liabilities		controlled entity or family member of any of t	hese persons	,		22	
Ĕ	23	Secured mortgages and notes payable to uni	related third p	oarties		23	
	24	Unsecured notes and loans payable to unrela	ated third part	ies		24	
	25	Other liabilities (including federal income tax,	payables to r	related third		li	
		parties, and other liabilities not included on li	nes 17-24). C	omplete Part X			
		of Schedule D			31,990,322.	25	23,808,231
	26	Total liabilities, Add lines 17 through 25			57,262,356.	26	39,664,537
		Organizations that follow FASB ASC 958, o	check here	X			
Š		and complete lines 27, 28, 32, and 33.				The state of the s	
Net Assets or Fund Balances	27	Net assets without donor restrictions		8,186,758.	27	8,882,468	
g	28	Net assets with donor restrictions	52,101,993.	28	50,661,455		
2		Organizations that do not follow FASB ASG	en participa de la companya del companya de la companya del companya de la companya del companya		The state of the s		
₽.		and complete lines 29 through 33.	The second secon				
õ	29	Capital stock or trust principal, or current fun	ds			29	
Set	30	Paid-in or capital surplus, or land, building, or	r equipment fi	und		30	
AS.	31	Retained earnings, endowment, accumulated	d income, or o	other funds		31	
ឆ្ន	32	Total net assets or fund balances			60,288,751.	32	59,543,923
	33	Total liabilities and net assets/fund balances			117,551,107.	33	99,208,460

	1990 (2022) ROTTON FICTORS AND THIRD TONE			Га	Ac	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				Х	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		515,		
2	Total expenses (must equal Part IX, column (A), line 25)	2		942,		
3	Revenue less expenses. Subtract line 2 from line 1	3		•	083. 751.	
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4					
5	Net unrealized gains (losses) on investments	5	-5	638,	588.	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9	9	320,	843,	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	59	543,	923.	
Pa	rt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				Ш	
			30000000000	Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.					
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	SSSS SECTIONS	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:		07 (100 (100 (100 (100 (100 (100 (100 (1			
	Separate basis Consolidated basis Both consolidated and separate basis		Security of County of Coun		Control of Control	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	Angerona magnetora	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:		100 (2000) 100 (2000) 100 (2000) 100 (2000) 100 (2000)		CODE POR CONTRACTOR OF THE CON	
	Separate basis X Consolidated basis Both consolidated and separate basis				Abrilland Int. (C), in the Print Print Print Print And Print	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.	An Al Vision by Jones Principle (Amagaga Sharing) (Amagaga Sharing	Arrestorrando Variotario de la constitución Variotario de la constitución Variotario de la constitución	positive programme and program	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>	
			Form	990	(2022)	

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

Employer identification number Name of the organization MOTION PICTURE AND TELEVISION FUND 95-1652916 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type 1. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. ____ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) is the organization listed (iii) Type of organization (vi) Amount of other (v) Amount of monetary (i) Name of supported (ii) EIN (described on lines 1-10 support (see instructions) support (see instructions) organization Yes No above (see instructions)) Total

Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	37,768,381.	18,928,110.	29,149,359.	28,866,603.	32,227,708.	146,940,161.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	37,768,381.	18,928,110.	29,149,359.	28,866,603.	32,227,708,	146,940,161.
5	The portion of total contributions						-
	by each person (other than a		EPTA (APA LINE) AND REPORT OF THE PROPERTY OF	Control of the contro			
	governmental unit or publicly	The second secon					
	supported organization) included	A second					
	on line 1 that exceeds 2% of the		An analysis and part sections of the section of the				
	amount shown on line 11,						
	column (f)	The second secon	The High region of September 2 and the Septemb		Processing the second s	The second secon	18,514,086.
6	Public support. Subtract line 5 from line 4.		The second secon	Company of the Compan		The second secon	128,426,075.
	ction B. Total Support					100 11	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	37,768,381.	18,928,110.	29,149,359.	28,866,603.	32,227,708.	146,940,161.
8	Gross income from interest,	·			-		
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	3,907,813.	2,909,562.	2,188,517.	2,436,886.	3,244,342.	14,687,120.
9	Net income from unrelated business						***
_	activities, whether or not the						
	business is regularly carried on						_
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	26,552.	1,008,336.	2,219,368.	414,000.	636,386.	4,304,642.
11	Total support. Add lines 7 through 10		A commence of the commence of	The state of the s	The state of the s	The second secon	165,931,923.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	135,491,121.
13						01(c)(3)	_
	organization, check this box and stor						
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2022 (olumn (f))		14	77.40 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14		,,,,,,,,,	15	75.44 %
16a	33 1/3% support test - 2022. If the	organization did no	t check the box or	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies						TTP .
b	33 1/3% support test - 2021. If the	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	tion			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifíes as a pul	blicly supported or	ganization		
b	10% -facts-and-circumstances test					7a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	i, 16b, 17a, or 17b	, check this box a	nd see instructions	B
	·					Schedule A	(Form 990) 2022

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Schedule A (Form 990) 2022 MOTION PICTURE AND TELEVISION FUND Part III Support Schedule for Organizations Described in Section 509(a)(2) MOTION PICTURE AND TELEVISION FUND

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	<u> </u>					
Galendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and				·		
membership fees received. (Do not	t					
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities	*					
furnished by a governmental unit to					1	
the organization without charge	1					
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, an	.d					
3 received from disqualified persor	is					
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
	The second secon					1. pr. n. j. man ha 1. pr. n.
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support	in the Account of the complete and program of the first transfer and the Account of the Account	The second of th	Bright May 2013 young famour pass dispressed by 1971 and 2013 and	**************************************	and the second s	Attaniation
	1 ,,,,,,,,	1 41,0040	4-2-0000	(4) 0004	(e) 2022	(A) Total
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from business	es					
1 1 0 1 00 1075						
-						
c Add lines 10a and 10b						
11 Net income from unrelated busines activities not included on line 10b,	SS					
whether or not the business is						
regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital				1	1	
assets (Explain in Part VI.)						
14 First 5 years. If the Form 990 is fo		irst second third	fourth or fifth tay	vear as a section	501(c)(3) organi:	ration.
check this box and stop here Section C. Computation of Pul						<u>L</u>
			ookuma /fi)		15	%
15 Public support percentage for 2022	•	_				
16 Public support percentage from 20					16	90
Section D. Computation of Inv					1 1	
17 Investment income percentage for						%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2022. If t	the organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and lin	e 17 is not
more than 33 1/3%, check this box						
b 33 1/3% support tests - 2021. If t						
line 18 is not more than 33 1/3%, o						
20 Private foundation. If the organiza	mon did not check a	DOX OF LINE 14, 19	a, or 190, check t	THIS DOX AND SEE ITS		
232023 12-09-22					Schedu	le A (Form 990) 2022

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filling organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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7 8 9a		
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Sched

Page 5

на	Tive Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	446	initia paren.	The second secon
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b	Santa Santa Santa Santa Santa Santa	
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	11c	Same Same	Victoria de la companya de la compan
Sec	detail in Part VI. tion B. Type I Supporting Organizations	1 110 1		
	don Di Typo i capporting organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			Control of Control
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	Company of the compan		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	De la Maria de la Capación de la Cap		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	The second secon		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	The second secon		mag Deve parameter and a mag Deve parameter an
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	The second secon		And Constituted Street
	supervised, or controlled the supporting organization.	2		L
Sec	tion C. Type II Supporting Organizations			
		The standard of the standard o	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	The second secon	A Company of the Comp	Property of the control of the contr
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s). tion D. All Type III Supporting Organizations	1 1		L
360	tion b. All Type in Supporting Organizations	I	Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	And happy of North And Con-		Particle of the particle of th
1	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			Address of the control of the contro
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	The state of the s		The state of the s
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		interviews.
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	Constitution of Page 4, 2 and a second of the second of th		American Indiana Indiana American Indiana American Indiana India
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	And the second s		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	The company of the co		
	significant voice in the organization's investment policies and in directing the use of the organization's	Control of the Contro	A Control of Control	200 A
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	Control Section (p)	Control of the Contro	And the second s
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructions 	Yes	No
2	Activities Test. Answer lines 2a and 2b below.		163	INO
а	•	The second control of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	province of the control of the contr		Programme and Pr
	those supported organizations and explain how these activities directly furthered their exempt purposes,	The second secon	200 200 200 200 200 200 200 200 200 200	Artificial and artifi
	how the organization was responsive to those supported organizations, and how the organization determined	2a	sisanisani	200
h	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			The second secon
D	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			Part of the Control o
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	100 (100 (100 (100 (100 (100 (100 (100		
•	these activities but for the organization's involvement.	2b		***************************************
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	The state of the state of the state of the officers dispersion of			
-	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b	The state of the s			ACTOR CONTROL OF
	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard.	3b		1

Schedule A (Form 990) 2022

	Type III Non-Functionally Integrated 509(a)(3) Supporting		nizations	rag
1	Check here if the organization satisfied the Integral Part Test as a qualifylr	ng trust or	n Nov. 20, 1970 (<i>explain in</i> P a	rt VI). See instruction
	All other Type III non-functionally integrated supporting organizations mus	t complet	e Sections A through E.	
ect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		<u> </u>
4	Add lines 1 through 3,	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	Application of the control of the co		
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors	The state of the s	The state of the s	
	(explain in detail in Part VI):			A commence of the property of the commence of
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			•
-	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ecti	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2	The second secon	
-	Minimum asset amount for prior year (from Section B, line 8, column A)	3	The second of th	
4	Enter greater of line 2 or line 3.	4	A CONTROL OF THE PROPERTY OF T	
7 5	Income tax imposed in prior year	5	A second	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		A control of the property of t	
•	emergency temporary reduction (see instructions).	6	The second secon	
7	Check here if the current year is the organization's first as a non-functiona		ted Type III supporting groapi	zation (see

Schedule A (Form 990) 2022

instructions).

Sche	dule A (Form 990) 2022 MOTION PICTURE AND				95-1652916	Page 7
Pai	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ed)		
Secti	ion D - Distributions				Current Ye	ar
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	3	3			
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		·
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	S	(iii) Distributab Amount for 2	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.				Property of the control of the contr	
3	Excess distributions carryover, if any, to 2022				START THE START ST	
а	From 2017	And the second section of the second				
b	From 2018					
c	From 2019	The part of the pa			The second secon	
d	From 2020				The second secon	
е	From 2021	The state of the s	A CONTROL OF THE PROPERTY OF T	A CONTRACTOR		
f	Total of lines 3a through 3e		Control of		The second secon	
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount		Land State Control of			
i	Carryover from 2017 not applied (see instructions)					
ì	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		Control of the Contro			
4	Distributions for 2022 from Section D,					
	line 7: \$	A tipe continuence of the Contin				
а	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount	The second secon	and the state of t			
	Remainder, Subtract lines 4a and 4b from line 4.		The second state of the se			
5	Remaining underdistributions for years prior to 2022, if	Company of the compan				Control of the Contro
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.	The state of the s			And the second s	
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in		The second secon	201220		
	Part VI. See instructions.		A Company of the Comp			
7	Excess distributions carryover to 2023. Add lines 3j					
-	and 4c.					P. North State Control
8	Breakdown of line 7:	and the second of the second o	Application of the control of the co	7,000 (10 #01 of ye 6 y 2 1 y 10 #01 of ye 10 4 10 mg 2 10 mg		
	Excess from 2018					
	Excess from 2019	many contains a containing of the containing of	The second of th		Section (Section 1) and the se	
	Excess from 2020					Annual Company of the
	Excess from 2021		The state of the s	Access (Access of the Control of the		
	Excess from 2022					

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 MOTION PICTURE AND TELEVISION FUND	95-1652916	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Passection D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional (See instructions.)	is 1 and 2; Part IV, Sectio rt V, Section B, line 1e; P	n C,
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
OTHER INCOME		
2018 AMOUNT: \$ 26,552.		
2019 AMOUNT: \$ 1,008,336.		
2020 AMOUNT: \$ 2,219,368.		
2021 AMOUNT: \$ 414,000.		
2022 AMOUNT: \$ 636,386.	TO SERVE	
	* Ollif - 1-24.0	
	,	
	111111111111111111111111111111111111111	

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization Employer identification number MOTION PICTURE AND TELEVISION FUND 95-1652916 Organization type (check one): Filers of: Section; Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. ____ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990). LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990) (2022) Name of organization

Employer identification number

MOTTON	PICTURE	AND	TELEVISION	FUN

95-1652916

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,582,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223452 11-15		\$	Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Name of organization

Employer identification number

MOTION PICTURE AND TELEVISION FUND

95-1652916

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		- - - - \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(ત) Date received			
		- \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		- - - - - - - - - - - - -				
(a) No. from Part I	· (b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		- - - \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		- - - - - - - - - -				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		- - - - - - - - - - -				
223453 11-15	-22		Schedule B (Form 990) (2022)			

Name of or	ganization			Employer identification number			
MOTION P	ICTURE AND TELEVISION FUND			95-1652916			
Part III		through (e) and the following line en haritable, etc., contributions of \$1,000 or	tov. For organization	S			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	:	(d) Description of how gift is held			
Ī		(e) Transfer of gi	ft				
	Transferee's name, address, ar	nd ZIP + 4	Relations	nip of transferor to transferee			
				i			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relations	nip of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
		(e) Transfer of g	ift				
	Transferee's name, address, a	nd ZIP + 4	Relations	hip of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
		(e) Transfer of g	ift				
	Transferee's name, address, and ZIP + 4			hip of transferor to transferee			
		·					

SCHEDULE C

(Form 990) For Organi

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

• S	ection 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Name	of organization			Emp	loyer identification number
		TURE AND TELEVISION FUND			95-1652916
Pai	t I-A Complete if the org	anization is exempt unde	er section 501(c)	or is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures gn activities			
		anization is exempt unde			
1	Enter the amount of any excise tax	incurred by the organization und	er section 4955		S
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 4955		
3	f the organization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a	Was a correction made?			***************************************	Yes No
b	f "Yes," describe in Part IV.				V.0
1,	The Different Letter	anization is exempt und			
	Enter the amount directly expended				
	Enter the amount of the filing organ				
	exempt function activities				
	Total exempt function expenditures				
	ine 17b				
	Did the filing organization file Form				
5	Enter the names, addresses and en	nployer identification number (Eli	N) of all section 527 po	litical organizations to whic	h the filing organization
	made payments. For each organiza	tion listed, enter the amount paid	trom the filing organiz	ration's funds. Also enter th	e amount of political
	contributions received that were propolitical action committee (PAC). If				to segregated idild or a
					T (-) Amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly
		•			delivered to a separate political organization.
					If none, enter -0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2022

LHA

232041 11-08-22

Schedule C (Form 990) 2022	MOTION PICT	URE AND TE	LEVISION FU	ND	95-1	652916 Page 2
Part II-A Complete if the org	janization is	s exempt u	ınder sectioi	n 501(c)(3) and file	d Form 5768 (ele	ction under
section 501(h)).						
A Check if the filing organiza	ation belongs to	an affiliated	group (and list ir	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and shall			,			
B Check if the filing organiza	ation checked b	ox A and "lim	ited control" pro	ovisions apply.		1
l imi	its on Lobbying	a Expenditure	es		(a) Filing	(b) Affiliated group
(The term "expend)	organization's totals	totals
1a Total lobbying expenditures to influ	uence public or	pinion (grassro	oots lobbying)			
b Total lobbying expenditures to influ	uence a legislat	tive body (dire	ect lobbying)			
c Total lobbying expenditures (add li						
d Other exempt purpose expenditure						
e Total exempt purpose expenditure						
f Lobbying nontaxable amount. Enter	er the amount f	rom the follov	ving table in bot	h columns.		
If the amount on line 1e, column (a) o	or (b) is:	The lobbying	nontaxable am	ount is:		
Not over \$500,000	2	20% of the am	nount on line 1e.			
Over \$500,000 but not over \$1,000	0,000	\$100,000 plus	s 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000	\$175,000 plus	s 10% of the exc			
Over \$1,500,000 but not over \$17,	,000,000	\$225,000 plus	s 5% of the exce	ss over \$1,500,000.	Control of the Contro	
Over \$17,000,000		\$1,000,000.				
						The State of Control o
g Grassroots nontaxable amount (en	nter 25% of line	1f)				
h Subtract line 1g from line 1a. If zer	o or less, enter	-0-				
i Subtract line 1f from line 1c. If zero						
j If there is an amount other than ze	ro on either line	e 1h or line 1i,	did the organiz	ation file Form 4720	-	
reporting section 4911 tax for this	year?					Yes No
(Some organizations t	hat made a se	ction 501(h) e	election do not	Section 501(h) have to complete all o nes 2a through 2f.)	f the five columns be	elow.
						1.00-100
	Loppying	g Expenditure	es During 4- rea	ar Averaging Period		1
Calendar year (or fiscal year beginning in)	(a) 2019	9	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount	The state of the s	The second secon	A CONTROL OF THE CONT	The state of the s		
(150% of line 2a, column(e))	The second secon	Comment of the commen	And the state of t			
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
Creece acts labbuing expenditures						

Schedule C (Form 990) 2022

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

For 6	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(8	3)	i)	o)
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?		х		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		х		
c	A. P. A. Branchell		х	7.77	
d	Mailings to members, legislators, or the public?		х		
	Publications, or published or broadcast statements?		Х		
f	Grants to other organizations for lobbying purposes?		х		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		х		
_	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i	Other activities?	Х			27,772.
i	Total, Add lines 1c through 1i		A Company of the Comp		27,772.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		х		
	If "Yes," enter the amount of any tax incurred under section 4912		Temperature and the company of the c		
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	114.00 (A. 2015) (A. 2016)	2511065,000 1900 m 1000 m 1000 m		A company of the comp
Par	tili-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(5), or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		····		
Par	Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	tion	
<u> </u>	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OR	(b) Part I	II-A, line	3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year		1 1		
c			1 . 1		
3	the second secon		1 _ 1		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc		2704,000,000 2704,000,000 2704,000,000		
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p		The state of the s		
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
	t IV Supplemental Information				
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 ar	nd 2 (See	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	,,	,	·	
	TII-B, LINE 1, LOBBYING ACTIVITIES:				
THE	LOBBYING ACTIONS OF THE MOTION PICTURE AND TELEVISION FUND FOR THE				
YEAF	R ENDED DECEMBER 31, 2022 WERE COMPRISED OF PAYING MEMBERSHIP DUES				
TO V	VARIOUS HEALTHCARE ASSOCIATIONS WHO IN TURN PAY OUTSIDE LOBBYISTS TO				
REPF	RESENT THE INTERESTS OF THE ASSOCIATION WITH STATE LEGISLATORS WITH				
RESF	PECT TO GOVERNMENT REIMBURSEMENT PROGRAMS.				

Schedule C (Form 990) 2022

SCHEDULE D (Form 990)

Supplemental Financial Statements

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Name of the organization

MOTON DICTURE AND VELEVISION FIND

Employer identification number 95-1652916

Pai		d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6. (a) Donor advised funds	(b) Funds and other accounts
	The desired of the second of t	(a) Doriol advised failes	(B) For local design de
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year Did the organization inform all donors and donor advisors in v		od funde
5			1 1 t 1
_	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Pai	impermissible private benefit? † II Conservation Easements. Complete if the org		
1111740,5011	1100		arty, mo
1	Purpose(s) of conservation easements held by the organization Preservation of land for public use (for example, recreated)		a historically important land area
			a certified historic structure
	Protection of natural habitat	Freservation or	a del tilled filatorio diractaro
	Preservation of open space Complete lines 2a through 2d if the organization held a qualif	ied concernation contribution in the form	of a conservation easement on the last
2	·	led conservation contribution in the form	Held at the End of the Tax Year
	day of the tax year.		
a	Total number of conservation easements		
b		net we included in (a)	
C.	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		2d
_	historic structure listed in the National Register Number of conservation easements modified, transferred, rele	agend outlinguished or terminated by the	
3		eased, extinguished, or terminated by the	organization during the tax
	year	sement is legated	
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		Yes No
	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,		
6	Stail and volunteer hours devoted to monitoring, inspecting,	nationing of violations, and emotoring cond	orvation casomories during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(l	
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial stateme	ents that describes the
	organization's accounting for conservation easements.		C
Pa	Organizations Maintaining Collections of		ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		and the second s
2	If the organization received or held works of art, historical treatment		gain, provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		\$

232051 09-01-22

Schedule D (Form 990) 2022

	udie D (i Oilli 330; 2022	URE AND TELEVIS				95-165			ge 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Simila	r Assets	(continu	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	significant	use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or								
	to be sold to raise funds rather than to be ma	intained as part of th	e organization's col	llection?			Yes		No
Par	t IV Escrow and Custodial Arrang						ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	s or other assets not	included				
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII a								
		•	-				Amount		
С	Beginning balance				1c				
	Additions during the year								
e	Distributions during the year				į.				
f	Ending balance								
2a	Did the organization include an amount on Fo						Yes	X	No
	If "Yes," explain the arrangement in Part XIII.					<u> </u>			l
	t V Endowment Funds. Complete it								
	-	(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	years t	ack
1a	Beginning of year balance	32,915,998.	28,458,317.	28,147,361.	26,0	62,640.	28,	224,4	176.
h	Contributions	13,468.	4,476,028.	168,165.	:	L99,049.	62,		394.
c	Net investment earnings, gains, and losses	-2,930,800.	1,427,939.	802,791.	2,4	168,463.	-1,	-1,134,23	
ų	Grants or scholarships								
e	Other expenditures for facilities								
Ŭ	and programs	0.	1,446,285.	660,000.	1,:	L82,791.		490,0	000.
f	Administrative expenses								
g.	End of year balance	29,998,666.	32,915,998,	28,458,317.	28,	147,361.	26,	662,6	540.
2	Provide the estimated percentage of the curr				<u></u>				
a.	Board designated or quasi-endowment		%	,					
a k	Permanent endowment 100	%	_^~						
D	Term endowment .0000								
·	The percentages on lines 2a, 2b, and 2c show								
20	Are there endowment funds not in the posses	•	tion that are held ar	nd administered for t	:he				
Ja	organization by:	ocion of the organiza	don that are there are				Γ	Yes	No
	(i) Unrelated organizations		•				3a(i)		х
	(ii) Related organizations						3a(ii)		х
h	If "Yes" on line 3a(ii), are the related organiza						3b		
4	Describe in Part XIII the intended uses of the			/					
Pai	tVI Land, Buildings, and Equipm		WITTONE IGHOO.						
Parl Street	Complete if the organization answered		. Part IV. line 11a. S	ee Form 990, Part X	(, line 10.				
	Description of property	(a) Cost or of			Accumulat	ed	(d) Book	value	
	Description of property	basis (investm	1 ' '		epreciatio		(0) 200.		
	Land			,821,411.	A STATE OF THE STA	A CONTROL OF THE PROPERTY OF T	1.	821,4	111.
	Land			,815,114.	80,820	315.		994,	
	Buildings Leasehold improvements			708,520.		,670,			350.
	•		22	,962,890.	21,612		1.	350,4	
	Equipment	1		,752,612.	11,116			636,1	
	Other			<u> </u>	·			844,6	
TULA	. Add mies ta unough te. (Columnia) Must ei	<u>uuai FUIII 330, Fälli</u>	<u>чесовання (Б), пред п</u>	···		******	<u>'</u>		

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 MOTION PICTURE AN	D TELEVISION FUND	9	5-1652916	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market v	ralue
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A) D.E. SHAW ORIENTEER ENDOWMENT	3,269,533,	END-OF-YEAR MARKET VALUE		
(B) PANAGORA DIVERSIFIED RISK ENDOWMENT	3,402,713.	END-OF-YEAR MARKET VALUE		
(D)	3,237,643.	END-OF-YEAR MARKET VALUE		
	889.022.	END-OF-YEAR MARKET VALUE		
	1,776,764.	END-OF-YEAR MARKET VALUE		
(E) ENDOWMENT HAWK RIDGE		END-OF-YEAR MARKET VALUE		
(F) STONE RIDGE REINSURANCE	2,925.	END-OF-IEAR MARKET VALUE		
(G)				
(H)			Annual Control of the	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	12,578,600.			
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of				
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market v	/alue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		A mention of the second	The part of the first transfer and the part of the par	
Part IX Other Assets.			ti de trata de transferio en espera for esta en la materia en el materia de la materia de la materia de la mate	
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.		
	Description		(b) Book v	alue
	30001P1011		(,	
(1)		·		
(2)				
(3)				
(4)	The state of the s			
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)			
Part X Other Liabilities.				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25		
1. (a) Description of liability			(b) Book v	alue
(1) Federal income taxes			14.7	18,761.
(1) Federal income taxes (2) DUE TO RETIREMENT PLANS			, , , , , , , , , , , , , , , , , , ,	_
				82,000.
(2) DUE TO RETIREMENT PLANS			3,9	
(2) DUE TO RETIREMENT PLANS (3) ACCRUED WORKER'S COMPENSATION (4) ACCRUED GENERAL LIABILITY INSURANCE			3,9 3,1	82,000.
(2) DUE TO RETIREMENT PLANS (3) ACCRUED WORKER'S COMPENSATION (4) ACCRUED GENERAL LIABILITY INSURANCE (5) INTEREST RATE SWAP OBLIGATION			3,9	82,000. 07,047.
(2) DUE TO RETIREMENT PLANS (3) ACCRUED WORKER'S COMPENSATION (4) ACCRUED GENERAL LIABILITY INSURANCE (5) INTEREST RATE SWAP OBLIGATION (6) DUE TO AFFILIATES	ST AGREEMENTS		3,9 3,1	82,000. 07,047. 12,947.
(2) DUE TO RETIREMENT PLANS (3) ACCRUED WORKER'S COMPENSATION (4) ACCRUED GENERAL LIABILITY INSURANCE (5) INTEREST RATE SWAP OBLIGATION	ST AGREEMENTS		3,9 3,1 8	82,000. 07,047. 12,947. 90,477.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2022

23,808,231.

Total. (Column (b) must equal Form 990, Part X. col. (B) line 25.)

Pai	t XI Reconciliation of Revenue per Audited Financial Stat	tements With Revenu	ıe per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, Iir	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c	A Company of the Comp	
d	Other (Describe in Part XIII.)	1 1	Entraction of the Control of the Con	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	.,,,,,	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	And the state of t	
С	Add lines 4a and 4b		4c	
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.			
Pa	TXII Reconciliation of Expenses per Audited Financial Sta	atements With Expen	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.		
1	Total expenses and losses per audited financial statements	***************************************	1	<u> </u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c	September 20 Feb.	
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	l i	The state of the s	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	The Administration of Control of	
b	Other (Describe in Part XIII.)	4b	The second secon	
С	Add lines 4a and 4b		l	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18	8,)	5	
211 2 111	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4		Part V, line 4; Part X, line 2; Part XI,	
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar	ny additional information.		
	-			
חסגם	V. ENDOWMENT FUNDS:			
PARI	V, ENDOWMENT FUNDS:			
าหษ	ORGANIZATION'S ENDOWMENTS ARE DONOR-RESTRICTED AND WERE			
ESTA	BLISHED FOR A VARIETY OF PURPOSES, INCLUDING CHILDCARE, F	ATIENT AND		
RESI	DENT SUPPORT, GROUNDS MAINTENANCE, AND OTHER GENERAL OPER	ATING		
PURF	OSES. THE ORGANIZATION HAS ADOPTED INVESTMENT AND SPENDIN	rG		
				-,
POLI	CIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE LONG TE	RM		
		יט		
INVE	STMENT APPRECIATION AND A PREDICTABLE STREAM OF FUNDING T			
INVE	STMENT APPRECIATION AND A PREDICTABLE STREAM OF FUNDING T			
	STMENT APPRECIATION AND A PREDICTABLE STREAM OF FUNDING TRAMS SUPPORTED BY THE RESPECTIVE ENDOWMENT.			

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

	22	
Open to F Inspectio	Public n	

THE CARIBBEAN - ANTIGUA & BARBUDA,	Name of the organization					Employer identi	fication number
Part General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part N, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants are assistance, and the osteotion riterial used to award the grants or assistance outside the United States. 2	איים מעודים אום איני	OMIR MOTETUR.				95-1652916	
Form 980, Part IV, line 14b. 1 For grantmakers. Describe in part V the crganization maintain records to substantiate the amount of its grants and other assistance, the grantess' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance outside the United States. 3 Activities por Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in the region in the region of (e) Number			ctivities Out	side the United States. Comple	ete if the organ		Yes" on
the granteaville programmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,				=			
2 For grantmokers, Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3. Activities per Region (b) Number of offices in the region office in the region of outside the contractors in the region of outside the contractors of outside service (c) Number of outside (c) Number of out			n maintain record	ds to substantiate the amount of its gra	nts and other a	assistance,	
United States. 3. Activities per Region. (The following Part I line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of offices in the region (c) Number of offices and processes in the region offices in the region of th	the grantees' eligibility	for the grants or a	assistance, and t	he selection criteria used to award the	grants or assis	tance?	Yes No
United States. 3. Activities per Region. (The following Part I line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of offices in the region (c) Number of offices and processes in the region offices in the region of th							
(a) Region (b) Number of (c) Number of (d) Authorites conducted in the region offices in the region of the region of service(s) in the reg	-	cribe in Part V the	e organization's p	procedures for monitoring the use of its	grants and ot	her assistance outs	side the
GENTRAL AMERICA AND PHIC CARIBBEAN - ANTIQUA & TARRUDA, ARUBA, BAHAMAS, O O TIVESTMENTS 3 a Subtotal b Total from continuation sheets to Part I o Totals (add lines 3a) C Totals (add lines 3a) O O O O O O O O O O O O O O O O O O O	3 Activities per Region. (1	he following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded.)		
THE CARLEBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, 0 0 INVESTMENTS 12,578,600. 10 INVESTMENTS 12,578,600. 11 INVESTMENTS 12,578,600. 12 INVESTMENTS 12,578,600.	(a) Region	offices	employees, agents, and independent contractors	(by type) (such as, fundraising, program services, investments, grants to	is a pro describe	gram service, specific type	expenditures for and investments
ANTIGUA & DARBUDA, ARUBA, BAHAMAS, 0 0 INVESTMENTS 12,578,600. 3 a Subtotal 0 0 0 1 12,578,600. b Total from continuation sheets to Part I 0 0 0 0 0. c Totals (add lines 3a 0 0 0 0 0 0.	CENTRAL AMERICA AND						
ARUBA, BAHAMAS, 0 0 INVESTMENTS 12,578,600. 1	THE CARIBBEAN -	1					
3 a Subtotal 0 0 0 12,578,600. b Total from continuation sheets to Part I 0 0 0 0. c Totals (add lines 3a	ANTIGUA & BARBUDA,	1					
b Total from continuation sheets to Part I 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ARUBA, BAHAMAS,	0	0	INVESTMENTS			12,578,600.
b Total from continuation sheets to Part I 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
b Total from continuation sheets to Part I 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
b Total from continuation sheets to Part I 0 0 0. c Totals (add lines 3a							
b Total from continuation sheets to Part I 0 0 0. c Totals (add lines 3a							
b Total from continuation sheets to Part I 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
b Total from continuation sheets to Part I 0 0 0. c Totals (add lines 3a							
b Total from continuation sheets to Part I 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
b Total from continuation sheets to Part I 0 0 0. c Totals (add lines 3a							
b Total from continuation sheets to Part I 0 0 0. c Totals (add lines 3a							
b Total from continuation sheets to Part I 0 0 0. c Totals (add lines 3a							
b Total from continuation sheets to Part I 0 0 0. c Totals (add lines 3a							
b Total from continuation sheets to Part I 0 0 0. c Totals (add lines 3a							
b Total from continuation sheets to Part I 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3 a Subtotal	0	0		Company of the compan		12,578,600.
c Totals (add lines 3a	b Total from continuation	1					
110 570 600		0	0				0.
		0	0				12,578,600.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(i) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2022
						hedule F (Fo
(h) Description of noncash assistance						S
(g) Amount of noncash assistance					A A	
(f) Manner of cash disbursement					recognized as a tax livalency letter	
(e) Amount of cash grant					foreign country, 1 tion 501(c)(3) equ	
(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
(c) Region					is listed above that are represented or the grantee continued.	r enuties
(b) IRS code section and EIN (if applicable)					recipient organization nization by the IRS, c	orner organizations c
1 (a) Name of organization					2 Enter total number of exempt 501(c)(3) orga	s Ener total rutinger of other organizations of entitles

95-1652916 MOTION PICTURE AND TELEVISION FUND Schedule F (Form 990) 2022

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

	(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2022
	(g) Description of noncash assistance					Schedu
	(f) Amount of noncash assistance					
	(e) Manner of cash disbursement					
	(d) Amount of cash grant					
	(c) Number of recipients					,
Iditional space is needed	(b) Region					,
Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance					

Schedu	Jie F (Form 990) 2022 MOTION PICTURE AND TELEVISION FUND	95-1652916	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	X Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No
		Schedule F (For	m 990) 2022

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

Name of the organization MOTION PICTU	JRE AND TELEVISION FUND				1	95-165291	6
Section of the sectio	Complete if the organization answe	ered "Y	es" or	r Form 990, Part IV, I	ine 17.	Form 990-EZ	filers are not
required to complete this part. Indicate whether the organization raise a Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations	e Solicitar f Solicitar g Special oral agreement with any individual t VII) or entity in connection with products or entities (fundraisers) pursu	tion of tion of fundra (includ rofessio	non-governising of onal fundamental contractions in the contractions of the contractio	overnment grants nment grants events ficers, directors, trus undraising services?	stees, o	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundra have cu or con contribu	Did siser istody rol of itions?	(iv) Gross receipts from activity	to (or r	Amount paid retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
						· ·	
						-	
			110				
3 List all states in which the organization or licensing.				or has been notified	litis ex	empt from reg	gistration
HA For Paperwork Reduction Act Notic	e, see the Instructions for Form	990 or	990-E	Z ,		Schedule	G (Form 990) 202

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Pa	ırt I									
		of fundraising event contributions and gro			•	s greater than \$5,000.				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events				
			THE NIGHT BEFORE	THE EVENING BEFORE	3	(add col. (a) through				
			(event type)	(event type)	(total number)	col. (c))				
Пe										
Revenue	1	Gross receipts	4,443,208.	3,040,319.	3,227,285.	10,710,812.				
α										
	2	Less: Contributions	4,210,832.	2,681,795.	2,883,309.	9,775,936.				
		O the second transfer of the second	232,376.	358,524.	343,976.	934,876.				
	3	Gross income (line 1 minus line 2)	232,370.	330,324,	3,3,3,3,	301,070.				
	4	Cash prizes								
	ľ									
	5	Noncash prizes	30,212.	29,238.	45,486.	104,936.				
Ses						071 075				
beü	6	Rent/facility costs	6,507.	165,619.	82,850.	254,976.				
Direct Expenses	_	m landbarran	225,869.	192,905.	261,126.	679,900.				
rec	7	Food and beverages	223,005;	132,303,	202,220.					
Ω	8	Entertainment	17,995.	57,820.	168,677.	244,492.				
	9	Other direct expenses			1,401,881.	3,933,474.				
	10	Direct expense summary. Add lines 4 through				5,217,778.				
		Net income summary, Subtract line 10 from li				-4,282,902,				
Pa	rt l		answered "Yes" on Form	990, Part IV, line 19, or	reported more than					
_		\$15,000 on Form 990-EZ, line 6a.	I	(b) Pull tabs/instant		(d) Total gaming (add				
re			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))				
Revenue										
ፚ	1	Gross revenue			31,450.	31,450.				
•		-								
S.	2	Cash prizes								
Expenses	_				9,010.	9,010.				
Εχο	3	Noncash prizes			3,010.	3,020,				
Direct		Rent/facility costs								
ڃَ	•									
	5	Other direct expenses								
			Yes %	Yes %	Yes %	The second of th				
	6	Volunteer labor	No	No No	X No	Teacher Committee Teac				
	_	Disability of the second	E in column (d)			9,010.				
	7	Direct expense summary. Add lines 2 through	i o in column (d)			-,				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)	******		22,440,				
9	Ent	ter the state(s) in which the organization condu	icts gaming activities: Ci	A,NY						
a is the organization licensed to conduct gaming activities in each of these states?										
b	lf "	No," explain:			anna on e					
100	Me	ere any of the organization's gaming licenses re	woked, suspended, or te	rminated during the tax	vear?	Yes X No				
		Yes," explain:								
_	_	-								
2270	20 10	-27-22			Sche	dule G (Form 990) 2022				

Sch	edule G (Form 990) 2022	MOTION PICTURE AND TELEVISION FUND 95	-1652916	Page 3
11	Does the organization conduct gam	ing activities with nonmembers?	X Yes	No No
12	Is the organization a grantor, benefic	ciary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?		Yes	X No
13	Indicate the percentage of gaming a			
2	The organization's facility		13a ¹	00,00 %
			13b	.00 %
14	Enter the name and address of the p	person who prepares the organization's gaming/special events books and records:		
	Name MALUZVIMINDA RAYOS	DEL SOL		
	Address 23388 MULHOLLAND	DRIVE - WOODLAND HILLS, CA 91364		
15a	Does the organization have a contra	ct with a third party from whom the organization receives gaming revenue?	Yes	X No
,	If "Ves " enter the amount of gaming	g revenue received by the organization \$ and the amount		
		hird party \$		
,	If "Yes," enter name and address of			
`	in 163, Girel hame and address of			
	Name			
	TARILLE			
	Address			
	Address	,		
16	Gaming manager information:			
10	daming manager morniasers			
	Name RACHEL DAVEY			
	Gaming manager compensation	\$ 0.		
	during manager compensation			
	Description of services provided	MANAGES RAFFLE AFTER ANNUAL GOLF TOURNAMENT, DAY AT		
	THE RANCH, ETC.			
	Director/officer	Employee Independent contractor		
	Dijastelyelilesi			
17	Mandatory distributions:			
	•	tate law to make charitable distributions from the gaming proceeds to		
•	retain the state gaming license?	tato 124 to 114to dilattable dictionalistic non the Sammig Francisco	X Yes	No
Ł		quired under state law to be distributed to other exempt organizations or spent in the		
ı	organization's own exempt activities			
Pa		ation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I	Part III. lines 9.	9b. 10b.
		pplicable. Also provide any additional information. See instructions.		, ,
_	105, 100, 10, 414, 115, 404			
-				
2320	83 10-27-22	Sch	edule G (Form	990) 2022

Schedule G	(Form 990)	MOTION PICTURE AND TELEVISION FUND	95-1652916	Page 4
Part IV	(Form 990) Supplemental Infor	mation 4		
	Cappionicital into	(continued)		
			4	
		The state of the s		
		A DESCRIPTION OF THE PROPERTY		
		The state of the s		

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

00)

Hospitals

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2022

Open to Public Inspection

Name of the organization

MOTION PICTURE AND TELEVISION FUND

Employer identification number 95-1652916

Par	t Financial Assistance a	ind Certain Oti	ner Communi	ty Benefits at	Cost				
		a a						Yes	No
1a	Did the organization have a financial	assistance policy	during the tax yea	r? If "No," skip to o	question 6a		1a	Х	ļ
b	If "Yes," was it a written policy? If the organization had multiple hospital fato its various hospital facilities during the to					Jatones pollou	1b	Х	1000000000000000
2	If the organization had multiple hospital to to its various hospital facilities during the t	icilities, indicate whici tax year:	n of the following be	st describes application	on of the linancial ass	istance policy		North Act	entral de production de la companya
	X Applied uniformly to all hospita	al facilities	Appli	ed uniformly to mo	st hospital facilities	•	ide peter in pera constitue pera lipea que con constitue		To the second of
	Generally tailored to individual	hospital facilities							Company Company
3	Answer the following based on the financial assist	tance eligibility criteria the	at applied to the largest	number of the organization	on's patients during the ta	x year,	Promise Control		
а	Did the organization use Federal Pov	erty Guidelines (FF	PG) as a factor in	determining eligibil	ity for providing fr	ee care?			Color of Property of the Color
	If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:								
	100% 150%	X 200%	Other	%					
b	b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which								
	of the following was the family incom	ne limit for eligibility	for discounted c	are:			3b	Х	
	200%	300%] 350% X	400% O	ther 9	6			
С	If the organization used factors other	r than FPG in deter	mining eligibility,	describe in Part VI	the criteria used fo	r determining			
	eligibility for free or discounted care.					other	Discount of the control of the contr		
	threshold, regardless of income, as a						Control of a second	Type of the second of the seco	A Committee of the Comm
4	Did the organization's financial assistance policy "medically indigent"?			during the tax year provid			4	Х	ــــــ
5a	Did the organization budget amounts for	free or discounted ca	re provided under it	s financial assistance	policy during the tax	year?	5a	х	
b	If "Yes," did the organization's finance	cial assistance exp	enses exceed the	budgeted amount	?		5b	Х	
c	If "Yes" to line 5b, as a result of budg	get considerations,	, was the organiza	ation unable to prov	ide free or discour	nted		ļ	
	care to a patient who was eligible for	r free or discounted	d care?			,	5c	ļ	Х
6a	Did the organization prepare a comm	nunity benefit repo	rt during the tax y	ear?			6a	<u> </u>	Х
b	If "Yes," did the organization make it	available to the pu	ıblic?				6b		
	Complete the following table using the worksheet	s provided in the Schedu	le H instructions. Do no	t submit these worksheet:	s with the Schedule H.			A per peut l'insegue en réprésent alles en réprésent de l'en-	Manufacture of the second
7	Financial Assistance and Certain Oth	ner Community Ber	nefits at Cost	_					
	Financial Assistance and	(a) Number of activities or	(b) Persons served	(C) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(1	f) Percer of total	nt
Mea	ns-Tested Government Programs	programs (optional)	(optional)	<u> </u>				expense	
а	Financial Assistance at cost (from								
	Worksheet 1)			29,596.	0.	29,596.		,04	.*5
b	Medicaid (from Worksheet 3,								- ^
	column a)			21,888,401.	15,940,059.	5,948,342.		8.76	· 8
С	Costs of other means-tested								
	government programs (from								
	Worksheet 3, column b)						<u> </u>		
d	Total. Financial Assistance and			<u>.</u> _					
	Means-Tested Government Programs			21,917,997.	15,940,059.	5,977,938.	 	8.80	-6
	Other Benefits								
	Community health								
	improvement services and								
	community benefit operations			0 000 055	270 715	7 720 540		11.38	19-
	(from Worksheet 4)			8,000,255.	270,715.	7,729,540.		77.30	. 10
f	Health professions education		-						
	(from Worksheet 5)								
g	Subsidized health services								
	(from Worksheet 6)								
	Research (from Worksheet 7)						<u> </u>		
	Cash and in-kind contributions								
	for community benefit (from								
	Worksheet 8)			0.000.055	220 245	7 720 640		11.38	9
•	Total. Other Benefits			8,000,255.	270,715.	7,729,540. 13,707,478.	 	20.18	
le.	Total Add lines 7d and 7i	1		29 918 252	16 210 774	L 13,/U/,4/0.	ł	ΔV , LC	/10

232091 11-18-22 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

chedule H (Form 990) 2022 MC	TION PICTURE AND	TELEVISION F	UND				95-1652	916	Pag	je 2
Part II Community Buildin								vities d	uring th	е
tax year, and describe in	Part VI how its commu	nity building activ	ities promoted t	he health	of the c	ommur	nities it serves.			
	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(C) Total community building expense	offse	d) Direct tting revenu		(e) Net community puilding expense	, , ,	Percent of al expense	
1 Physical improvements and housing	(4)		20,503,84		,078,00	00,	13,425,847.		19.76%	
2 Economic development										
3 Community support			295,47	1,		0.	295,471.		.438	_
4 Environmental improvements										_
5 Leadership development and										
training for community members										_
6 Coalition building								ــــــ		
7 Community health improvement										
advocacy										
Workforce development										
Other			581,47	3.		0.	581,473.		.86%	
) Total			21,380,79	1. 7	,078,00	00.	14,302,791.		21.05%	
art III Bad Debt, Medicare	e, & Collection Pr	actices								
ection A. Bad Debt Expense									Yes	١
Did the organization report bad	leht expense in accord	lance with Health	care Financial M	lanageme	ent Asso	ciation				Ī
Statement No. 15?								1	х	
								The second and the se	50000 AND	200
Enter the amount of the organization methodology used by the organization					2		24,477.	The control of the co		
								The state of the s		
Enter the estimated amount of the patients eligible under the organ				_				Savasans		
				C				1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Fig.
methodology used by the organi					3		0.	Derivation of American Company of the Company of th		
for including this portion of bad			tatamanta that			n+				
Provide in Part VI the text of the						Üί		100000000000000000000000000000000000000		
expense or the page number on	Which this toothole is	contained in the a	illacried imaricia	ıı Stateme	311124			The Control		
ection B. Medicare					1 - 1		1,144,453.	The second of th		DOME
5 Enter total revenue received from					5 6		1,806,472.	turns, and proposed again		
Enter Medicare allowable costs							-662,019.	The state of the s		
Subtract line 6 from line 5. This i					7	· Ct	.002,013.	TOTAL STATE OF THE		1000
Describe in Part VI the extent to								Total Control of the		
Also describe in Part VI the cost		urce used to dete	rmine the amour	nt reporte	ed on line	96.		Control projection		
Check the box that describes th		r -	_					The second second		3
Cost accounting system	X Cost to char	rge ratio L] Other					Part may proceed and the second secon	5.55.7523	
ection C. Collection Practices								manufactural production of the control of the contr	Provide the second seco	200
a Did the organization have a writt								9a	X	_
b If "Yes," did the organization's collec-						ain prov	isions on the			
collection practices to be followed for								9b	Х	_
art IV Management Com	panies and Joint	ventures (owne	d 10% or more by offi	cers, directo	rs, trustees	, key emp	oloyees, and physicia	ans - see	instructlo	1
(a) Name of entity	(b) Des	scription of primar	y (c) Organiz	ation's	(d) Off	ficers, direct-		hysiciar	
.,	ac	ctivity of entity	p	orofit % o			trustees, or employees'		ofit % o	
				ownersh	ıip %	profit	t % or stock		stock	٠,
						ow	nership %	own	ership ^s	70
							T			_
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						<u> </u>				-
										_

Part V Facility Information										
Section A. Hospital Facilities		_			ā					
(list in order of size, from largest to smallest - see instructions)		jica	_		Spi					
How many hospital facilities did the organization operate	ig	SILC SILC	pita	ital	온	ا⊴				
during the tax year?	8	8	SOL	dso	ess	〗	S			
Name, address, primary website address, and state license number	icensed hospital	en, medical & surgical	Shildren's hospital	gh	Critical access hospital	Research facility	ğ	ER-other		Facility
land if a group return, the name and EIN of the subordinate hospital	še	me(rer	hin	la E	är	4 7	tþ		reporting
(and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility):	ĕ	en.	hilc	eac	riţi	es l	P.2	윤	Other (describe)	group
1 MOTION PICTURE AND TELEVISION HOSPITAL		Č	٥	Ţ	O	~	W.	ш	Other (describe)	
	1									
23388 MULHOLLAND DRIVE	- I								GERIATRIC ACUTE	
WOODLAND HILLS, CA 91364	1 1								PSYCH HOSPITAL &	
MPTF.COM	ł l								DISTINCT PART SNF	
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Part V Facility Information (continued)

Section B. Facility Policies and Practices

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group: MOTION PICTURE AND TELEVISION HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): $\frac{1}{2}$ c

			Yes	No
on	nmunity Health Needs Assessment	Commence and a commen		Professional Assembly Committee of Professional Committee of Committee Committee br>Committee of Committee
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the			
	current tax year or the immediately preceding tax year?	1		Х
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or			
	the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		Х
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a			
	community health needs assessment (CHNA)? If "No," skip to line 12	3	Х	1100000000000000
	If "Yes," indicate what the CHNA report describes (check all that apply):	And Andread Control of the Control o		
а	A definition of the community served by the hospital facility	Construction of Construction o	The property of the control of the c	
b		Court of the Court	TANGO ANALONG	The same and the s
C	Existing health care facilities and resources within the community that are available to respond to the health needs	Section Section Co.		
	of the community			
c	How data was obtained	and the control of th		
e	The significant health needs of the community	Part of the Control o		
f	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
_	V The second the game with a second the seco			
g h	The state of the s	n, Consumptions of the same of		
ï	The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)	La man or Angel I and a service of the control of t		
i	Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 22	The part of the late of the la		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad			
_	interests of the community served by the hospital facility, including those with special knowledge of or expertise in public			
	health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the			
	community, and identify the persons the hospital facility consulted	5	х	<u>.</u>
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other			
	hospital facilities in Section C	6a		Х
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes,"			İ
	list the other organizations in Section C	6b		Х
7	Did the hospital facility make its CHNA report widely available to the public?	7	X	Programa dominario de
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Control Section 1975 Spring Commission 1975 Spring Commission 1975 Spring Commission 1975 Spring Commission 1975	Control of the contro	The second of th
а	Hospital facility's website (list url): HTTP://WWW,MPTF,COM/FINANCIALS	Control of the contro		
b		Comment of the commen		A Carbonage
c	Made a paper copy available for public inspection without charge at the hospital facility	The second secon		Angle Common of the Common of
d		Control of the contro		Harmon and Company
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs			
	identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
	Indicate the tax year the hospital facility last adopted an implementation strategy: $20 - 22$	Comment of American Conference of the Conference		
Ю	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Х	
	ı if "Yes," (list uri): HTTP://www.MPTF.COM/FINANCIALS	Andrew Control	S. Sayasa	A TOTAL STORY
b	olf "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		entransis in the control of the cont
11				
	recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.	P1. 25.00		to the second
		23/00/2007		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	10		x
		12a 12b	<u> </u>	
	o If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	IZU		A
С	: If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720			AND AND A
	for all of its hospital facilities? \$	ingle-terroristic	100000000000000000000000000000000000000	

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Part V Facility Information (continued)
Financial Assistance Policy (FAP)

		spital facility or letter of facility reporting group: MOTION PICTURE AND TELEVISION HOSPITAL		Yes	No
	Did the	hospital facility have in place during the tax year a written financial assistance policy that:		**************************************	Annual annual and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second
13		ned eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	х	
	•	" indicate the eligibility criteria explained in the FAP:			
a	70	Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of	Total Section		
		and FPG family income limit for eligibility for discounted care of %			A CONTROL OF THE PARTY OF THE P
k	, [Income level other than FPG (describe in Section C)	maphing myan		
	T	Asset level	The second secon		
	Х	Medical indigency	Commence of the commence of th		2001/1000000000000000000000000000000000
e	х	Insurance status	Control of the contro		
f	х	Underinsurance status			
ç	. 🗔	Residency	San Area (Area		
ŀ	1	Other (describe in Section C)	and the second of the second o		Line of the American
14	Explain	ed the basis for calculating amounts charged to patients?	14	Х	
15		ed the method for applying for financial assistance?	15	Х	
	-	" indicate how the hospital facility's FAP or FAP application form (including accompanying instructions)			India a regular
		ed the method for applying for financial assistance (check all that apply):	Silver Dillingson, and Debelop of a construction		
а	T-	Described the information the hospital facility may require an individual to provide as part of his or her application	Control of the Contro		O a la constant
b	Х	Described the supporting documentation the hospital facility may require an individual to submit as part of his	Company Compan	And the second s	
		or her application	And Supply and Andreas of the Supply of the		
c	Х	Provided the contact information of hospital facility staff who can provide an individual with information	The second secon		Asset, a liquido, or construction of the const
		about the FAP and FAP application process	No. of the control of		A STATE OF THE STA
c		Provided the contact information of nonprofit organizations or government agencies that may be sources	Control of the contro	Company Company performance and a performance an	
		of assistance with FAP applications	CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA	Player Larkery Son	A 1 A SCHOOL PARK
e		Other (describe in Section C)	The second of th		
16	Was wi	dely publicized within the community served by the hospital facility?	16	Х	
	If "Yes,	" indicate how the hospital facility publicized the policy (check all that apply):	Control of the Contro	A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF T	
а	Х	The FAP was widely available on a website (list url): HTTPS://WWW.MPTF.COM/SERVICES/	Charles from the grant of the control of the contro		
b	Х	The FAP application form was widely available on a website (list url): HTTPS://WWW.MPTF.COM/SERVICES/	Company (NOT) and company and an area of the company of the pro- cessor of the company of the co	Francisco Control	AND Commission of the Commissi
C	Х	A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8	The Control of the Co	The Manual Control of the Control of	Transport of the last
c	X	The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	X	The FAP application form was available upon request and without charge (in public locations in the hospital	With the party of the control of the		Tarana and and and and and and and and and
		facility and by mail)	A Company of the Comp	The state of the s	View of Artifolia
f	X	A plain language summary of the FAP was available upon request and without charge (in public locations in	Court of the back		
		the hospital facility and by mail)	Control to the Control of the Contro		
ę	Х	Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP,			
		by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public	The state of the s		Andreas de la companya de la company
		displays or other measures reasonably calculated to attract patients' attention	The state of the s		
			The second secon	1 / Y Y Y Y Y Y Y Y Y Y	
h		Notified members of the community who are most likely to require financial assistance about availability of the FAP	The second secon		MOTER
ĵ	X	The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s)	more as the second of the seco		A Company of the Comp
		spoken by Limited English Proficiency (LEP) populations			The state of the s

Schedule H (Form 990) 2022

X Other (describe in Section C)

Pa	t.V	Facility Information (continued)			
Billir	g and	Collections			
Nam	e of ho	spital facility or letter of facility reporting group: MOTION PICTURE AND TELEVISION HOSPITAL			
				Yes	No
17	Did the	hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
	assista	nce policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon			
	nonpay	/ment?	17	Х	X
18	Check	all of the following actions against an individual that were permitted under the hospital facility's policies during the			
	tax yea	r before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
а		Reporting to credit agency(ies)			In mile provide a Control of the Con
b		Selling an individual's debt to another party			ACCOUNTS OF THE SECOND
c		Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a	Control of the contro	Property Comments	The control of the co
		previous bill for care covered under the hospital facility's FAP			
d		Actions that require a legal or judicial process			
е		Other similar actions (describe in Section C)			Company of the control of the contro
f	Х	None of these actions or other similar actions were permitted		Andrews (ASS)	The second secon
19	Did the	hospital facility or other authorized party perform any of the following actions during the tax year before making			
	reason	able efforts to determine the individual's eligibility under the facility's FAP?	19		Х
	If "Yes,	" check all actions in which the hospital facility or a third party engaged:		13, 2000 1990 13, 2000 1990 13, 2000 1990 19, 2000 1900 19, Action Company	
а		Reporting to credit agency(les)			
b		Selling an individual's debt to another party			Andread and an analysis of the second and an analysis of the second and an analysis of the second and an analysis of the second and an analysis of the second and an analysis of the second and an analysis of the second and
c		Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a	STATE OF THE PROPERTY OF THE P		The second secon
		previous bill for care covered under the hospital facility's FAP	TOTAL PROPERTY AND ADDRESS OF THE PARTY AND AD		A market of the control of the contr
d		Actions that require a legal or judicial process			demonstration of the control of the
е		Other similar actions (describe in Section C)	- 100 (100 (100 (100 (100 (100 (100 (100		And the second control of the second control
20	Indicat	e which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or			
	not che	ecked) in line 19 (check all that apply):			
а		Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the			
		FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b	Х	Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section	n C)		
С		Processed incomplete and complete FAP applications (if not, describe in Section C)			
d		Made presumptive eligibility determinations (if not, describe in Section C)			
е		Other (describe in Section C)			
f		None of these efforts were made			
		ting to Emergency Medical Care		r	
21	Did the	hospital facility have in place during the tax year a written policy relating to emergency medical care			
		quired the hospital facility to provide, without discrimination, care for emergency medical conditions to		1	
	individu	uals regardless of their eligibility under the hospital facility's financial assistance policy?	21	X	Transcription of the second
	lf "No,"	indicate why:			In the second se
а		The hospital facility did not provide care for any emergency medical conditions	Santager		Property of the Control of the Contr
b		The hospital facility's policy was not in writing		Control of the Contro	AND THE PROPERTY OF THE PROPER
С		The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)	Company of the compan	Control of the second of the s	
ď		Other (describe in Section C)		Compart Section (Section)	Property of Company of the Company o

Schedule H (Form 990) 2022 MOTION PICTURE AND TELEVISION FUND 95-	-1027210	Pa	age /			
Part V Facility Information (continued)						
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)						
Name of hospital facility or letter of facility reporting group: MOTION PICTURE AND TELEVISION HOSPITAL						
		Yes	No			
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:	le					
a X The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period						
b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			A CONTRACTOR OF THE PROPERTY O			
c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination						
with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period						
d The hospital facility used a prospective Medicare or Medicaid method	And the second of the second o					
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided						
emergency or other medically necessary services more than the amounts generally billed to individuals who had						
insurance covering such care?	23		Х			
If "Yes," explain in Section C.	Committee of the commit					
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any						
service provided to that individual?	24		х			
If "Yes," explain in Section C.	The state of the s					

Schedule H (Form 990) 2022 MOTION FICTORE AND TEBEVISION FUND	JJ 10JZJ10	raye o
Part V Facility Information (continued)		
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.		
uno (roughtar adolity line richinos) función de vy electron (1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,		
MOTION PICTURE AND TELEVISION HOSPITAL:		
PART V, SECTION B, LINE 5: THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS		
PREPARED BY ZEPHYRH HEALTHCARE ADVISORS SENIOR MANAGEMENT IN 2022. THE		
ASSESSMENT INCORPORATED A COMBINATION OF QUALITATIVE AND QUANTITATIVE		. "
RESEARCH INCLUDING INTERVIEWS WITH SENIOR MANGEMENT , ENTERTAINMENT		
INDUSTRY HEALTH PLAN LEADERS, NONPROFIT ORGANIZATIONS, LOS ANGELES COUNTY		
HEALTH OFFICIALS AND REGIONAL HEALTH CARE LEADERS. INDIVIDUALS INTERVIEWED		
ARE IDENTIFIED IN APPENDIX A OF THE 2022 CHNA, FEEDBACK WAS USED TO		
DETERMINE BOTH IMMEDIATE AND SHORT TERM HEALTH NEEDS FOR INDUSTRY MEMBERS		
AND AREAS OF FOCUS FOR MPTF. THE INTERVIEWS ALSO SOUGHT TO IDENTIFY THE		
EFFECT OF THE COVID-19 PUBLIC HEALTH EMERGENCY ("PHE") ON ACCESSIBLITY OF		
PROGRAMS AND SERVICES. SOURCES INCLUDED CALIFORNIA DEPARTMENT OF HEALTH		
SERVICES ("CDHS"), CALIFORNIA DEPARTMENT OF HEALTH CARE ACCESS AND		
INFORMATION, LOS ANGELES COUNTY ECONOMIC DEVELOPMENT CORPORATION KYSER	1810	
CENTER FOR ECONOMIC RESEARCH. EXTERNAL INTERVIEWS TOOK PLACE WITH LEADERS		
FROM: LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH, PROJECT ANGEL FOOD,		
USC FAMILY CAREGIVER SUPPORT CENTER, ONEGENERATION, USC LEONARD DAVIS	***	
SCHOOL OF GERONTOLOGY, UCLA HEALTH GERONTOLOGY, CENTER FOR INFORMATION		
TECHONOLOGY RESERACH IN THE INTERST OF SOCIETY, FRONT PORCH, LGBT CENTER		
OF HOLLYWOOD, SANFERNANDO VALLEY MENTAL HEALTH CLINIC AND LOS ANGLES		
COUNTY DEPARTMENT OF AGING AND COMMUNITY SERVICES.		
MOTION PICTURE AND TELEVISION HOSPITAL:		
PART V, SECTION B, LINE 11: MPTF SERVES A COMMUNITY OF CURRENT AND		
RETIRED ENTERTAINMENT INDUSTRY WORKERS AND THEIR FAMILIES WHO ARE		

Facility Information (continued) Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility. GEOGRAPHICALLY DISPERSED ACROSS LOS ANGELES COUNTY AND BEYOND. CURRENT HEALTH CARE SERVICES PROVIDED DIRECTLY BY MPTF ARE PRIMARILY ORIENTED TO OLDER ADULTS. MANY OF WHOM EXPERIENCE FRAILTY, COGNITIVIE IMPAIRMENT MOBILITY ISSUES, HEARING IMPAIRMENT AND VISION LOSS, MPTF SOCIAL SERVICES EXTEND TO A GREATER POPULATION OF RETIRED AND WORKING INDUSTRY MEMBERS AND THEIR FAMILIES. IN CONJUNCTION WITH UCLA HEALTH, MPTF SOCIAL WORKERS ARE EMBEDDED IN UCLA HEALTH'S COMMUNITY-BASED CLINICS (VIRTUALLY DURING THE PHE), PROVIDING CRISIS INTERVENTION. THE SAMUEL GOLDWYN JR. CENTER FOR BEHAVIORAL HEALTH PROVIDES INPATIENT GERIATRIC PYSCHIATRY SERVICES (55+) TO ENTERTAINMENT INDUSTRY AND THE GENERAL POPULATION, MPTF PROVIDES SOCIAL SERVICES TO A VULNERABLE POPULATION WHOSE WORK ENTAILS INCONSISTENT EMPLOYMENT, TIGHTENING UNION RESTRICTIONS REGARDING HEALTH CARE PLAN MEMBERSHIP, AGEISM, LOSS OF LOCAL FILM PRODUCTION TO OTHER STATES AND CANADA AND COMPETITION FROM EMERGING MEDIA REDUCING AVAILABLE JOBS. THE COVID-19 PHE COMPOUNDED THESE STRESSORS BY INTERRUPTING PRODUCTIONS AND REDUCING QUALIFTYING HOURS FOR BENEFIT MEMBERS OF THE ENTERTAINMENT INDUSTRY FACE CHRONIC HEALTH AND COVERAGE. MENTAL HEALTH NEEDS THAT STEM FROM THE EMOTIONAL ROLLER-COASTER OF THE INDUSTRY'S FREELANCE EMPLOYMENT CYCLE, THE CREEP OF SOCIAL ISOLATION AS FRIENDS AND FAMILIES BEGIN TO MOVE AWAY OR JOB OPPORTUNITIES BECOME MORE SCARCE. MPTF REMAINS FOCUSED ON IMPROVING THE WELL-BEING OF THE INDUSTRY WORKER AND RETIREE POPULATION BY ADDRESSING SOCIAL DETERMINANTS OF HEALTH. MPTF'S WORK IS ORGANIZED AROUND FIVE GOALS, WITH THE ENTERTAINMENT INDUSTRY WORKFORCE AT ITS CENTER; SAFETY NET. WELLNESS, SUPPORTIVE

Schedule H (Form 990) 2022 MOTION PICTURE AND TELEVISION FUND	95-1652916	Page 8
Part V Facility Information (continued)		
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide		
separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter		
and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.		
COMMUNITY EXTENDING CREATIVITY AND EDUCATION.		
COMMONITY, BAIENDING CREATIVITY AND EDUCATION.		
MPTF CONTINUALLY GAUGES COMMUNITY NEEDS THROUGH A COMBINATION OF INPUT		
TOOLS SUCH AS FOCUS GROUPS, SURVEYS AND ONGOING DIALOUGE WITH ENTERTANMENT		
INDUSTRY GUILDS, UNIONS AND HEALTH PLANS, MANAGEMENT WORKS IN CONJUNCTION		
WITH REGIONAL AGENCIES SUCH AS THE LA COUNTY DEPARTMENT OF HEALTH, AARP,		
AARP FOUNDATION, ALZHEIMER'S GREATER LOS ANGELES, ALZHEIMER'S NATIONAL,		
THE CONTROL OF COURSE AND AND AND AND THE CONTROL OF THE CONTROL O		
USC CAREGIVER RESOURCE CENTER, LOS ANGELES ALLIANCE FOR COMMUNITY HEALTH		
AND AGING, THE DEPARTMENT OF AGING AND DISABILITIES, AND OTHERS TO MONITOR		
AND AGING, THE DEFARIMENT OF AGING AND DIDABILITIES, AND OTHERS TO MONITOR		
AND GATHER RELEVANT DATA RELATED TO AREA HEALTH CARE NEEDS. MAJOR		
IDENTIFIED HEALTH NEEDS ARE AS FOLLOWS: DIABETES, HYPERTENSION, HIGH		
CHOLESTEROL, DEPRESSION AND ANXIETY, DEMENTIA, ARTHRITIS MANAGEMENT AND		
HEALTH MANGEMENT. ADDITIONALLY, THE FOLLOWING NEEDS WERE IDENTIFIED:		· · · · · · · · · · · · · · · · · · ·
ACCESS TO SOCIAL WORKERS AND PROFESSIONALS FOR INSURANCE MATTERS, AND		
TOTAL TOTAL		
GENERAL ASSISTANCE NAVIGATING THE COMPLEX HEALTH CARE SYSTEM; LONG-TERM		
CARE/SKILLED NURSING, SENIOR HOUSING AVAILABILITY AND AFFORDABILITY AND		
CARE/SKILLED NORSING, SENIOR ROOSING AVAILABILITY AND APPONDALITY AND		
GREATER NEED FOR VIRTUAL SOCIAL PROGRAMS.		
IDENTIFIED HEALTH CARE CONCERNS: MEDICAL MANGEMENT AND OUT-OF-NETWORK		
COVERAGE ISSUES WERE IDENTIFIED AS PROBLEMATIC FOR BEHAVIORAL HEALTH		
SERVICES IN PARTICULAR; GROWING NEED AND UNDERSUPPLY OF SENIOR SERVICES		
AVAILABLE FOR THE GENERAL PUBLIC INCLUDING SKILLED NURSING AND ACUTE		
AND THE PART OF TH		
MENTAL HEALTH CARE; RISE IN INSURANCE PREMIUMS, CO-PAYMENTS AND		
DEDITION TO LEG. TO AND OR TAKEN A COREGE. TO OTHER EQUIDATING MEALTH CARE TESTING.		
DEDUCTIBLES: TRANPORTATION ACCESS; TROUBLESHOOTING HEALTH CARE ISSUES;		
SOCIAL ISOLATION FOR OLDER ADULTS; ALZHEIMER'S DISEASE AND RELATED		
DEMENTIAS (ADRD) IDENTIFIED AS THE THIRD LEADING CAUSE OF DEATH IN LA		

COUNTY, SAFETY ISSUES AROUND AGING IN COMMUINITY AND CAREGIVING DEMANDS.

Part V Facility Information (continued)
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.
SIXTY-ONE PERCENT OF ADRD CAREGIVERS EXPERIENCING FINANCIAL STRESS.
COVID-19 PHE AND RESULTING ECONOMIC DOWNTURN HAVE INCREASED MENTAL HEALTH
SERVICE NEEDS FOR OLDER ADULTS AND CAREGIVERS.
PLAN TO ADDRESS NEEDS: BASED ON INTERNAL DISCUSSION, DELIBERATIONS WITH
ITS BOARD, INPUT FROM KEY CONSTITUENTS, MARKET ANALYSIS, AND DISCUSSIONS
WITH OTHER REGIONAL CARE PROVIDERS, MPTF IS FOCUSING ON THE FOLLOWING
AREAS VIS-A-VIS THE COMMUNITY THAT IT SERVES:
BUILDING ON ITS NATIONALLY-RECOGNIZED PLATFORM OF COMMUNITY-BASED
PALLIATIVE CARE SERVICES TO INCREASE EARLY INTERVENTIONS IN THE LIVES OF
INDUSTRY MEMBERS AND THEIR FAMILES WHO HAVE RECEIVED SERIOUS MEDICAL
DIAGNOSES. CONTINUE PROGRAM EXPANSION AS CONTEMPLATED UNDER THE UNIHEALTH
PLANNING GRANT. ADVOCATING FOR A LONG-TERM SUSTAINABLE REIMBURSEMENT
MODEL,
PROVIDING VOLUNTEER ENGAGEMENT PROGRAMS: "THE DAILY CALL SHEET" AND CARE
CALL SOCIAL CALL PROGRAMS PROVIDING SOCIAL PHONE CONTACT (THROUGH
VOLUNTEER SUPPORT) WITH FRAIL AND VULNERABLE ADULTS; ANGEL CARDS
-CONNECTING THE CREATIVITY OF INDUSTRY MEMBER VOLUNTEERSS THROUGH HANDMADE
CARDS ADDRESSING SOCIAL ISOLATION; FRIENDLY VISITORS PROVIDING FOOD
SUPPORT AND GROCERY DELIVERY, EXPLORING PARTNERSHIPS WITH FUNDERS TO
ADDRESS SOCIAL ISOLATION AND LONELINESS EPIDEMIC AND TO EXPAND
CONNECTIVITY TOOLS.
MPTF'S CAMPUS BASED TELEVISION STATION PIVOTED DURING THE COVID-19 PHE AND
PROVIDED LIVE SHOW PRODUCTION FOR RESIDENTS AND NEW OPPORTUNITIES TO

Part V Facility Information (continued)
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A (*A, 1,* "A, 4,* "B, 2,* "B, 3,* etc.) and name of hospital facility.
CONNECT VIRTUALLY, INDUSTRY MEMBERS VOLUNTEERED THEIR TIME TO HOST A
VARIETY OF PROGRAMS. OVER 20,000 COMMUNITY MEMBERS VIEWED INSIDE
HOLLYWOOD,
CONTINUING TO EXPLORE PARTNERSHIPS WITH NATIONALLY KNOWN INNOVATIVE
NATIONAL AND REGIONAL HEALTH SYSTEMS AND PHILANTHROPIC PARTNERS.
COMPLETE COLLABORATION WITH AN INDEPENDENT DEVELOPER AND OPERATOR TO
LAUNCH A NEW ADULT HOUSING DEVELOPMENT ADJACENT TO THE MPTF WASSERMAN
CAMPUS IN WOODLAND HILLS THAT WILL PROVIDE AN ACTIVE SENIOR COMMUNITY FOR
APPROXIMATELY 650 RESIDENTS.
THE COVID-19 PUBLIC HEALTH EMERGENCY SIGNIFICANTLY IMPACTED MPTF'S
DEDICATION OF RESOURCES. RESOURCES WERE FOCUSED ON: A MULTI-DISIPLINARY
COVID-19 TASK FORCE THAT DEVELOPED AND OVERSAW THE COVID-19 MITGATION
PLAN, INCLUDING VACCCINE CLINICS FOR RESIDENTS, STAFF, FAMILIES AND
COMMUNITY ENTERTIANMENT INDUSTRY MEMBERS. CMS AWARDED MPTF FOR HIGH RATES
OF STAFF AND RESIDENT VACCINATIONS. DURING THE PHE, MPTF LAUNCHED A
LABRATORY FOR COVID-19 TESTING SERVING ITS CAMPUS AND SUPPORTING INDUSTRY
WORK SITES.
TEMPORARY EMERGENCY FINANCIAL ASSISTANCE IS AVAILABLE FOR FINANCIAL
HARDSHIP RELATED TO COVID-19 WORK STOPPAGES, ILLNESS, DISABLITY AND OTHER
REASONS. THE ASSISTANCE COVERS HOUSING PAYMENTS, UTILITY BILLS, HEALTH
INSURANCE PREMIUMS, TRANSPORATION SUPPORT AND FOOD.
MPTF IS ADDRESSING THE CONCERNS ABOUT THE UNINSURED AND ACCESS TO SERVICES Schedule H (Form 990) 2022
Schedule H (Form 9901 2022

Part V Facility Information (continued)
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.
THROUGH ITS INSURANCE COUNSELING AND PREMIUM SUPPORT, CRISIS SUPPORT AND
CONFIDENTIAL REFERRALS. MPTF OFFERS CRISES SUPPORT SERVICES THAT CAN
PROVIDE EMOTIONAL SUPPORT. FINANCIAL RELIEF AND CONFIDENTIAL REFERRALS TO
PEOPLE AND FAMILIES DURING HARDSHIP.
MPTF'S VETERAN'S BENEFITS PROGRAM SCREENS CLIENTS FOR VA BENEFIT ELGIBITY
AND SUPPORTS VETERANS IN NAVIGATING THE VA BUREAUCRACY. AS OF OCTOBER
2022, MPTF'S VETERAN'S PROGRAM HAS RECOVERED OVER 1.5 MILLION IN
RETROACTIVE BENEFITS, ADDRESSING HOUSING AND CARE NEEDS.
MPTF IS ADDRESSING MEDICAL MANAGEMENT AND OUT-OF-NETWORK COVERAGE ISSUES
FOR BEHAVIORAL HEALTH SERVICES BY PROVIDING DEMENTIA CARE AND INPATIENT
GERIATRIC PSYCHIATRY. MPTF CONTINUES TO PROVIDE HIGH QUALITY INPATIENT
SERVICES TO THOSE INDUSTRY MEMBERS SUFFERING MEMORY IMPAIRMENT OR RELATED
ISSUES. MPTF ALSO PROVIDES INPATIENT GERIATRIC PSYCHIATRY SERVICES IN ITS
12 BED PRIVATE ROOM DEDICATED UNIT.
MPTF IS ADDRESSING UNDERSUPPLY OF SENIOR SERVICES BY PROVIDING LONG-TERM
CARE, ASSISTED AND INDEPENDENT LIVING, THE ELDER CONNECTION, PALLIATIVE
CARE, AGE WELL AND COMMUNITY CARE TEAM PROGRAMS. MPTF PROVIDES
HOSPITAL-BASED SKILLED NURSING AND DEMENTIA CARE SERVICES ON THE WOODLAND
HILLS CAMPUS. MPTF'S ELDER CONNECTION IS A TRUSTED RESOURCE FOR
ENTERTAINMENT INDUSTRY MEMBERS AND THEIR PARENTS WHO FACE CHALLENGES
LIVING ON THEIR OWN OR MAY HAVE A SUDDEN LIFE EVENT THAT REQUIRES AN
URGENT INTERVENTION. MPTF PROVIDES SPECIALIZED MEDICAL CARE FOR INDUSTRY
MEMBERS WITH SERIOUS ILLNESSES THROUGH ITS PALLIATIVE CARE PROGRAM.
MPTF'S AGE WELL PROGRAM PROVIDES EARLY ASSESSMENT AND INTERVENTION

Part V Facility Information (continued)	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.	
REGARDING AGE-RELATED MEDICAL AND EMOTIONAL CONCERNS, AND MAKE INFORMED	
RECOMMENDATIONS TO PRIMARY CARE PHYSICIANS AND FAMILY MEMBERS. MPTF	
COMMUNITY CARE TEAMS ARE A COORDINATED TEAM OF PHYSICIANS, NURSE	
PRACTITIONERS, REGISTERED NURSES, SOCIAL WORKERS, AND PASTORAL CARE TEAM	
MEMBERS VISITING INDUSTRY MEMBERS IN OUTSIDE SKILLED NURSING,	
REHABILITATION, ASSISTED LIVING AND BOARD AND CARE FACILITIES, AS WELL AS	
PRIVATE HOMES.	
LOS ANGELES ALLIANCE FOR COMMUNITY HEALTH AND AGING RECOGNIZED MPTF WITH	
AN INNOVATION FOR LEADERSHIP AWARD IN 2021. MPTF CONTINUES ITS EFFORTS TO	
TRAIN OTHER ORGANIZATIONS TO ADDRESS SOCIAL ISOLATION AND LONELINESS.	
MPTF'S INNOVATION EFFORTS INCLUDE CONVENING THE LOS ANGELES SOCIAL	
ISOLATION IMPACT COALITION WHICH BRINGS TOGETHER REGIONAL OGRANIZATIONS	
THAT PRIORITIZE SOCIAL ISOLATION AND LONELINESS TO COLLOBORATE AND	
REIMAGINE SERVICE DELIVERY.	,
MOTION PICTURE AND TELEVISION HOSPITAL	
PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:	
HTTPS://WWW.MPTF.COM/SERVICES/	
MOTION PICTURE AND TELEVISION HOSPITAL:	
PART V, SECTION B, LINE 16J: DURING 2022, THE FAP WAS MADE WIDELY	
AVAILABLE TO PATIENTS THROUGH CONSPICUOUS DISPLAY IN THE HOSPITAL	
ADMISSIONS AREA WHERE THE FAP WAS ROUTINELY PROVIDED TO PATIENTS UPON	
REQUEST. THE HOSPITAL PATIENT BUSINESS SERVICES DEPARTMENT (PBS) ALSO Schedule H (Form 990)	2022
232098 11-18-22 GCHeddle 11 (1 0111 990)	

Schedule H (Form 990) 2022	MOTION PICTURE AND TELEVISION	N FUND	95-1652916	Page 9
Part V Facility Informa	ition _(continued)			
	acilities That Are Not Licensed, Registe	ered, or Similarly Recognized as a	Hospital Facility	
(list in order of size, from largest t	o smallest)			
			•	
How many non-hospital health ca	re facilities did the organization operate o	luring the tax year?	0	
Name and address		Type of facility (describ	oe)	
rearro and addition				
				
		1		

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8, and 9b
- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health. Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (for example, open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 7:	
THE COSTING METHODOLOGY UTILIZED FOR PART I, LINE 7 AND PART II REPRESENTS	
DIRECT COST OF THE PROGRAMS PLUS AN ALLOCATION OF OVERHEAD AND INFORMATION	
TECHNOLOGY APPLIED USING RELEVANT COST DRIVERS. A COST-TO-CHARGE RATIO,	
DERIVED FROM FORM 990 INSTRUCTIONS, WORKSHEET 3, RATIO OF PATIENT CARE	
COST-TO-CHARGES, WAS USED TO CALCULATE THE AMOUNTS PRESENTED IN PART I,	
LINE 7B.	
PART II, COMMUNITY BUILDING ACTIVITIES:	
MPTF PROVIDES VARIOUS COMMUNITY BUILDING PROGRAMS AND SERVICES INCLUDING	
SUBSIDIES FOR RETIREMENT COMMUNITY RESIDENTS, SUBSIDIZED RETIREE	
ACTIVITIES, SAFETY ASSESSMENTS AND PHYSICAL IMPROVEMENTS TO RETIREES'	
HOMES IN THE COMMUNITY AND CHILDCARE SERVICES, APPROXIMATELY 53% OF MPTF'S	
RETIREMENT COMMUNITY RESIDENTS RECEIVE SOME LEVEL OF FINANCIAL SUBSIDY	
FROM MPTF (SUBSIDIES ON RENT, HEALTH INSURANCE PREMIUMS, CAREGIVING	
SUPPORT, MEDICATION, AND OTHER NECESSITIES). MPTF PROVIDES A VARIETY OF	
RETIREE ACTIVITIES DESIGNED TO ENCOURAGE MENTAL AND PHYSICAL ENGAGEMENT.	
THESE ACTIVITIES INCLUDE THE SABAN HEALTH AND WELLNESS CENTER OFFERING	
232100 11-18-22	Schedule H (Form 990) 2022

Employer identification number Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Go to www.irs.gov/Form990 for the latest information. Attach to Form 990. MOTION PICTURE AND TELEVISION FUND Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

OIMB NO. 1343-004/	2022	Open to Public Inspection

(h) Purpose of grant 95-1652916 or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance noncash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant (c) IRC section (if applicable) General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Part 1 Part

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

Q

Enter total number of other organizations listed in the line 1 table

Page 2 Schedule I (Form 990) 2022 (f) Description of noncash assistance NONE (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. O. NOME (d) Amount of non-cash assistance 855,913. (c) Amount of cash grant THE SCREENING PROCESS FOR EACH APPLICANT INCLUDES A SOCIAL WORKER REVIEWING INCLUDE A REVIEW AND APPROVAL BY A MANAGER OR SUPERVISOR PRIOR TO PROVISION APPLICANT COMPLETES A DETAILED APPLICATION WITH SUPPORTING DOCUMENT COPIES, MPTF'S SOCIAL SERVICE THE INFORMATION PRESENTED AND INTERVIEWING THE APPLICANT, ALL NEW CASES FUNCTION IS STAFFED WITH MASTERS LEVEL SOCIAL SERVICE PROFESSIONALS, AN MPTF MANAGES THE USE OF FINANCIAL ASSISTANCE FUNDS THROUGH ITS SOCIAL OF ANY FINANCIAL ASSISTANCE, IF THE CUMULATIVE AMOUNT OF FINANCIAL 281 (b) Number of recipients SERVICES FUNCTION AND CASE COMMITTEE OF THE BOARD. SHELTER, MEDICAL CARE AND FOOD FOR INDIGENTS (a) Type of grant or assistance Schedule I (Form 990) 2022 PART I, LINE 2: 232102 10-31-22 PartIII

95-1652916

MOTION PICTURE AND TELEVISION FUND

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

MOTION PICTURE AND TELEVISION FUND

Employer identification number 95-1652916

Pa	art Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			AND COLUMN
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			MATERIA ACTUALISM MATERIA ACTUALISM THE STATE OF THE
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			POST AND THE POST
		Contact Cont		A STATE OF THE STA
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	Committee of the commit		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			Comment Company
~	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	and reduced reference	And a second
	trustees, and onlocis, including the Ozorzkooddy's briedes, regularing the terms are the manner of the control	To your Program of the Control of th		Complete Section 2
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			Principle of the control of the cont
3	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			Prophysical Control of
	establish compensation of the CEO/Executive Director, but explain in Part III.	Date production to the second		
	Compensation of the CEO/Executive Director, but explain in a cin. Written employment contract			THE COLUMN TWO IS NOT THE COLUMN TO THE COLU
	X Independent compensation consultant X Compensation survey or study		The second secon	Total processing and a control of the control of th
	X Form 990 of other organizations X Approval by the board or compensation committee			Control Andrew and the pro- cessor of the pro- ter of the pro- ter of the pro- ter of the pro- persor of the pro- persor of the pro- persor of the pro- ter of the pro- persor of the pro- ter of the pro- ter of the pro- persor of the pro- ter of the pro-
	Politi and of other organizations	Control of Carlos		
	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			COCANA MATURA
4		The second secon		Principle of the control of the cont
_	organization or a related organization:	4a	Abadus of Vergo.	X
a	The state of the s	4b	х	
b		4c		х
С	Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			200
	if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Fartin.		Control of the contro	NAME OF TAXABLE PARTY O
	Out and the End (1/0) Fod (1/4) and Fod (1/00) agreeminations report complete lines F.O.	The state of the s		The second secon
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	A The Control of the	Description of the control of the co	The property of the property o
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	Section 1		INCOME CONTRACTOR
	contingent on the revenues of:	5a	Columbia	х
a		5b		x
b	Any related organization?	<u> </u>		
	If "Yes" on line 5a or 5b, describe in Part III.	manual involve	Change County	
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	Description of the control of the co	entrant and the comment	Control of page 1
	contingent on the net earnings of:	20		x
	The organization?	6a 6b		x
b	Any related organization?	OD		
_	If "Yes" on line 6a or 6b, describe in Part III.	Service of the servic		Contraction of the Contraction o
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7	x	Name of the Control o
	not described on lines 5 and 6? If "Yes," describe in Part III			Commence of the commence of th
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	6		x
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	To any artist of the property		September 1
	Regulations section 53.4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

95-1652916

Page 2

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	-2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	,	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ROBERT L. BEITCHER	Ŀ	646,954.	125,000.	59,734.	7,454.	18,948.	858,090.	• 0
PRESIDENT / CEO) <u>(</u>	0	0	.0	*0	*0	•0	0.
(2) MICHAEL H. KUEHL	€	252,085.	0	30,033.	-51,315.	0.	230,803.	0.
CHIEF FINANCIAL OFFICER		-0	0.	0	0	•0	•0	0.
(3) SHARON A. SIEFERT	E	234,840.	0	16,383.	2,665.	17,016.	270,904.	0
VP, LEGAL AFFAIRS		0	0	0	•0	*0	•0	
(4) CHRIS G. LIVANOS	€	218,259.	0	14,927.	7,133.	20,348.	260,667.	
CHIEF INFORMATION OFFICER	: €	0	0	0	0	.0	0	0.
(5) COURTENEY D. BAILEY	ļΞ	184,987.	0	9,892.	.936,3	17,219.	218,054.	
ద	2	0	0	0	0	.0	•0	
(6) LINDA K. HEALY	E	228,165.	0	19,610.	-18,362.	14,247.	243,660.	0.
DIRECTOR- PC&GERIATRIC SER	€	0	0.	•0	0	•0	•0	
(7) VILMA DINHAM	Ξ	222,467.	0.	5,227.	2,285.	13,516.	243,495.	· 0
HOSPITAL ADMINISTRATOR/CNO		0	0	0	•0	•0	0	
(8) JEFF D. ARNETT	Ξ	187,024.	0	14,978.	-4,181.	18,984.	216,805.	0
DIRECTOR, FINANCE	: ≘	0	0	0	*0	0	0.	0.
(9) JENNIFER S. CALIXTO	ε	200,144.	0	1,996.	6,187.	17,598.	225,925.	.0
DIRECTOR, LONG TERM CARE	: 🗉	0.	0	0	0.	.0	0	.0
(10) JULIA KYLE	€	169,860.	0	16,259.	4,658.	. 13,402.	204,179.	.0
DIRECTOR, PHARMACY SERVICES	<u> </u>	•0	• 0	• 0	• 0	0	0	0.
	ε							
	<u>(ii)</u>							
	(1)							
	Ξ							
	(i)							
	(iii)							
	Ξ							
	: (E							
	Θ							
	<u>(ii)</u>							
	(i)							
							Sched	Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 MOTION PICTURE AND TELEVISION FUND	95-1652916	Page 3
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	art for any additional information.	
PART I, LINE 4B:		
MPTF PROVIDES A STANDARD PROGRAM OF HEALTH, WELFARE AND RETIREMENT		
BENEFITS TO ALL OF ITS EMPLOYEES AND LIMITED PERQUISITES TO SOME OF ITS		
EXECUTIVES. PRIOR TO 2017, MPTF OFFERED A SUPPLEMENTAL NONQUALIFIED		
RETIREMENT PLAN (EXECUTIVE SERP), DURING THE YEAR, AN AGGREGATE AMOUNT		
OF \$25,757 WAS DISTRIBUTED TO FORMER MPTF EMPLOYEES, UNDER THE EXECUTIVE		
SERP, MPTF IS CONTRACTUALLY OBLIGATED TO MAKE THESE DISTRIBUTIONS.		
PART I, LINE 7:		
MPTF MAINTAINS AN ANNUAL INCENTIVE PLAN THAT ALLOWS CERTAIN EXECUTIVES TO		
EARN AN INCENTIVE AWARD, FOR THE 2022 PLAN YEAR AN INCENTIVE WAS APPROVED		***************************************
BY THE COMPENSATION COMMITTEE, UNDER A SEPARATE PLAN, THE CEO'S INCENTIVE		
PAY FOR THE 2022 PLAN YEAR WAS APPROVED BY THE COMPENSATION COMMITTEE AND		
THE FULL BOARD AND PAID IN 2022.		
	Schedule J (Form 990) 2022	990) 2022

Department of the Treasury Internal Revenue Service SCHEDULEK (Form 990)

Name of the organization

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

MOTION PICTURE AND TELEVISION FUND

Open to Public 2022 Inspection

OMB No. 1545-0047

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

95-1652916

Schedule K (Form 990) 2022 financing Yes No (i) Pooled × ŝ (g) Defeased (h) On behalf ٩ Δ of issuer × Yes Yes No × Yes No ရှိ O (f) Description of purpose 19,805,000, CURRENTLY REFUND PRIOR Yes ROCEEDS USED TO No m Yes (e) Issue price 19,446,827. 358,173, 805,000 12,835,000 × Ŷ 2017 139 (d) Date issued ⋖ 12/28/17 Yes × × × SEE PART VI FOR COLUMN (F) CONTINUATIONS (c) CUSIP# LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, Does the organization maintain adequate books and records to support the NONE Were the bonds issued as part of a refunding issue of taxable bonds (or, if (b) Issuer EIN 68-0164610 issued prior to 2018, an advance refunding issue)? if issued prior to 2018, a current refunding issue)? Has the final allocation of proceeds been made? Working capital expenditures from proceeds CALIFORNIA STATEWIDE COMMUNITIES Credit enhancement from proceeds Capital expenditures from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Year of substantial completion Issuance costs from proceeds final allocation of proceeds? (a) Issuer name DEVELOPMENT AUTHORITY Other unspent proceeds Amount of bonds retired Total proceeds of issue Other spent proceeds Bond Issues Part II Proceeds Part ∞ 6 9 10 5 4 5 ო Ŋ ဖ 일 4 20 ပ

chedule K (Form 990) 2022	MOTION PICTURE AND TELEVISION FUND
Part III Private Business Use	

95-1652916

Part III Private Business Use						•		
	A		8		0		٥	
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?		×						
2 Are there any lease arrangements that may result in private business use of		1						
bond-financed property?		×						
3a Are there any management or service contracts that may result in private								
business use of bond-financed property?	×							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside					-			
counsel to review any management or service contracts relating to the financed property?	×							
c Are there any research agreements that may result in private business use of								
bond-financed property?		×						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other	•					-		
outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities								
other than a section 501(c)(3) organization or a state or local government		.00 %		%		%		%
5 Enter the percentage of financed property used in a private business use as a								
result of unrelated trade or business activity carried on by your organization,								
another section 501(c)(3) organization, or a state or local government		.00 %		%		%		%
6 Total of lines 4 and 5		.00 %		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		X						•
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all								
nonqualified bonds of the issue are remediated in accordance with the								
requirements under Regulations sections 1.141-12 and 1.145-2?	×							
Part IV Arbitrage								
	A		B		0			
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	ę	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		×						
2 If "No" to line 1, did the following apply?								
٫ ا	×							
b Exception to rebate?		X						
c No rebate due?		×						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								
3 Is the bond issue a variable rate issue?	X							***************************************
232122 10-28-22						Sch	Schedule K (Form 990) 2022	m 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MOTION PICTURE AND TELEVISION FUND

Employer identification number 95-1652916

Par	t I Types of Property					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of dete noncash contributi	•
1	Art - Works of art					
2	Art - Historical treasures					
3	Art - Fractional interests					
4	Books and publications	Х			SEE PART II	
5	Clothing and household goods	х		· · · · · · · · · · · · · · · · · · ·	SEE PART II	
6	Cars and other vehicles	Х	1	42,000.	SALES PRICE	
7	Boats and planes					
8	Intellectual property					
9	Securities - Publicly traded	Х	18	414,161.	SEE PART II	
10	Securities - Closely held stock					
11	Securities - Partnership, LLC, or trust interests					
12	Securities - Miscellaneous					
13	Qualified conservation contribution -					
	Historic structures					
14	Qualified conservation contribution - Other					
15	Real estate - Residential					
16	Real estate - Commercial					
17	Real estate - Other					
18	Collectibles					
19	Food inventory					
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other (DONOR GIFTS)	х	64	237,216.	SEE PART II	
26	Other ()					
27	Other ()					
28	Other ()					
29	Number of Forms 8283 received by the organization which the organization completed Form 82					0
			_			Yes No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it	Commence of the Commence of th
	must hold for at least 3 years from the date of					
	exempt purposes for the entire holding period?					30a X
b	If "Yes," describe the arrangement in Part II.				No.	The state of the s
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any nonstandard contribu	tions?	31 ^X
	Does the organization hire or use third parties					
	contributions?					32a X
þ	If "Yes," describe in Part II.					
33	If the organization didn't report an amount in o	olumn (c) fo	r a type of property	y for which column (a) is che	cked,	
	describe in Part II.					Company of the Compan
I HA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 996	D.	Schedule M	(Form 990) 2022

LHA

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2022 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

MOTION PICTURE AND TELEVISION FUND	95-1652916
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
MPTF PROVIDES VARIOUS PROGRAMS AND CHARITABLE SERVICES INCLUDING	
RETIREMENT COMMUNITY ACCOMMODATIONS, TEMPORARY FINANCIAL ASSISTANCE	
BASED ON NEED, SOCIAL SERVICES, CHILD CARE AND VARIOUS WELLNESS AND	
EDUCATION PROGRAMS, MPTF'S RETIREMENT COMMUNITY, LOCATED ON THE	
WASSERMAN CAMPUS IN WOODLAND HILLS (OFTEN REFERRED TO AS 'THE HOME'),	
OFFERS INDEPENDENT AND ASSISTED LIVING ACCOMMODATIONS FOR ENTERTAINMENT	
INDUSTRY RETIREES AND THEIR SPOUSES BASED ON YEARS OF SERVICE	
REGARDLESS OF THEIR ABILITY TO PAY THE FEES. MPTF PROVIDED OVER \$3.1	
MILLION IN RESIDENTIAL CARE SUBSIDY IN 2022, TOTAL 2022 RESIDENTIAL	
DAYS WERE 53,048. MPTF PROVIDED TEMPORARY FINANCIAL ASSISTANCE TO	,
INDUSTRY MEMBERS OF APPROXIMATELY \$856K IN 2022 FOR RENT, FOOD,	
HOUSING, HEALTH INSURANCE PREMIUMS AND OTHER NEEDS. MPTF'S	
COMMUNITY-BASED SOCIAL SERVICE ACTIVITIES INCLUDE INDIVIDUAL AND CASE	
MANAGEMENT, ASSESSMENTS, INFORMATION REFERRALS, AND INCREASED	
ASSISTANCE FOR SENIORS WISHING TO REMAIN IN THEIR OWN HOMES THROUGH	
HOME MODIFICATIONS AND VOLUNTEER VISITING PROGRAMS.	
TOTAL SOCIAL SERVICE CONTACTS IN 2022 WERE 29,391.	
MPTF IS ALSO COMMITTED TO BUILDING GEOGRAPHICALLY-BASED COMMUNITIES OF	
INTEREST AMONG INDUSTRY RETIREES. THESE INCLUDE ACTIVITIES LIKE WALKING	
GROUPS, COMMUNITY "CONVERSATIONS" WITH PROGRAMS OF SPEAKERS, MOVIE	
NIGHTS, BOOK CLUBS, AND OTHER SOCIAL EVENTS. THESE ACTIVITIES TARGET	
INDUSTRY RETIREES WHO ARE CHOOSING TO "AGE IN PLACE" IN THEIR HOMES AS	
OPPOSED TO CHOOSING INSTITUTIONAL SETTINGS.	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

232212 10-28-22

Schedule O (Form 990) 2022

232212 10-28-22

DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT CURRENTLY AVAILABLE TO

Schedule O (Form 990) 2022		Page 2
Name of the organization MOTION PICTURE AND TELEVISION FUND		Employer identification number 95-1652916
THE PUBLIC.		
FORM 990, PART IX, LINE 11G, OTHER FEES:		
OTHER PROFESSIONAL FEES - SEE BELOW:		
PROGRAM SERVICE EXPENSES	8,011,527.	
MANAGEMENT AND GENERAL EXPENSES	345,682.	
FUNDRAISING EXPENSES	173,011.	
TOTAL EXPENSES	8,530,220.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	8,530,220.	
PART IX, LINE 11G, OTHER FEES, COLUMN A:		
OTHER PROFESSIONAL FEES DETAIL:		
BEHAVIORAL HEALTH - \$1,678,958		
LAUNDRY - \$310,071		
REGISTRY NURSING - \$1,173,060		
SECURITY - \$611,865		
FOOD SERVICE & HOUSEKEEPING - \$3,082,972		
CHAPLANCY SERVICES - \$71,510		
TEMPORARY EMPLOYEES - \$413,064		
OTHER CONTRACTED SERVICES - \$1,188,720		
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
MINIMUM PENSION LIABILITY	9,365,587.	
CHANGE IN SPLIT INTEREST AGREEMENTS	-15,378.	
NET LOSS FROM UNCOLLECTIBLE PLEDGES	-24,479.	
NET UBI FROM K-1S	-4,887.	
232212 10-28-22		Schedule O (Form 990) 2022

Schedule O (Form 990) 2022		Page 2
Name of the organization MOTION PICTURE AND TELEVISION FUND		Employer identification number 95-1652916
TOTAL TO FORM 990, PART XI, LINE 9	9,320,843.	

SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships

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

2022

OMB No. 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number Open to Public Inspection

Schedule R (Form 990) 2022 (g) Section 512(b)(13) å controlled entity? Direct controlling Kes entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. 95-1652916 Direct controlling entity End-of-year assets status (if section Public charity 501(c)(3)) Total income Exempt Code g section Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) Primary activity Primary activity MOTION PICTURE AND TELEVISION FUND For Paperwork Reduction Act Notice, see the Instructions for Form 990. Name, address, and EIN (if applicable) of disregarded entity Name, address, and EIN of related organization Partil Part

95-1652916

Schedule R (Form 990) 2022 MOTION PICTURE AND TELEVISION FUND

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

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

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

(a)	(q)	(o)	(p)	(e)	(u)	(6)	(r)	©
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling Type of entity (C corp, S corp, or trust)	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(b)(13) controlled entity?
THE INDUSTRY ADVANTACE, LLC - 20-8827584								
WOODLAND HILLS, CA 91364	HEALTH CARE	DE	MPTF	C CORP	312,082.	890,476.	100%	×
						f		
					•			

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	S N
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more rela	ted organizations listed ir	n Parts II-IV?	Control of the contro		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	A			-Ta		×
b Gift, grant, or capital contribution to related organization(s)				1 P		×
c Gift, grant, or capital contribution from related organization(s)				9		×
Loans or loan quarantees to or for related organization(s)				Įq		×
		*		-je		×
				2000 2000 2000 2000 2000 2000 2000 200		
f Dividends from related organization(s)				#		×
g Sale of assets to related organization(s)				19		×
Purchase of assets from related organiza				1h		×
				-ļi		×
				1j		×
				Santa Santa Santa Santa		
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
I Performance of services or membership or fundraising solicitations for related organization(s)	ınization(s)			=	×	
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			Ę	×	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			1p	×	
Sharing of paid employees with related organization(s)				ç	X	
				The state of the s		
p Reimbursement paid to related organization(s) for expenses				1 _D	×	
Reimbursement paid by related organization(s) for expenses				10	×	
r Other transfer of cash or property to related organization(s)					SCHOOL SANGE	×
				\$		×
	who must complete this	s line, including covered r	elationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved		
(1)						
(8)		•				
			THE PRINCIPAL PR			***************************************
(4)						
(c)						
(9)						
232163 09-14-22			Schedul	Schedule R (Form 990) 2022	(066	2022

95-1652916

Schedule R (Form 990) 2022 MOTION PICTURE AND TELEVISION FUND

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

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

(k) centage nership					covo ") 2022
Perc						ე ი
(j) neral or naging rrner?				 	ļ .	For
Z Gen			 	 		e X
(h)					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Schedule R (Form 990) 2022
S S S S S S S S S S S S S S S S S S S						
(h) Disproportionate allocations? Yes No						
(g) Share of end-of-year assets		·		Addison		
(f) Share of total income						
(e) Are all partners sec. 501(0)(3) orgs.?			 			
Her See				 		
(d) Predominant income prelated, unrelated, excluded from tax undersections 512-514)						
(c) Legal domicile (state or foreign country)						
(b) Primary activity						
(a) Name, address, and EIN of entity						

Schedule R (Form 990) 2022 MOTION PICTURE AND TELEVISION FUND	95-1652916	Page 5
Schedule R (Form 990) 2022 MOTION PICTURE AND TELEVISION FUND Part VII Supplemental Information		
Provide additional information for responses to questions on Schedule R. See instructions.		
Provide additional information for responses to questions on schedule n. See instructions.		
PART V, LINE 2(1), COLUMN (D):		
A PORTION OF THE CORPORATE OVERHEAD EXPENSES ARE ALLOCATED ON A COST		
BASIS BY MPTF TO THE INDUSTRY ADVANTAGE, LLC.		
BASIS BY MPTF TO THE INDUSTRY ADVANTAGE, LLC.		

Form **8868** (Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit

Contracts	, for which an extension request must be sent to the IRS is form, visit www.irs.gov/e-file-providers/e-file-for-charit	in paper	format (see instructions). For more de		ne electronic		
	tic 6-Month Extension of Time. Only subm						
All corpor	ations required to file an income tax return other than Fo Form 7004 to request an extension of time to file income	orm 990-T	(including 1120-C filers), partnerships	s, REMICs,	, and trusts		
Type or print	Name of exempt organization or other filer, see instruc	ctions.		Taxpayer	identification n	umber (TIN)	
princ	MOTION PICTURE AND TELEVISION FUND				95-16529	16	
File by the due date for fillng your return, See	Number, street, and room or suite no. If a P.O. box, se 23388 MULHOLLAND DR, MAIL STOP 218						
Instructions,	City, town or post office, state, and ZIP code. For a fo woodland HILLS, CA 91364-2792						
Enter the	Return Code for the return that this application is for (file	a separat				0 1	
Application	on	Return				Return	
ls For		Code	Is For			Code	
Form 990 or Form 990-EZ 01 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09							
10/114720 (Individual)							
Form 990-PF 04 Form 5227 10							
	T (sec. 401(a) or 408(a) trust)	05	Form 6069			12	
	T (trust other than above) T (corporation)	06 07	Form 8870		The second state of the se	17	
Teleph	oks are in the care of 23388 MULHOLIAND DRIVE one No. (818)876-4168 rganization does not have an office or place of business of or a Group Return, enter the organization's four digit (I if it is for part of the group, check this box	in the Un Group Exe	Fax No. ited States, check this box	f this is for	the whole gro		
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Caution:	ng EFTPS (Electronic Federal Tax Payment System). See If you are going to make an electronic funds withdrawal	instructio (direct del	ons. oit) with this Form 8868, see Form 84	3c 153-TE and	\$ i Form 8879-TE	0. E for payment	
instruction	10.		·ti-n-n		Form 996	8 /Rev 1.2022)	

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