

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2023

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

Header section A through K containing organization details, identification numbers, and exemption status.

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances, including rows 1 through 22.

Part II 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.

Signature block section for officer and preparer, including names, titles, and dates.

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: WE SUPPORT OUR ENTERTAINMENT COMMUNITY IN LIVING AND AGING WELL, WITH DIGNITY AND PURPOSE, AND IN HELPING EACH OTHER IN TIMES OF NEED.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 31,906,957. including grants of \$ ) (Revenue \$ 26,801,438. ) MPTF PROVIDES INPATIENT MEDICAL SERVICES AT ITS 122 BED FACILITY LOCATED ON THE WASSERMAN CAMPUS IN WOODLAND HILLS. SERVICES INCLUDE GERIATRIC PSYCHIATRY, SKILLED NURSING, ALZHEIMER'S CARE, AND RELATED ANCILLARY SERVICES. 2023 SERVICE VOLUMES INCLUDED 33,119 TOTAL PATIENT DAYS.

4b (Code: ) (Expenses \$ 18,783,630. including grants of \$ ) (Revenue \$ 7,620,928. ) MPTF PROVIDES VARIOUS PROGRAMS AND CHARITABLE SERVICES INCLUDING A 166 UNIT RETIREMENT COMMUNITY, RESIDENTIAL SUBSIDIES AND RESIDENTIAL SOCIAL SERVICES. 2023 SERVICE VOLUMES INCLUDED 50,180 RESIDENTIAL DAYS (SEE SCHEDULE O).

4c (Code: ) (Expenses \$ 14,672,832. including grants of \$ 8,349,554. ) (Revenue \$ 78,377. ) MPTF PROVIDES COMMUNITY PROGRAMS INCLUDING SOCIAL SERVICES, FINANCIAL ASSISTANCE, PALLATIVE CARE, ELDER CONNECTION, HEALTH INSURANCE COUNSELING, SOCIAL ISOLATION PROGRAMS. 2023 INCLUDES APPROXIMATELY \$7.5 MILLION IN WORK STOPPAGE RELATED FINANCIAL ASSISTANCE.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
4e Total program service expenses 65,363,419.

**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)? <i>If "Yes," complete Schedule A</i> .....	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
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? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	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 assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
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? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
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)? <i>If "Yes," complete Schedule D, Part X</i> .....		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a Did the organization maintain an office, employees, or agents outside of the United States? .....		X
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 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	X	
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 foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X

**Part 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 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
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 Schedule K. If "No," go to line 25a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 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		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c	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		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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		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	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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		X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax shelter transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed CA, NY; 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O); 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.; 20 State the name, address, and telephone number of the person who possesses the organization's books and records JEFF ARNETT - (818)876-4168 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 organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT L. BEITCHER PRESIDENT / CEO	40.00	X		X				816,203.	0.	28,824.
(2) SHARON A. SIEFERT VP, LEGAL AFFAIRS	40.00			X				295,151.	0.	26,790.
(3) JEFF ARNETT TREASURER / CFO	40.00	X		X				254,573.	0.	29,923.
(4) CHRIS G. LIVANOS CHIEF INFORMATION OFFICER	40.00				X			240,304.	0.	29,634.
(5) COURTENEY D. BAILEY CHIEF DEVELOPMENT OFFICER	40.00				X			220,978.	0.	25,751.
(6) MICHAEL H. KUEHL CHIEF FINANCIAL OFFICER (THRU 2/23)	40.00			X				154,372.	0.	32,259.
(7) LINDA K. HEALY VP, CHIEF INNOVATION OFFICER	40.00					X		242,798.	0.	36,252.
(8) JULIA KYLE DIRECTOR, PHARMACY SERVICES	40.00					X		197,124.	0.	23,162.
(9) JENNIFER S. CALIXTO DIRECTOR, LONG TERM CARE	40.00					X		208,360.	0.	25,765.
(10) SHEILA MARTIN RISK MGT & REGULATORY AFFAIRS	40.00					X		193,029.	0.	21,382.
(11) RHEYVONN ABUEG RN, PSYCHIATRY	40.00					X		181,776.	0.	20,780.
(12) JIM GIANOPULOS CHAIR	1.00	X		X				0.	0.	0.
(13) MICHAEL KARLIN SECRETARY	1.00	X		X				0.	0.	0.
(15) CASEY WASSERMAN DIRECTOR	1.00	X						0.	0.	0.
(16) DUNCAN CRABREE-IRELAND DIRECTOR	1.00	X						0.	0.	0.
(17) EMMA THOMAS DIRECTOR	1.00	X						0.	0.	0.
(18) ERIC ESRAILIAN DIRECTOR	1.00	X						0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(19) GEORGE CLOONEY DIRECTOR	1.00	X						0.	0.	0.
(20) HAWK KOCH DIRECTOR	1.00	X						0.	0.	0.
(21) HENRY MUNOZ III DIRECTOR	1.00	X						0.	0.	0.
(22) JESSIE KORNBURG DIRECTOR	1.00	X						0.	0.	0.
(23) JOHN GOLDWYN DIRECTOR	1.00	X						0.	0.	0.
(24) JOHN WELLS DIRECTOR	1.00	X						0.	0.	0.
(25) KAREN ROSENFELT DIRECTOR	1.00	X						0.	0.	0.
(26) KEVIN MCCORMICK DIRECTOR	1.00	X						0.	0.	0.
(27) LISA PIEROZZI DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								3,004,668.	0.	300,522.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								3,004,668.	0.	300,522.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 79

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
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		X

**Section B. Independent Contractors**

1 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 PO BOX 102289, ATLANTA, GA 30368-2289	DIETARY AND HOUSEKEEPING	2,727,973.
COMMUNITY LIVING HOLDINGS LLC, 1500 LIBERTY RIDGE DRIVE, STE 210, WAYNE, PA	HOUSEKEEPING AND LAUNDRY	714,347.
UNIVERSAL PROTECTION SERVICE, 1551 N TUSTIN AVENUE, STE 650, SANTA ANA, CA	SECURITY SERVICES	626,547.
BEST EVENTS LOS ANGELES INC 30 MAUCHLY, SUITE C, IRVINE, CA 92618	OTHER PURCHASED SERVICES	598,697.
DESIGN CARE SERVICE CORP, 5800 OWENSMOUTH AVENUE APT #50, WOODLAND HILLS, CA	OTHER PURCHASED SERVICES	578,116.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 20

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	5,236,217.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	26,924,831.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 358,857.				
	<b>h Total.</b> Add lines 1a-1f		32,161,048.				
<b>Program Service Revenue</b>	<b>2 a</b> <u>INPATIENT REVENUE</u>	<b>Business Code</b>	623000	26,801,438.	26,801,438.		
	<b>b</b> <u>RESIDENTIAL REVENUE</u>		623990	7,620,928.	7,620,928.		
	<b>c</b> <u>MANAGEMENT SERVICE FEE</u>		551112	38,477.	38,477.		
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue		621990	39,900.	39,900.		
	<b>g Total.</b> Add lines 2a-2f			34,500,743.			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			2,218,107.		1,250.
<b>4</b> Income from investment of tax-exempt bond proceeds						2,216,857.	
<b>5</b> Royalties				819,980.		819,980.	
<b>6 a</b> Gross rents		<b>6a</b>	(i) Real				
			(ii) Personal				
				386,372.			
<b>b</b> Less: rental expenses		<b>6b</b>		5,336.			
<b>c</b> Rental income or (loss)		<b>6c</b>		381,036.			
<b>d</b> Net rental income or (loss)				381,036.		381,036.	
<b>7 a</b> Gross amount from sales of assets other than inventory		<b>7a</b>	(i) Securities				
			(ii) Other				
				3,256,610.	26,621,856.		
<b>b</b> Less: cost or other basis and sales expenses		<b>7b</b>		3,057,549.	370,137.		
<b>c</b> Gain or (loss)		<b>7c</b>		199,061.	26,251,719.		
<b>d</b> Net gain or (loss)				26,450,780.		26,450,780.	
<b>8 a</b> Gross income from fundraising events (not including \$ 5,236,217. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
			389,744.				
			2,336,336.				
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events			-1,946,592.		-1,946,592.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
			35,714.				
			8,200.				
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities			27,514.		27,514.		
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11 a</b> <u>CONTRACT AND OTHER REV</u>	<b>Business Code</b>	541900	26,930.		26,930.	
	<b>b</b> <u>HOSPITAL AND GIFT SHOP</u>		459420	998.		998.	
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			27,928.			
<b>12 Total revenue.</b> See instructions			94,640,544.	34,500,743.	1,250.	27,977,503.	

**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

X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	8,349,554.	8,349,554.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,154,760.		1,908,031.	246,729.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	31,407,145.	27,678,655.	3,226,430.	502,060.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,705,705.	2,437,946.	227,336.	40,423.
9 Other employee benefits	8,231,239.	7,317,797.	771,888.	141,554.
10 Payroll taxes	2,525,974.	2,245,660.	236,874.	43,440.
11 Fees for services (nonemployees):				
a Management	250,024.	250,024.		
b Legal	262,831.	223.	262,608.	
c Accounting	268,964.		268,964.	
d Lobbying	11,656.	11,656.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	95,000.		95,000.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	7,760,605.	7,288,638.	338,912.	133,055.
12 Advertising and promotion				
13 Office expenses	1,525,067.	986,037.	308,673.	230,357.
14 Information technology	840,944.	55,604.	672,362.	112,978.
15 Royalties				
16 Occupancy	2,913,107.	2,849,900.		63,207.
17 Travel	33,869.	19,709.	8,383.	5,777.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	410,015.	410,015.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,441,027.	2,215,757.	143,625.	81,645.
23 Insurance	797,524.		797,524.	
24 Other expenses. Itemize expenses not covered 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.)				
a REPAIRS AND MAINTENANCE	1,467,666.	1,443,288.	23,334.	1,044.
b SOFTWARE HOSTING FEES	753,797.		753,797.	
c PHARMACEUTICALS	592,353.	592,353.		
d MEDICAL SUPPLIES	511,983.	511,983.		
e All other expenses	1,125,618.	698,620.	185,017.	241,981.
25 Total functional expenses. Add lines 1 through 24e	77,436,427.	65,363,419.	10,228,758.	1,844,250.
26 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
Assets	<b>1</b> Cash - non-interest-bearing .....	5,319,160.	<b>1</b>	6,610,573.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	17,938,933.	<b>3</b>	15,909,953.
	<b>4</b> Accounts receivable, net .....	8,969,698.	<b>4</b>	8,603,578.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	5,000,000.
	<b>8</b> Inventories for sale or use .....	249,059.	<b>8</b>	298,761.
	<b>9</b> Prepaid expenses and deferred charges .....	1,506,079.	<b>9</b>	4,662,022.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 134,018,352.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 116,646,803.	18,844,619.	<b>10c</b> 17,371,549.
	<b>11</b> Investments - publicly traded securities .....	29,352,325.	<b>11</b>	47,170,504.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	12,578,600.	<b>12</b>	12,869,610.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	2,700,000.	<b>13</b>	2,700,000.
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,749,987.	<b>15</b>	1,447,058.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	99,208,460.	<b>16</b>	122,643,608.	
Liabilities	<b>17</b> Accounts payable and accrued expenses .....	8,988,496.	<b>17</b>	10,053,470.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	119,968.	<b>19</b>	1,644,000.
	<b>20</b> Tax-exempt bond liabilities .....	6,747,842.	<b>20</b>	6,775,045.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	23,808,231.	<b>25</b>	25,328,933.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	39,664,537.	<b>26</b>	43,801,448.
Net Assets or Fund Balances	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	8,882,468.	<b>27</b>	25,537,102.
	<b>28</b> Net assets with donor restrictions .....	50,661,455.	<b>28</b>	53,305,058.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	59,543,923.	<b>32</b>	78,842,160.
<b>33</b> Total liabilities and net assets/fund balances .....	99,208,460.	<b>33</b>	122,643,608.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	94,640,544.
2	Total expenses (must equal Part IX, column (A), line 25)	2	77,436,427.
3	Revenue less expenses. Subtract line 2 from line 1	3	17,204,117.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	59,543,923.
5	Net unrealized gains (losses) on investments	5	1,031,802.
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	1,062,318.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	78,842,160.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a 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?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2023)

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

<b>Name of the organization</b> MOTION PICTURE AND TELEVISION FUND	<b>Employer identification number</b> 95-1652916
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**Part I 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).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  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: \_\_\_\_\_
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 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.
  - a  **Type I.** 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.**
  - 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.**
  - 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.**
  - d  **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.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, 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).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	18,928,110.	29,149,359.	28,866,603.	32,227,708.	32,161,048.	141,332,828.
2 Tax revenues levied for the organization'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 <b>Total.</b> Add lines 1 through 3	18,928,110.	29,149,359.	28,866,603.	32,227,708.	32,161,048.	141,332,828.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						8,792,692.
6 <b>Public support.</b> Subtract line 5 from line 4.						132,540,136.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	18,928,110.	29,149,359.	28,866,603.	32,227,708.	32,161,048.	141,332,828.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,909,562.	2,188,517.	2,436,886.	3,244,342.	3,423,209.	14,202,516.
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.)	1,008,336.	2,219,368.	414,000.	636,386.	27,928.	4,306,018.
11 <b>Total support.</b> Add lines 7 through 10						159,841,362.
12 Gross receipts from related activities, etc. (see instructions)					12	147,935,712.

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	82.92 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	77.40 %

16a **33 1/3% support test - 2023.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test - 2022.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10% -facts-and-circumstances test - 2023.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b **10% -facts-and-circumstances test - 2022.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(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

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; b Amounts included on lines 2 and 3 received from other than disqualified persons; c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 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 businesses acquired after June 30, 1975; c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here [ ]

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %
16 Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %
18 Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization [ ]

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization [ ]

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions [ ]

**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**

- 1 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) purposes.*
- 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 filing 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.)*

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

**Part IV Supporting Organizations** *(continued)*

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 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? <i>If "No," describe in Part VI how the supported organization(s) 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 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
<b>2</b> Activities Test. <b>Answer lines 2a and 2b below.</b>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). See instructions.  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	
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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section 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	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, 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; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2019 AMOUNT: \$ 1,008,336.

2020 AMOUNT: \$ 2,219,368.

2021 AMOUNT: \$ 414,000.

2022 AMOUNT: \$ 636,386.

2023 AMOUNT: \$ 27,928.

**Schedule B**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

MOTION PICTURE AND TELEVISION FUND

Employer identification number

95-1652916

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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).

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

Schedule B (Form 990) (2023)

Name of organization  MOTION PICTURE AND TELEVISION FUND	Employer identification number  95-1652916
--	--

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,215,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 3,250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 4,860,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 991,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>MOTION PICTURE AND TELEVISION FUND</b>	Employer identification number  <b>95-1652916</b>
---	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 831,364.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  MOTION PICTURE AND TELEVISION FUND	Employer identification number  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
2	HARD DRIVES _____ _____ _____	\$ 3,400.	12/31/23
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____



SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

Open to Public Inspection

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.

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:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Table with 2 columns: Name of organization (MOTION PICTURE AND TELEVISION FUND) and Employer identification number (95-1652916)

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures \$
3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990) 2023

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
not over \$500,000,	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000,	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....														

Yes  No

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

**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 each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		11,656.
<b>j</b> Total. Add lines 1c through 1i .....			11,656.
<b>2a</b> Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	3	

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? .....	4	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions .....	5	

**Part IV** Supplemental Information

Provide 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 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE LOBBYING ACTIONS OF THE MOTION PICTURE AND TELEVISION FUND FOR THE

YEAR ENDED DECEMBER 31, 2023 WERE COMPRISED OF PAYING MEMBERSHIP DUES

TO VARIOUS HEALTHCARE ASSOCIATIONS WHO IN TURN PAY OUTSIDE LOBBYISTS TO

REPRESENT THE INTERESTS OF THE ASSOCIATION WITH STATE LEGISLATORS WITH

RESPECT TO GOVERNMENT REIMBURSEMENT PROGRAMS.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

2023

Open to Public Inspection

Name of the organization

MOTION PICTURE AND TELEVISION FUND

Employer identification number

95-1652916

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor informed status.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number, acreage, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

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

Schedule D (Form 990) 2023

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	29,998,666.	32,915,998.	28,458,317.	28,147,361.	26,662,640.
b Contributions		13,468.	4,476,028.	168,165.	199,049.
c Net investment earnings, gains, and losses	2,265,862.	-2,930,800.	1,427,939.	802,791.	2,468,463.
d Grants or scholarships					
e Other expenditures for facilities and programs	268,000.		1,446,285.	660,000.	1,182,791.
f Administrative expenses					
g End of year balance	31,996,528.	29,998,666.	32,915,998.	28,458,317.	28,147,361.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.0000 %
  - b Permanent endowment 100 %
  - c Term endowment 0.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) Unrelated organizations?   |     | X  |
| (ii) Related organizations?  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |

- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,821,411.		1,821,411.
b Buildings		95,120,927.	82,693,527.	12,427,400.
c Leasehold improvements		708,520.	677,830.	30,690.
d Equipment		23,687,892.	22,014,384.	1,673,508.
e Other		12,679,602.	11,261,062.	1,418,540.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				17,371,549.

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" 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 end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) D. E. SHAW ORIENTEER ENDOWMENT	2,194,193.	END-OF-YEAR MARKET VALUE
(B) PANAGORA DIVERSIFIED RISK ENDOWMENT	2,005,338.	END-OF-YEAR MARKET VALUE
(C) KING STREET CAPITAL LTD.	2,223,296.	END-OF-YEAR MARKET VALUE
(D) ENDOWMENT HAWK RIDGE	2,170,099.	END-OF-YEAR MARKET VALUE
(E) BLACKSTONE PRIVATE CREDIT	1,473,284.	END-OF-YEAR MARKET VALUE
(F) RUFFER ABSOLUTE INSTITUTE	2,093,823.	END-OF-YEAR MARKET VALUE
(G) FPA WHITEHAWK III ONSHORE	709,577.	END-OF-YEAR MARKET VALUE
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))	12,869,610.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO RETIREMENT PLANS	15,714,618.
(3) ACCRUED WORKER'S COMPENSATION	4,458,000.
(4) ACCRUED GENERAL LIABILITY INSURANCE	3,647,394.
(5) DUE TO AFFILIATES	802,909.
(6) ACTUARIAL LIABILITY UNDER SPLIT-INTEREST AGREEMENTS	87,541.
(7) OPERATING LEASE LIABILITIES	618,471.
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	25,328,933.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-row labels (2a-2e, 3, 4a-4c, 5), and a final column for totals.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-row labels (2a-2e, 3, 4a-4c, 5), and a final column for totals.

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; 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 any additional information.

PART V, ENDOWMENT FUNDS:

THE ORGANIZATION'S ENDOWMENTS ARE DONOR-RESTRICTED AND WERE

ESTABLISHED FOR A VARIETY OF PURPOSES, INCLUDING CHILDCARE, PATIENT AND

RESIDENT SUPPORT, GROUNDS MAINTENANCE, AND OTHER GENERAL OPERATING

PURPOSES. THE ORGANIZATION HAS ADOPTED INVESTMENT AND SPENDING

POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE LONG TERM

INVESTMENT APPRECIATION AND A PREDICTABLE STREAM OF FUNDING TO

PROGRAMS SUPPORTED BY THE RESPECTIVE ENDOWMENT.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

Employer identification number

MOTION PICTURE AND TELEVISION FUND

95-1652916

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No

**2 For grantmakers.** 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.** (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 employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS		12,869,610.
<b>3 a Subtotal</b> .....	0	0			12,869,610.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals (add lines 3a and 3b)</b> .....	0	0			12,869,610.

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

Schedule F (Form 990) 2023

**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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 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

3 Enter total number of other organizations or entities



**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 the 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  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 the Instructions for Form 5471)* .....  Yes  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 the Instructions for Form 8621)* .....  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 the 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 the Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

Schedule F (Form 990) 2023

**Part V** Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Multiple horizontal lines for supplemental information.



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		THE NIGHT BEFORE (event type)	HEATBEAT OF HOLLYWOOD (event type)	3 (total number)		
Revenue	1	Gross receipts	4,636,239.	647,764.	306,744.	5,590,747.
	2	Less: Contributions	4,443,546.	560,102.	197,355.	5,201,003.
	3	Gross income (line 1 minus line 2)	192,693.	87,662.	109,389.	389,744.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	23,244.	38,734.	4,644.	66,622.
	6	Rent/facility costs	4,150.	27,300.	6,000.	37,450.
	7	Food and beverages	188,544.	60,362.	103,388.	352,294.
	8	Entertainment	7,445.	0.	7,445.	14,890.
	9	Other direct expenses	1,331,073.	79,475.	454,532.	1,865,080.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				2,336,336.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-1,946,592.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue			
Direct Expenses	2	Cash prizes				
	3	Noncash prizes			8,200.	8,200.
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				8,200.	
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				27,514.	

9 Enter the state(s) in which the organization conducts gaming activities: CA

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_





**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2023**

Open to Public Inspection

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization <b>MOTION PICTURE AND TELEVISION FUND</b>	Employer identification number <b>95-1652916</b>
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**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
<b>b</b> If "Yes," was it a written policy?	X	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year: <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
<b>6a</b> Did the organization prepare a community benefit report during the tax year?		X
<b>b</b> If "Yes," did the organization make it available to the public?		

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

**7 Financial Assistance and Certain Other Community Benefits at Cost**

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1)			4,584.	0.	4,584.	.01%
<b>b</b> Medicaid (from Worksheet 3, column a)			24,059,949.	19,882,069.	4,177,880.	5.40%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs			24,064,533.	19,882,069.	4,182,464.	5.41%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			16,756,616.	318,050.	16,438,566.	21.23%
<b>f</b> Health professions education (from Worksheet 5)						
<b>g</b> Subsidized health services (from Worksheet 6)						
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)						
<b>j Total.</b> Other Benefits			16,756,616.	318,050.	16,438,566.	21.23%
<b>k Total.</b> Add lines 7d and 7j			40,821,149.	20,200,119.	20,621,030.	26.64%

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

332091 12-26-23

Schedule H (Form 990) 2023





**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): 1

	Yes	No
<b>Community Health Needs Assessment</b>		
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? .....		X
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 .....		X
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 .....	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 22</u>		
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 .....	X	
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 .....		X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....		X
7 Did the hospital facility make its CHNA report widely available to the public? .....	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTP://WWW.MPTF.COM/FINANCIALS</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
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 .....	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 22</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	X	
a If "Yes," (list url): <u>HTTP://WWW.MPTF.COM/FINANCIALS</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
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)? .....		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital 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:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of _____ %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? .....	X	
<b>15</b>	Explained the method for applying for financial assistance? .....	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? .....	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>HTTPS://WWW.MPTF.COM/SERVICES/</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>HTTPS://WWW.MPTF.COM/SERVICES/</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> 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 displays or other measures reasonably calculated to attract patients' attention		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2023

**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital 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 assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? .....	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

	Yes	No
21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....	X	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

**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:		
	a <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
	b <input type="checkbox"/> 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		
	c <input type="checkbox"/> 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 <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
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? ..... If "Yes," explain in Section C.		X
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? ..... If "Yes," explain in Section C.		X

Schedule H (Form 990) 2023

**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.

MOTION PICTURE AND TELEVISION HOSPITAL:

PART V, SECTION B, LINE 5: THE CHNA WAS PREPARED IN 2022 BASED ON

INTERVIEWS WITH SENIOR MANAGEMENT, ENTERTAINMENT INDUSTRY HEALTH PLAN

LEADERS, NONPROFIT ORGANIZATIONS, LA COUNTY HEALTH OFFICIALS AND REGIONAL

HEALTHCARE LEADERS: LA 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 TECHNOLOGY RESEARCH IN THE INTEREST OF SOCIETY, FRONT PORCH,

LGBT CENTER OF HOLLYWOOD, SAN FERNANDO VALLEY MENTAL HEALTH CLINIC AND LOS

ANGLES COUNTY DEPARTMENT OF AGING AND COMMUNITY SERVICES. FEEDBACK WAS

USED TO DETERMINE BOTH IMMEDIATE AND SHORT-TERM HEALTH NEEDS FOR

INDUSTRY'S MEMBER AND AREAS OF FOCUS FOR MPTF.

MOTION PICTURE AND TELEVISION HOSPITAL:

PART V, SECTION B, LINE 11: MPTF SERVES CURRENT AND RETIRED ENTERTAINMENT

INDUSTRY WORKERS AND THEIR FAMILIES. HEALTH CARE SERVICES PROVIDED

DIRECTLY BY MPTF ARE PRIMARILY ORIENTED TO OLDER ADULTS, MANY OF WHOM

EXPERIENCE FRAILTY, COGNITIVE 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 PROVIDE CRISIS

INTERVENTION. THE SAMUEL GOLDWYN JR CENTER FOR BEHAVIORAL HEALTH PROVIDES

INPATIENT GERIATRIC PSYCHIATRY SERVICES (55+) TO ENTERTAINMENT INDUSTRY

AND THE GENERAL POPULATION.

**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.

MPTF SERVES A POPULATION WHOSE WORK ENTAILS INCONSISTENT EMPLOYMENT,  
TIGHTENING UNION ELIGIBILITY, AGEISM, JOB LOSS, AND COMPETITION FROM  
EMERGING TECHNOLOGIES. THE INDUSTRY WORK STOPPAGES IN 2023 REDUCED INCOME,  
SAVINGS, AND QUALIFYING HOURS FOR BENEFIT COVERAGE. THE ONGOING  
CONTRACTION OF PRODUCTIONS CARRYING OVER INTO 2024 HAS CAUSED MANY WORKERS  
AND THEIR FAMILIES TO LOOK FOR WAYS TO DEAL WITH ESSENTIALS LIKE CAR  
PAYMENTS, RENT, UTILITY BILLS, AND MORE WITH A WIDE RANGE OF PEOPLE WHO  
HAVEN'T WORKED FOR WELL OVER A YEAR STILL STRUGGLING TO FIND WORK IN 2024  
WITH NO WORK ON THE HORIZON.

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 COMMUNITY,  
EXTENDING CREATIVITY AND EDUCATION.

MPTF CONTINUALLY GAUGES COMMUNITY NEEDS THROUGH FOCUS GROUPS, SURVEYS, AND  
ONGOING DIALOGUE WITH ENTERTAINMENT INDUSTRY GUILDS, UNIONS AND HEALTH  
PLANS. MPTF WORKS WITH LA COUNTY DEPARTMENT OF HEALTH, AARP, AARP  
FOUNDATION, ALZHEIMER'S GREATER LOS ANGELES, ALZHEIMER'S NATIONAL, USC  
CAREGIVER RESOURCE CENTER, LOS ANGELES ALLIANCE FOR COMMUNITY HEALTH AND  
AGING, THE DEPARTMENT OF AGING AND DISABILITIES, AND OTHERS TO MONITOR AND  
GATHER RELEVANT DATA RELATED TO AREA HEALTH CARE NEEDS. MAJOR IDENTIFIED  
HEALTH NEEDS: DIABETES, HYPERTENSION, HIGH CHOLESTEROL, DEPRESSION AND  
ANXIETY, DEMENTIA, ARTHRITIS MANAGEMENT AND HEALTH MANAGEMENT.

ADDITIONAL NEEDS: MEDICAL MANAGEMENT AND OUT-OF-NETWORK COVERAGE ISSUES

**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.

REMAIN PROBLEMATIC; GROWING NEED AND UNDERSUPPLY OF SENIOR SERVICES,

INCLUDING SKILLED NURSING AND ACUTE MENTAL HEALTH CARE; RISE IN INSURANCE

PREMIUMS, CO-PAYMENTS AND DEDUCTIBLES; TRANSPORTATION ACCESS; 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 COMMUNITY AND CAREGIVING DEMANDS.

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--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 FAMILIES WHO HAVE RECEIVED SERIOUS MEDICAL

DIAGNOSES. CONTINUE PROGRAM EXPANSION AS CONTEMPLATED UNDER THE UNIHEALTH

PLANNING GRANT. ADVOCATING FOR A LONG-TERM SUSTAINABLE REIMBURSEMENT

MODEL.

IN 2023, THE PALLIATIVE CARE TEAM HELD AN ADVANCE CARE PLANNING WORKSHOP

VIA ZOOM FOR INDUSTRY MEMBERS. THIS WORKSHOP HELPED INDIVIDUALS AND

FAMILIES DEFINE THEIR GOALS FOR THEIR CARE AND COMPLETE THE NECESSARY

DOCUMENTS TO ENSURE THEIR WISHES GUIDE THEIR FUTURE MEDICAL TREATMENT.

PALLIATIVE CARE AND THE INNOVATION DEPARTMENT LAUNCHED A SERIES OF

EDUCATIONAL VIRTUAL PRESENTATIONS DIRECTED AT FAMILY CAREGIVERS. COMMUNITY

EXPERTS ON TOPICS SUCH AS MEDI-CAL AND SEPARATION OF ASSETS PRESENTED VIA

AN INTERACTIVE ZOOM FORMAT. SESSIONS WERE RECORDED WITH THE GOAL OF

**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.

CREATING A VIDEO LIBRARY TO BENEFIT FUTURE CAREGIVERS. THE SERIES OF

PRESENTATIONS WILL CONTINUE IN 2024.

THE IMPACT OF THE FIRST DUAL STRIKE SINCE 1960, WITH THE WGA ON STRIKE FOR

148 DAYS AND SAG-AFTRA FOR 118 DAYS, CREATED IMMEDIATE HARDSHIPS FOR

BELOW-THE-LINE WORKERS, AFFECTING TENS OF THOUSANDS OF CREW MEMBERS. RENT,

MORTGAGES, EDUCATION COSTS, CAR PAYMENTS, HEALTH INSURANCE, AND MEDICAL

EXPENSES BECAME MAJOR OBSTACLES, AND MPTF'S TEAM OF SOCIAL WORKERS STEPPED

IN TO OFFER RELIEF AND RESOURCES. MPTF RECEIVED 13,280 CALLS FROM INDUSTRY

MEMBERS AFFECTED BY THE WORK STOPPAGE. 78% OF THE INDUSTRY MEMBERS

RECEIVING ASSISTANCE WERE BELOW-THE-LINE CREW.

MPTF EXPANDED FINANCIAL AID RESOURCES DURING THE 2023 WORK STOPPAGES

DELIVERING OVER \$11 MILLION IN FINANCIAL AID TO INDUSTRY MEMBERS IN NEED.

EMERGENCY FINANCIAL ASSISTANCE GRANTS ARE AVAILABLE TO QUALIFYING

ENTERTAINMENT INDUSTRY INDIVIDUALS WHO ARE EXPERIENCING DIFFICULTY IN

MEETING LIVING EXPENSES DUE TO ILLNESS, DISABILITY, UNEMPLOYMENT, OR

INSUFFICIENT INCOME AND RESOURCES. GRANTS COVER A VARIETY OF ISSUES

INCLUDING: IMMEDIATE NEEDS (FOOD, RENT, MORTGAGE PAYMENT, OR UTILITY

BILLS) AS WELL AS INSURANCE PREMIUM GAPS, HOME CARE OR ROOM & BOARD IN

RETIREMENT FACILITIES. OF OUR UNDER-65 CLIENTS, 97% WERE DETERMINED TO BE

IN-CRISIS OR AT-RISK, UNDERLINING THE CONTINUING IMPORTANCE OF OUR

SERVICES.

MPTF'S CAMPUS TV STATION PROVIDES LIVE SHOWS FOR AND BY RESIDENTS.

INDUSTRY MEMBERS VOLUNTEER THEIR TIME TO HOST A VARIETY OF PROGRAMS. THE

STATION OFFERS INTERACTIVE, LIVE PROGRAMING PROVIDED SEVERAL DAYS PER WEEK

**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.

TO STRENGTHEN SOCIAL CONNECTIVITY AND TO PROVIDE A CREATIVE OUTLET FOR

SENIORS AND INDUSTRY MEMBER VOLUNTEERS OF ALL AGES.

MPTF'S COLLABORATION WITH AN INDEPENDENT DEVELOPER AND OPERATOR WAS

COMPLETED IN 2023. THE PROCEEDS OF THE LAND SALE WILL SUPPORT MPTF'S

MISSION. THE NEW OWNER WILL DEVELOP A SENIOR LIVING DEVELOPMENT ADJACENT

TO THE MPTF WASSERMAN CAMPUS HILLS THAT WILL PROVIDE INDEPENDENT LIVING,

ASSISTED LIVING AND MEMORY CARE.

THE SOCIAL SERVICES DEPARTMENT CONTINUES TO REACH OUT TO INDUSTRY MEMBERS

IN THE COMMUNITY THROUGH EDUCATIONAL AND INFORMATIONAL PRESENTATIONS AT

PROFESSIONAL GATHERING IN THE LOS ANGELES AREA. IN 2023, WE REACHED OUT TO

OVER 1,500 INDUSTRY MEMBERS AT 17 DIFFERENT EVENTS, INCLUDING IATSE

LOCALS, TEAMSTERS, AND MPIPHP.

MPTF ADDRESSES NEEDS THROUGH ITS INSURANCE COUNSELING AND PREMIUM SUPPORT,

CRISIS SUPPORT AND CONFIDENTIAL REFERRALS. IN 2023, MPTF ENROLLED 817

LOW-INCOME OR UNINSURED CLIENTS INTO COVERAGE.

MPTF'S VETERANS BENEFITS PROGRAM ASSISTS ENTERTAINMENT COMMUNITY MEMBERS

IN OBTAINING THE GOVERNMENT BENEFITS FOR WHICH THEY QUALIFY. SINCE ITS

INCEPTION, MPTF'S VETERANS BENEFITS PROGRAM HAS SECURED OVER \$1,808,636 IN

RETROACTIVE BENEFITS. IN 2023, MPTF SCREENED 763 VETERANS/SPOUSES FOR

CURRENT OR FUTURE BENEFITS, CONNECTED VETERANS TO \$302,135 IN RETROACTIVE

BENEFITS, AND SECURED \$37,766 IN ONGOING MONTHLY BENEFITS.

MPTF CONTINUES TO PROVIDE HIGH QUALITY INPATIENT SERVICES TO THOSE

INDUSTRY MEMBERS SUFFERING MEMORY IMPAIRMENT OR RELATED ISSUES. MPTF ALSO

**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.

PROVIDES INPATIENT GERIATRIC PSYCHIATRY SERVICES IN ITS 12 BED PRIVATE

ROOM DEDICATED UNIT.

MPTF IS A CENTER OF EXCELLENCE UNDER THE SOUTHERN CALIFORNIA GERIATRIC

SOCIAL WORK EDUCATION CONSORTIUM. DURING THE 2023/24 ACADEMIC YEAR, MPTF

OFFERED TRAINING AND SPECIALIZED INTERNSHIPS TO 5 GSWEC STUDENTS FROM 3

DIFFERENT UNIVERSITIES (UCLA, CAL STATE LONG BEACH, AND CAL STATE

NORTHRIDGE). SINCE JOINING THE CONSORTIUM IN 2004, MPTF HAS HOSTED OVER 60

GRADUATE STUDENTS IN THIS IMPORTANT TRAINING PROGRAM. ON AVERAGE, THEY

EACH CONTRIBUTE UP TO 600 HOURS OF SOCIAL SERVICE WORK PER INTERNSHIP

DEPENDING ON THE CRITERIA OF THEIR UNIVERSITY.

THE DAILY CALL SHEET MATCHES ISOLATED OLDER ADULTS AND DISABLED MEMBERS OF

THE ENTERTAINMENT COMMUNITY WITH INDUSTRY VOLUNTEERS WHO CONDUCT PHONE

CALLS TO ENSURE A MODEL OF SOCIAL ENGAGEMENT. IN 2023, 114 VOLUNTEERS MADE

6,626 CALLS PROVIDING 1,382 HOURS OF SOCIAL CONVERSATION, REDUCING THE

SOCIAL ISOLATION WHILE AT THE SAME TIME PROVIDING A SENSE OF PURPOSE AND

MEANING TO BOTH VOLUNTEERS AND RECIPIENTS.

IN 2023, MPTF'S 680 VOLUNTEERS PROVIDED 43,232 HOURS AND MADE OVER 50,000

DIRECT SERVICE CONNECTIONS WITH MEMBERS OF THE ENTERTAINMENT COMMUNITY.

THESE DEDICATED VOLUNTEERS ENHANCE THE QUALITY OF LIFE FOR SENIORS BY

PROVIDING SOCIAL ENGAGEMENT, FOSTERING CREATIVITY, BUILDING TECHNOLOGY

SKILLS, AND HELPING THEM STAY RELEVANT. THEIR EFFORTS ALLOW MPTF TO EXPAND

ITS SERVICES, REACH AND SERVE MORE CLIENTS, AND ENGAGE INDUSTRY MEMBERS IN

MEANINGFUL WAYS, ULTIMATELY SUPPORTING THE HEALTHY LIVING AND AGING OF OUR

ENTERTAINMENT INDUSTRY FAMILY.

**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.

PASSING THE TORCH, MPTF'S NEWEST INITIATIVE, IS AN INTERGENERATIONAL MENTORSHIP PROGRAM ADDRESSING THE URGENT NEED TO INCREASE DIVERSITY AND DECREASE AGEISM IN THE ENTERTAINMENT INDUSTRY, FOCUSING ON UNDERSERVED COMMUNITIES. PASSING THE TORCH RECEIVED THE 2023 GENERATIONS UNITED INTERGENERATIONAL INNOVATION AWARD AND WAS RECOGNIZED BY THE NATIONAL COUNCIL ON AGING AS A PROGRAM OF EXCELLENCE.

MOTION PICTURE AND TELEVISION HOSPITAL

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

[HTTPS://WWW.MPTF.COM/SERVICES/](https://www.mptf.com/services/)

MOTION PICTURE AND TELEVISION HOSPITAL:

PART V, SECTION B, LINE 16J: A PLAN LANGUAGE FAP SUMMARY IS PROVIDED TO

ALL PATIENTS ON ADMISSION. THE FAP IS ON CONSPICUOUS DISPLAY IN THE

HOSPITAL ADMISSIONS AREA. THE HOSPITAL PATIENT BUSINESS SERVICES

DEPARTMENT ALSO NOTIFIES PATIENTS ABOUT THE FAP DURING COMMUNICATIONS WITH

PATIENTS RELATED TO OUTSTANDING BALANCES. THE FINANCIAL ASSISTANCE

APPLICATION IS ALSO POSTED AT [HTTPS://MPTF.COM/HELP-PAYING-YOUR-BILL/](https://mptf.com/help-paying-your-bill/)



**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 52% 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

332100 12-26-23

Schedule H (Form 990) 2023

**Part VI** Supplemental Information (Continuation)

STATE OF THE ART AQUATIC AND LAND-BASED FITNESS PROGRAMS, VARIOUS

LIFESTYLE AND FAMILY LEARNING COURSES, AND A MEDIA CENTER WHICH ENGAGES

RETIREEES IN WRITING, DEVELOPING, DIRECTING, AND PRODUCING PROGRAMMING FOR

AN IN-HOUSE TELEVISION CHANNEL AND EXTERNAL OUTLETS. IN ADDITION, MPTF

PROVIDES CHILDCARE SERVICES FOR APPROXIMATELY 109 CHILDREN AT THE SAMUEL

GOLDWYN FOUNDATION CHILDCARE CENTER.

PART III, LINE 2:

AMOUNT REPORTED REPRESENTS ACTUAL AMOUNTS OWED THAT HAVE BEEN WRITTEN OFF.

PART III, LINE 3:

SINCE THERE WERE NO BAD DEBTS IN THE CURRENT YEAR, NONE WERE APPLICABLE TO

THE PATIENTS ELIGIBLE UNDER THE FINANCIAL ASSISTANCE POLICY AND NO BAD

DEBT WAS REPORTED AS COMMUNITY BENEFIT.

PART III, LINE 4:

THE ORGANIZATION DOES NOT HAVE A FOOTNOTE IN THE FINANCIAL STATEMENTS

RELATED TO BAD DEBT. AMOUNTS ARE IMMATERIAL.

PART III, LINE 8:

THE SHORTFALL REPORTED IS CONSIDERED COMMUNITY BENEFIT AS THE SERVICES

PROVIDED MEET THE NEEDS OF THE COMMUNITY MPTF SERVES BUT ARE NOT EXPECTED

TO BE FINANCIALLY SELF-SUPPORTING. THE SOURCE FOR THE SHORTFALL REPORTED

ON LINE 7 IS THE AMOUNT AS FILED ON THE MEDICARE COST REPORT FOR 2023.

PART III, LINE 9B:

DURING THE COLLECTION PROCESS, IF A PATIENT INDICATES AN INABILITY TO PAY

THEY ARE PROVIDED AN OPPORTUNITY TO COMPLETE THE APPLICATION FOR HOSPITAL

**Part VI** Supplemental Information (Continuation)

CHARITY. AFTER REVIEWING THE PACKAGE, AND IF THE PATIENT QUALIFIES, THE AMOUNTS FORGIVEN ARE RECORDED AS CHARITY.

PART VI, LINE 2:

NEEDS ASSESSMENT:

AS DESCRIBED IN SCHEDULE O, MPTF PROVIDES VARIOUS PROGRAMS AND CHARITABLE SERVICES TO THE ENTERTAINMENT COMMUNITY. MPTF REGULARLY EVALUATES THOSE SERVICES WITH INPUT FROM ENTERTAINMENT INDUSTRY-BASED HEALTH PLANS AND FRONT-LINE STAFF, INCLUDING PHYSICIANS AND OTHER CLINICAL STAFF, TO ENSURE THEY BEST MEET THE NEEDS OF THOSE SERVED. IN ADDITION, MPTF SOLICITS FEEDBACK FROM THOSE SERVED THROUGH REGULARLY CONDUCTED SATISFACTION SURVEYS. RESULTS OF THOSE SURVEYS ARE USED TO EVALUATE THE EFFECTIVENESS OF SERVICES AND IMPLEMENT IMPROVEMENTS WHEN NECESSARY.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:

MPTF NOTIFIES PATIENTS OF THE OPPORTUNITY TO QUALIFY FOR CHARITY AT THE POINT OF REGISTRATION/ADMITTING. IN EACH SUCH AREA, SIGNS DESIGNED TO INFORM THE PATIENT OF THE AVAILABILITY OF CHARITY ARE POSTED. IN ADDITION, AFTER SERVICES HAVE BEEN PROVIDED, MPTF'S BILLING DEPARTMENT STAFF MAY BECOME AWARE THAT THE PATIENT MAY QUALIFY FOR CHARITY. IN SUCH CASES THE CHARITY APPLICATION IS COMPLETED, AND IF THE PATIENT QUALIFIES, THE BALANCE OF THE ACCOUNT WILL BE TREATED AS CHARITY. MPTF ALSO NOTIFIES PATIENTS OF FEDERAL, STATE AND LOCAL GOVERNMENT PROGRAMS AT THE POINT OF REGISTRATION/ ADMITTING INCLUDING MEDICARE AND MEDI-CAL, IF APPLICABLE. MPTF ALSO OFFERS SOCIAL SERVICES WHERE PATIENTS ARE INFORMED OF A WIDER ARRAY OF SERVICES AND PROGRAMS IN ADDITION TO THOSE FOCUSED ON HEALTH CARE.

**Part VI** Supplemental Information (Continuation)

PART VI, LINE 4:

COMMUNITY INFORMATION:

AS DESCRIBED IN SCHEDULE O, MPTF PROVIDES VARIOUS PROGRAMS AND CHARITABLE SERVICES TO THE ENTERTAINMENT COMMUNITY.

PART VI, LINE 5:

PROMOTION OF COMMUNITY HEALTH:

MPTF OPERATES A HOSPITAL LICENSED BY THE STATE OF CALIFORNIA AND REPORTS INFORMATION REGARDING THIS HOSPITAL ON FORM 990, SCHEDULE H, BUT MPTF IS NOT EXEMPT FROM TAXATION AS A HOSPITAL DESCRIBED IN INTERNAL REVENUE CODE (IRC) SECTION 170 (B) (1) (A) (III). MPTF HAS BEEN RECOGNIZED BY THE IRS FOR THE PAST 102 YEARS AS A PUBLICLY SUPPORTED ORGANIZATION EXEMPT FROM TAXATION UNDER IRC SECTION 170 (B) (1) (A) (VI).

MPTF PROVIDES VARIOUS PROGRAMS AND SERVICES DESIGNED TO POSITIVELY IMPACT THE OVERALL HEALTH OF THOSE SERVED. MPTF'S WASSERMAN CAMPUS PROVIDES RETIREES WITH A VIBRANT COMMUNITY AND BEAUTIFUL CAMPUS OFFERING FACILITIES, PROGRAMS AND SERVICES WHICH MAXIMIZE THE QUALITY OF RETIREMENT LIVING AND PROMOTE ENGAGEMENT.

PART VI, LINE 6:

THE ORGANIZATION DOES NOT HAVE AN AFFILIATED HEALTH SYSTEM.



**Part III** 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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SHELTER, MEDICAL CARE AND FOOD FOR INDIGENTS	4365	8,349,554.	0.	NONE	NONE

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

MPTF MANAGES THE USE OF FINANCIAL ASSISTANCE FUNDS THROUGH ITS SOCIAL SERVICES FUNCTION AND CASE COMMITTEE OF THE BOARD. MPTF'S SOCIAL SERVICE FUNCTION IS STAFFED WITH MASTERS LEVEL SOCIAL SERVICE PROFESSIONALS. AN APPLICANT COMPLETES A DETAILED APPLICATION WITH SUPPORTING DOCUMENT COPIES. THE SCREENING PROCESS FOR EACH APPLICANT INCLUDES A SOCIAL WORKER REVIEWING THE INFORMATION PRESENTED AND INTERVIEWING THE APPLICANT. ALL NEW CASES INCLUDE A REVIEW AND APPROVAL BY A MANAGER OR SUPERVISOR PRIOR TO PROVISION OF ANY FINANCIAL ASSISTANCE. IF THE CUMULATIVE AMOUNT OF FINANCIAL

**Part IV** Supplemental Information

ASSISTANCE TO THE INDIVIDUAL EXCEEDS \$7,500 THE RELATED APPLICATION IS

SUBMITTED TO MPTF'S SOCIAL SERVICES GOVERNING BODY FOR REVIEW AND APPROVAL.

THE SOCIAL SERVICES GOVERNING BODY WILL REVISIT CASES AT LATER TIMES AND

AMOUNT INTERVALS, AS SET FORTH BY BOARD COMMITTEE ACTION OR GUIDELINES.

IN 2023, THE ENTERTAINMENT INDUSTRY FACED A CHALLENGE NOT EXPERIENCED SINCE

1960: A DUAL STRIKE. PRODUCTION WORK CAME TO A GRINDING HALT IMMEDIATELY,

CREATING HARDSHIPS FOR EVERYONE IN THE INDUSTRY, INCLUDING TENS OF

THOUSANDS OF CREW MEMBERS. RENT, MORTGAGES, EDUCATION COSTS, CAR PAYMENTS

HEALTH INSURANCE, AND MEDICAL EXPENSES BECAME MAJOR FINANCIAL OBSTACLES,

AND MPTF'S SOCIAL SERVICES TEAM STEPPED IN TO OFFER RELIEF AND RESOURCES.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

MOTION PICTURE AND TELEVISION FUND

Employer identification number

95-1652916

**Part I Questions Regarding Compensation**

**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.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2023



Part III Supplemental Information

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.

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 2023 PLAN YEAR AN INCENTIVE WAS APPROVED BY THE COMPENSATION COMMITTEE. UNDER A SEPARATE PLAN, THE CEO'S INCENTIVE PAY FOR THE 2023 PLAN YEAR WAS APPROVED BY THE COMPENSATION COMMITTEE AND THE FULL BOARD AND PAID IN 2023.



**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X							
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?	X							
c Are there any research agreements that may result in private business use of bond-financed property?		X						
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?	X							

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X							
b Exception to rebate?		X						
c No rebate due?		X						
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							

**Part IV Arbitrage (continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		x						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		x						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		x						
7 Has the organization established written procedures to monitor the requirements of section 148?	x							

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	x							

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions.

SCHEDULE K, PART I, BOND ISSUES:  
 (A) ISSUER NAME: CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT AUTHORITY  
 (F) DESCRIPTION OF PURPOSE:  
 PROCEEDS USED TO CURRENTLY REFUND PRIOR BOND ISSUE

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

MOTION PICTURE AND TELEVISION FUND

Employer identification number

95-1652916

**Part 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 determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		6,966.	SEE PART II
6 Cars and other vehicles	X	2	12,252.	SALES PRICE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	9	121,809.	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	X	4	4,369.	
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (DONOR GIFTS)	X	72	213,461.	SEE PART II
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 1

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2023

**Part II**

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 30B:

THE NUMBERS REPORTED IN PART I, COLUMN (B) REPRESENT THE NUMBER OF CONTRIBUTIONS.

IN ADDITION, ALL NONCASH CONTRIBUTIONS WERE RECORDED AT THE ESTIMATED VALUE PROVIDED BY THE DONOR.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

MOTION PICTURE AND TELEVISION FUND

Employer identification number

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

MILLION IN RESIDENTIAL CARE SUBSIDY IN 2023. TOTAL 2023 RESIDENTIAL

DAYS WERE 50,180. MPTF PROVIDED TEMPORARY FINANCIAL ASSISTANCE TO

INDUSTRY MEMBERS OF APPROXIMATELY \$8.3 MILLION IN 2023 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 2023 WERE 54,290.

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.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization MOTION PICTURE AND TELEVISION FUND	Employer identification number 95-1652916
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FORM 990, PART VI, SECTION A, LINE 2:

MPTF PROVIDES SERVICES TO THE ENTERTAINMENT COMMUNITY AND THERE ARE MPTF ENTITY DIRECTORS WHO HAVE VARYING ROLES WITH OTHER ENTERTAINMENT RELATED ENTITIES. THERE MAY BE OTHER DIRECT TRANSACTIONS RESULTING IN ADDITIONAL BUSINESS RELATIONSHIPS. SOME OF THESE ENTERTAINMENT RELATED ENTITIES INCLUDE INDUSTRY-BASED PENSION AND HEALTH PLANS, INDUSTRY RELATED UNIONS AND FOR PROFIT ENTERTAINMENT INDUSTRY COMPANIES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS PREPARED BY MOSS ADAMS, LLP, BASED ON INFORMATION PROVIDED BY THE ORGANIZATION'S STAFF. THE DRAFT FORM 990 AND ALL SUPPORTING SCHEDULES WERE REVIEWED IN DETAIL BY MPTF MANAGEMENT AND THE CHAIR OF THE AUDIT COMMITTEE. THE COMPLETED FORM 990 WAS APPROVED BY THE AUDIT COMMITTEE AND THE PUBLIC DISCLOSURE COPY WAS PROVIDED TO THE FULL BOARD OF DIRECTORS FOR REVIEW AND COMMENT PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE IS SENT TO ALL BOARD MEMBERS AND EMPLOYEES AT THE LEVEL OF MANAGER AND ABOVE. THE VICE PRESIDENT OF LEGAL AFFAIRS COLLECTS AND REVIEWS THE QUESTIONNAIRES AND THEN PROVIDES A SUMMARY OF THE ANSWERS TO THE CEO. IN CONSULTATION WITH THE CHAIR OF THE BOARD, THE CEO PURSUES ANY NECESSARY FOLLOW-UP. THE BOARD'S BYLAWS ALSO REQUIRE NOTIFICATION TO THE CHAIR OF ANY POTENTIAL CONFLICTS AT THE TIME THE CONFLICT ARISES. ONCE NOTICE OF A POTENTIAL CONFLICT IS RECEIVED, THE CHAIR OF THE BOARD APPOINTS A DISINTERESTED PERSON OR COMMITTEE TO PERFORM DUE DILIGENCE ON THE POTENTIAL CONFLICT. ONCE THE DUE DILIGENCE IS PERFORMED A DISCUSSION OF THE FACTS IS PRESENTED TO THE REMAINDER OF THE BOARD MEMBERS (WITH THE MEMBER POTENTIALLY CONFLICTED NOT PRESENT) WHO VOTE

Name of the organization MOTION PICTURE AND TELEVISION FUND	Employer identification number 95-1652916
--	--

ON WHETHER THE TRANSACTION IS IN THE BEST INTEREST OF THE CORPORATION. IF A  
 CONFLICT IS DISCOVERED WHICH WAS NOT REPORTED, THE BOARD MAY TAKE  
 APPROPRIATE DISCIPLINARY OR CORRECTIVE ACTION.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS ("COMPENSATION  
 COMMITTEE") IS RESPONSIBLE FOR ESTABLISHING THE EXECUTIVE COMPENSATION  
 POLICY AND PROGRAMS FOR SENIOR EXECUTIVES OF MPTF, AND THE MPTF  
 COMPENSATION COMMITTEE OF MANAGEMENT (THE "MANAGEMENT COMMITTEE") IS  
 RESPONSIBLE FOR ADMINISTERING THE COMPENSATION POLICY AND PROGRAMS FOR ALL  
 OTHER MPTF EXECUTIVES AND EMPLOYEES. THE COMPENSATION COMMITTEE ANNUALLY  
 REVIEWS THE PERFORMANCE AND COMPENSATION OF THE CEO AND OTHER SENIOR  
 EXECUTIVES AND APPROVES ANY CHANGES TO BASE SALARY, INCENTIVE PLAN GOALS,  
 OBJECTIVES AND AWARDS, AND EMPLOYMENT AGREEMENTS. THE MANAGEMENT COMMITTEE  
 PERFORMS THE SAME TASKS FOR ALL OTHER MPTF EXECUTIVES AND EMPLOYEES. AN  
 INDEPENDENT OUTSIDE CONSULTANT IS RETAINED TO PROVIDE MARKET COMPARABILITY  
 DATA AND ADVISE ON EXTERNAL MARKET PRACTICES, INCLUDING RELEVANT  
 INFORMATION FROM THE FORM 990S OF OTHER ORGANIZATIONS. THE GENERAL POLICY  
 AND/OR PRACTICE OF THE COMPENSATION COMMITTEE AND THE MANAGEMENT COMMITTEE  
 IS TO COMPENSATE MPTF'S EXECUTIVES AT APPROXIMATELY THE MEDIAN OF THE  
 MARKET FOR COMPARABLE ROLES AND RESPONSIBILITIES, WITH SUCH EXCEPTIONS AS  
 THE COMPENSATION COMMITTEE OR, AS APPLICABLE, THE MANAGEMENT COMMITTEE,  
 DEEMS TO BE REASONABLE IN CONSULTATION WITH THE OUTSIDE CONSULTANT.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS AUDITED CONSOLIDATED FINANCIAL STATEMENTS  
 AVAILABLE TO THE PUBLIC ON ITS WEBSITE. THE ORGANIZATION'S GOVERNING  
 DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT CURRENTLY AVAILABLE TO

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	7,288,638.
MANAGEMENT AND GENERAL EXPENSES	338,912.
FUNDRAISING EXPENSES	133,055.
TOTAL EXPENSES	7,760,605.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	7,760,605.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

MINIMUM PENSION LIABILITY	932,264.
CHANGE IN SPLIT INTEREST AGREEMENTS	134,778.
NET LOSS FROM UNCOLLECTIBLE PLEDGES	-3,474.
NET UBI FROM K-1S	-1,250.
TOTAL TO FORM 990, PART XI, LINE 9	1,062,318.





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

		Yes	No
<b>Note:</b> Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			
<b>1</b>	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? <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity <b>b</b> Gift, grant, or capital contribution to related organization(s) <b>c</b> Gift, grant, or capital contribution from related organization(s) <b>d</b> Loans or loan guarantees to or for related organization(s) <b>e</b> Loans or loan guarantees by related organization(s) <b>f</b> Dividends from related organization(s) <b>g</b> Sale of assets to related organization(s) <b>h</b> Purchase of assets from related organization(s) <b>i</b> Exchange of assets with related organization(s) <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) <b>o</b> Sharing of paid employees with related organization(s) <b>p</b> Reimbursement paid to related organization(s) for expenses <b>q</b> Reimbursement paid by related organization(s) for expenses <b>r</b> Other transfer of cash or property to related organization(s) <b>s</b> Other transfer of cash or property from related organization(s)		
		1a	X
		1b	X
		1c	X
		1d	X
		1e	X
		1f	X
		1g	X
		1h	X
		1i	X
		1j	X
		1k	X
		1l	X
		1m	X
		1n	X
		1o	X
		1p	X
		1q	X
		1r	X
		1s	X

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

