

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MOTION PICTURE AND TELEVISION FUND		D Employer identification number 95-1652916
	Doing business as		E Telephone number 818-876-4133
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 88,783,621.
	23388 MULHOLLAND DR, MAIL STOP 218		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code WOODLAND HILLS, CA 91364-2792		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: ROBERT L. BEITCHER SAME AS C ABOVE			If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.MPTF.COM			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1921 M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SUPPORTING THE ENTERTAINMENT COMMUNITY IN LIVING AND AGING WELL, WITH DIGNITY AND PURPOSE.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	12	
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	521	
	6	Total number of volunteers (estimate if necessary)	756	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	138,235.	
7b	Net unrelated business taxable income from Form 990-T, line 38	164,178.		
Revenue	8	Contributions and grants (Part VIII, line 1h)	17,558,517.	37,768,381.
	9	Program service revenue (Part VIII, line 2g)	21,793,525.	22,056,152.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,826,799.	1,124,006.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-967,906.	-1,494,894.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	42,210,935.	59,453,645.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,125,808.	1,030,905.
Expenses	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	35,875,460.	36,351,094.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	354,996.	190,000.
	b	Total fundraising expenses (Part IX, column (D), line 25)	1,810,141.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	20,998,465.	21,712,246.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	58,354,729.	59,284,245.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	-16,143,794.	169,400.
	20	Total assets (Part X, line 16)	150,030,460.	147,595,700.
	21	Total liabilities (Part X, line 26)	58,378,227.	56,815,501.
	22	Net assets or fund balances. Subtract line 21 from line 20	91,652,233.	90,780,199.

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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer ROBERT L. BEITCHER, PRESIDENT	Date			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name LAUREN A. HAVERLOCK	Preparer's signature LAUREN A. HAVERLOCK	Date 11/05/19	Check if self-employed <input type="checkbox"/>	PTIN P00545829
	Firm's name MOSS ADAMS LLP	Firm's EIN 91-0189318	Firm's address 10960 WILSHIRE BLVD SUITE 1100 LOS ANGELES, CA 90024	Phone no. 310-477-0450	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2018)

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 \$ 21,576,582. including grants of \$ 0.) (Revenue \$ 14,770,826.) 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. 2018 SERVICE VOLUMES INCLUDED 26,136 TOTAL PATIENT DAYS.

4b (Code:) (Expenses \$ 18,317,507. including grants of \$ 1,030,905.) (Revenue \$ 7,118,680.) MPTF PROVIDES VARIOUS PROGRAMS AND CHARITABLE SERVICES INCLUDING A 166 UNIT RETIREMENT COMMUNITY, RESIDENTIAL SUBSIDIES AND RESIDENTIAL SOCIAL SERVICES. 2018 SERVICE VOLUMES INCLUDED 56,958 RESIDENTIAL DAYS (SEE SCHEDULE O).

4c (Code:) (Expenses \$ 7,733,042. including grants of \$ 0.) (Revenue \$ 166,646.) MPTF PROVIDES COMMUNITY PROGRAMS INCLUDING SOCIAL SERVICES, FINANCIAL ASSISTANCE, ELDER CONNECTION, PALLIATIVE CARE, HOME SAFETY ASSESSMENTS AND IMPROVEMENTS, INSURANCE COUNSELING, SMOKING CESSATION, CHILDCARE, AND VARIOUS WELLNESS AND EDUCATION PROGRAMS.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 47,627,131.

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> ?	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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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 Revenue Procedure 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 temporarily restricted endowments, permanent endowments, or 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>	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)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various IRS requirements for Form 990 filers.

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

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

Table with columns for question number, description, and Yes/No responses. Includes questions 2a through 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited 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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	13													
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.														
b Enter the number of voting members included in line 1a, above, who are independent		12												
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?			X											
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?														X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?														X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?														X
6 Did the organization have members or stockholders?														X
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?														X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?														X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?										X				
b Each committee with authority to act on behalf of the governing body?										X				
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 in Schedule O														X

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

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Did the organization have local chapters, branches, or affiliates?														X
b 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?			X											
b Describe in 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				X										
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?				X										
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done						X								
13 Did the organization have a written whistleblower policy?							X							
14 Did the organization have a written document retention and destruction policy?								X						
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?														
a The organization's CEO, Executive Director, or top management official									X					
b Other officers or key employees of the organization									X					
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).														
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?														X
b 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

- 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.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in 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 **MICHAEL KUEHL - (818)876-4133**
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 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 and/or Box 7 of Form 1099-MISC) 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.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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 0.00	X		X				788,435.	0.	26,532.
(2) GEORGE CLOONEY DIRECTOR	1.00 0.00	X						0.	0.	0.
(3) MARK FLEISCHER VICE CHAIRMAN	1.00 0.00	X		X				0.	0.	0.
(4) JIM GIANOPULOS CHAIRMAN	1.00 0.00	X		X				0.	0.	0.
(5) MICHAEL KARLIN SECRETARY	1.00 0.00	X		X				0.	0.	0.
(6) JEFFREY KATZENBERG DIRECTOR	1.00 0.00	X						0.	0.	0.
(7) HAWK KOCH DIRECTOR	1.00 0.00	X						0.	0.	0.
(8) MATTHEW LOEB DIRECTOR	1.00 0.00	X						0.	0.	0.
(9) LISA PIEROZZI DIRECTOR	1.00 0.00	X						0.	0.	0.
(10) JAY D. ROTH TREASURER	1.00 0.00	X		X				0.	0.	0.
(11) NINA SHAW DIRECTOR	1.00 0.00	X						0.	0.	0.
(12) CASEY WASSERMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(13) DAVID WHITE DIRECTOR	1.00 0.00	X						0.	0.	0.
(14) KENNETH W. SCHERER VP, DEVELOPMENT (THRU 4/18)	40.00 0.00			X				502,158.	0.	51,693.
(15) MICHAEL H. KUEHL CHIEF FINANCIAL OFFICER	40.00 0.00			X				296,492.	0.	-9,353.
(17) SHARON A. SIEPERT VP, LEGAL AFFAIRS	40.00 0.00			X				225,987.	0.	22,194.
(18) CHRIS G. LIVANOS CHIEF INFORMATION OFFICER	40.00 0.00				X			213,759.	0.	26,721.

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) PAUL FALCONE VP, HUMAN RESOURCES	40.00 0.00				X			205,423.	0.	23,005.
(20) LINDA K. HEALY DIRECTOR- PC&GERIATRIC SERVICES	40.00 0.00				X			183,409.	0.	17,313.
(21) JEFF D. ARNETT DIRECTOR, FINANCE	40.00 0.00				X			177,854.	0.	19,974.
(22) SCOTT A. KAISER CHIEF INNOVATION OFFICER	40.00 0.00				X			254,805.	0.	33,975.
(23) JULIA KYLE DIRECTOR OF PHARMACY SERVICES	40.00 0.00				X			168,002.	0.	17,148.
(24) DAVID SOLTERO DIRECTOR OF NURSING (THRU 4/18)	40.00 0.00				X			168,721.	0.	5,364.
1b Sub-total								3,185,045.	0.	234,566.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,185,045.	0.	234,566.

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 **28**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	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	5	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 P.O BOX 102289, ATLANTA, GA 30368-2289	DIETARY AND HOUSEKEEPING	2,938,371.
INFOR (US) INC., 13560 MORRIS RD., SUITE 4100, ALPHARETTA, GA 30004	SOFTWARE HOSTING AND MAINTENANCE	626,000.
PROFESSIONAL STAFFING, 17645 CHATSWORTH STREET, GRANADA HILLS, CA 91344	TEMPORARY HELP	617,138.
UNIVERSAL PROTECTION SERV., LP, 1551 N TUSTIN AVENUE, STE 650, SANTA ANA, CA	SECURITY SERVICES	579,901.
ALIGNED TELEHEALTH, INC., 6200 CANOGA AVE., SUITE 350, WOODLAND HILLS, CA 91367	MEDICAL CONSULTING SERVICES	459,594.

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 **18**

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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	7,529,403.					
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	30,238,978.					
	g Noncash contributions included in lines 1a-1f: \$		2,269,947.					
	h Total. Add lines 1a-1f			37,768,381.				
Program Service Revenue	2 a INPATIENT REVENUE	Business Code	623000	14,770,826.	14,770,826.			
	b RESIDENTIAL REVENUE		623990	7,118,680.	7,118,680.			
	c HEALTH AND WELLNESS CENTER REVENUE		713940	132,727.	132,727.			
	d MANAGEMENT SERVICE FEES		551112	33,919.	33,919.			
	e							
	f All other program service revenue		621990					
	g Total. Add lines 2a-2f			22,056,152.				
	3 Investment income (including dividends, interest, and other similar amounts)			2,903,403.		138,235.	2,765,168.	
4 Income from investment of tax-exempt bond proceeds								
5 Royalties			596,300.			596,300.		
Other Revenue	6 a Gross rents	(i) Real	546,345.					
		(ii) Personal	6,335.					
	b Less: rental expenses		540,010.					
	c Rental income or (loss)							
	d Net rental income or (loss)			540,010.			540,010.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	22,726,219.					
		(ii) Other	1,475,937.					
	b Less: cost or other basis and sales expenses		24,505,616.	1,475,937.				
	c Gain or (loss)		-1,779,397.	0.				
	d Net gain or (loss)				-1,779,397.		-1,779,397.	
	8 a Gross income from fundraising events (not including \$ 7,529,403. of contributions reported on line 1c). See Part IV, line 18	a		649,048.				
		b Less: direct expenses		3,331,711.				
c Net income or (loss) from fundraising events				-2,682,663.		-2,682,663.		
9 a Gross income from gaming activities. See Part IV, line 19	a		35,284.					
	b Less: direct expenses		10,377.					
c Net income or (loss) from gaming activities				24,907.		24,907.		
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold							
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue			Business Code					
11 a CONTRACT AND OTHER REVENUE			900099	25,658.			25,658.	
	b HOSPITAL AND GIFT SHOP SALES		453220	894.			894.	
c								
d All other revenue								
e Total. Add lines 11a-11d				26,552.				
12 Total revenue. See instructions				59,453,645.	22,056,152.	138,235.	-509,123.	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VII.	(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	1,030,905.	1,030,905.		
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	2,339,633.		1,854,779.	484,854.
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	23,986,037.	20,613,403.	3,161,869.	210,765.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,377,295.	1,248,020.	106,524.	22,751.
9 Other employee benefits	6,709,021.	5,989,858.	613,524.	105,639.
10 Payroll taxes	1,939,108.	1,715,854.	191,976.	31,278.
11 Fees for services (non-employees):				
a Management	108,269.	108,269.		
b Legal	1,044,077.	211.	1,043,866.	
c Accounting	253,421.		253,421.	
d Lobbying	8,157.	8,157.		
e Professional fundraising services. See Part IV, line 17	190,000.			190,000.
f Investment management fees	74,613.		74,613.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	6,514,555.	6,138,054.	238,915.	137,586.
12 Advertising and promotion				
13 Office expenses	1,024,256.	555,803.	351,347.	117,106.
14 Information technology	728,345.	66,487.	573,822.	88,036.
15 Royalties				
16 Occupancy	2,222,861.	2,153,897.	68,964.	
17 Travel	77,581.	47,715.	21,373.	8,493.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	13,622.	13,622.		
20 Interest	505,929.	505,929.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,133,860.	3,807,326.	207,868.	118,666.
23 Insurance	440,817.		440,817.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in 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	1,189,702.	1,151,792.	36,950.	960.
b MEDICAL SUPPLIES	478,107.	478,107.		
c PHARMACEUTICALS	458,177.	458,177.		
d SOFTWARE HOSTING FEES	432,895.	33,977.	398,918.	
e All other expenses	2,003,002.	1,501,568.	207,427.	294,007.
25 Total functional expenses. Add lines 1 through 24e	59,284,245.	47,627,131.	9,846,973.	1,810,141.
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 if following SCP 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	1	Cash - non-interest-bearing	3,668,767.	1	3,608,108.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	35,136,273.	3	31,614,882.
	4	Accounts receivable, net	7,030,018.	4	8,201,779.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	262,011.	8	241,979.
	9	Prepaid expenses and deferred charges	442,843.	9	753,481.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 130,334,409.		
	b	Less: accumulated depreciation	10b 103,070,551.	10c	27,263,858.
	11	Investments - publicly traded securities	67,397,561.	11	66,011,758.
	12	Investments - other securities. See Part IV, line 11	1,750,282.	12	6,238,879.
	13	Investments - program-related. See Part IV, line 11	2,700,000.	13	2,700,000.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,035,994.	15	960,976.
16	Total assets. Add lines 1 through 15 (must equal line 34)	150,030,460.	16	147,595,700.	
Liabilities	17	Accounts payable and accrued expenses	9,216,864.	17	10,016,437.
	18	Grants payable		18	
	19	Deferred revenue	744,352.	19	543,237.
	20	Tax-exempt bond liabilities	19,446,827.	20	18,394,030.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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	28,970,184.	25	27,861,797.
	26	Total liabilities. Add lines 17 through 25	58,378,227.	26	56,815,501.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	28,884,719.	27	31,540,977.
	28	Temporarily restricted net assets	36,207,358.	28	32,576,582.
	29	Permanently restricted net assets	26,560,156.	29	26,662,640.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	91,652,233.	33	90,780,199.	
34	Total liabilities and net assets/fund balances	150,030,460.	34	147,595,700.	

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	59,453,645.
2	Total expenses (must equal Part IX, column (A), line 25)	2	59,284,245.
3	Revenue less expenses. Subtract line 2 from line 1	3	169,400.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	91,652,233.
5	Net unrealized gains (losses) on investments	5	-1,905,266.
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 in Schedule O)	9	863,832.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	90,780,199.

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 in 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
2b	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	
2c	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 in 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 Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

MOTION PICTURE AND TELEVISION FUND

Employer identification number

95-1652916

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 or 990-EZ).)
- 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 in 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		
Total						

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	37982991.	27453700.	26177809.	17558517.	37768381.	146941398
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 Total. Add lines 1 through 3	37982991.	27453700.	26177809.	17558517.	37768381.	146941398
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)						24246561.
6 Public support. Subtract line 5 from line 4.						122694837

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	37982991.	27453700.	26177809.	17558517.	37768381.	146941398
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4214833.	4240068.	4012898.	3533394.	3907813.	19909006.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	252,051.	250,753.				502,804.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	215,279.	145,490.	94,415.	13,287.	26,552.	495,023.
11 Total support. Add lines 7 through 10						167848231
12 Gross receipts from related activities, etc. (see instructions)					12	123,812,651.
13 First five 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	73.10 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	73.71 %
16a 33 1/3% support test - 2018. 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	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2017. 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	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2018. 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	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2017. 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	<input type="checkbox"/>	
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	<input type="checkbox"/>	

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

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
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 that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five 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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 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)? 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).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 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?		
1		
2 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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in (2), 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a 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? 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.		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a 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? Provide details in Part VI.		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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	Adjusted Net Income (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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (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 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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> 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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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

2014 AMOUNT: \$ 215,279.

2015 AMOUNT: \$ 145,490.

2016 AMOUNT: \$ 94,415.

2017 AMOUNT: \$ 13,287.

2018 AMOUNT: \$ 26,552.

Multiple horizontal lines for providing additional information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization MOTION PICTURE AND TELEVISION FUND	Employer identification number 95-1652916
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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		\$ <u>15,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ <u>1,475,937.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ <u>1,125,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ <u>1,105,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ <u>1,000,000.</u>	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.)

Name of organization MOTION PICTURE AND TELEVISION FUND	Employer identification number 95-1652916
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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
<u>2</u>	REAL ESTATE PROPERTY _____ _____ _____	\$ <u>1,475,937.</u>	<u>12/31/18</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization

Employer identification number

MOTION PICTURE AND TELEVISION FUND

95-1652916

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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.

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

832041 11-08-18

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												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">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.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018

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)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		8,157.
j Total. Add lines 1c through 1i			8,157.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d 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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 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."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 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 expenditure next year?	4	
5 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, 2018 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

2018

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

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 are a 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 programs
 - 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 on 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	28,224,476.	26,710,501.	22,808,078.	22,627,188.	17,316,582.
b Contributions	62,394.	75,225.	3,729,220.	148,799.	5,107,855.
c Net investment earnings, gains, and losses	-1,134,230.	1,710,000.	580,186.	690,233.	1,043,544.
d Grants or scholarships					
e Other expenditures for facilities and programs	490,000.	271,250.	406,983.	658,142.	840,793.
f Administrative expenses					
g End of year balance	26,662,640.	28,224,476.	26,710,501.	22,808,078.	22,627,188.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.00 %
 - b Permanent endowment 100.00 %
 - c Temporarily restricted endowment 0.00 %
- 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		93,358,783.	72,197,729.	21,161,054.
c Leasehold improvements		708,520.	622,030.	86,490.
d Equipment		21,801,729.	19,818,999.	1,982,730.
e Other		12,643,966.	10,431,793.	2,212,173.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				27,263,858.

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

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	18,897,257.
(3) ACCRUED GENERAL LIABILITY	
(4) INSURANCE	1,662,059.
(5) INTEREST RATE SWAP OBLIGATION	953,921.
(6) ACCRUED WORKER'S COMPENSATION	5,172,000.
(7) ACTUARIAL LIABILITY UNDER	
(8) SPLIT-INTEREST AGREEMENTS	399,969.
(9) DUE TO AFFILIATES	776,591.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	27,861,797.

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 FIN 48 (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.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	

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.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	

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 ENDOWMENTS.

**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 for instructions and the latest information.

OMB No. 1545-0047

2018

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	0	0	INVESTMENTS		1,386,468.
3 a Subtotal	0	0			1,386,468.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			1,386,468.

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

Schedule F (Form 990) 2018

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

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

Schedule F (Form 990) 2018

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

MOTION PICTURE AND TELEVISION FUND

Employer identification number

95-1652916

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
 b Internet and email solicitations
 c Phone solicitations
 d In-person solicitations
 e Solicitation of non-government grants
 f Solicitation of government grants
 g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
NETZEL GRIGSBY ASSOCIATES, INC - 9696 CULVER BLVD, SUITE	CONSULTING		X	0.	48,000.	-48,000.
PARAGON CHARITABLE SERVICES GROUP, INC. - 10800 HOLE	PLANNED GIVING CONSULTING		X	0.	42,000.	-42,000.
SCHERER STRATEGIES - 4751 SANTA LUCIA DRIVE, WOODLAND	CONSULTING		X	0.	100,000.	-100,000.
Total					190,000.	-190,000.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

CA, NY

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)	THE EVENING BEFORE (event type)	3 (total number)	
Revenue	1	4,691,528.	2,272,393.	1,214,530.	8,178,451.
	2	4,447,271.	2,083,023.	999,109.	7,529,403.
	3	244,257.	189,370.	215,421.	649,048.
Direct Expenses	4				
	5	9,552.	10,179.	71,864.	91,595.
	6	6,907.	46,298.	48,502.	101,707.
	7	234,212.	141,140.	165,024.	540,376.
	8	72,170.	5,000.	600.	77,770.
	9	1,224,713.	853,385.	442,165.	2,520,263.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			3,331,711.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-2,682,663.

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			
Direct Expenses	2				
	3			10,377.	10,377.
	4				
	5				
	6	<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)			10,377.	
8	Net gaming income summary. Subtract line 7 from line 1, column (d)			24,907.	

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: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | | |
|-------------------------------|-----|--------|---|
| a The organization's facility | 13a | 100.00 | % |
| b An outside facility | 13b | .00 | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ MALUZVIMINDA RAYOS DEL SOL

Address ▶ 23388 MULHOLLAND DRIVE - WOODLAND HILLS, CA 91364

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

- 16 Gaming manager information:

Name ▶ BECKY SARAZY

Gaming manager compensation ▶ \$ 2,000.

Description of services provided ▶ MANAGES RAFFLE AFTER ANNUAL GOLF TOURNAMENT

Director/officer Employee Independent contractor

- 17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 31,756.

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: NETZEL GRIGSBY ASSOCIATES, INC

(I) ADDRESS OF FUNDRAISER:

9696 CULVER BLVD, SUITE 105, CULVER CITY, CA 90232

(I) NAME OF FUNDRAISER: PARAGON CHARITABLE SERVICES GROUP, INC.

(I) ADDRESS OF FUNDRAISER: 10800 HOLE AVENUE, SUITE 6, RIVERSIDE, CA 92505

Part IV Supplemental Information (continued)

(I) NAME OF FUNDRAISER: SCHERER STRATEGIES

(I) ADDRESS OF FUNDRAISER:

4751 SANTA LUCIA DRIVE, WOODLAND HILLS, CA 91364

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2018

Open to Public Inspection

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to 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 Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
1b If "Yes," was it a written policy?	X	
2 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 checked="" 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		
3 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.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care?	X	
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 _____ %		
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:		X
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c 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.		
4 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	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
5c 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
6a Did the organization prepare a community benefit report during the tax year?	X	
6b If "Yes," did the organization make it available to the public?	X	

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

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
a Financial Assistance at cost (from Worksheet 1)						
b Medicaid (from Worksheet 3, column a)			16856217.	11131994.	5724223.	9.66%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			16856217.	11131994.	5724223.	9.66%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			7708199.	139,487.	7568712.	12.77%
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			7708199.	139,487.	7568712.	12.77%
k Total. Add lines 7d and 7j			24564416.	11271481.	13292935.	22.43%

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			1,940,711.0	711,800.0	1,228,911.0	20.73%
2 Economic development						
3 Community support			455,233.0		455,233.0	.77%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other			686,804.0		686,804.0	1.16%
10 Total			2,054,914.7	711,800.0	1,343,114.7	22.66%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	952,351.0
6 Enter Medicare allowable costs of care relating to payments on line 5	6	3,675,173.0
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-2,722,822.0
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	X	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

1 MOTION PICTURE AND TELEVISION HOSPITAL
 23388 MULHOLLAND DRIVE
 WOODLAND HILLS, CA 91364
 MPTF.COM
 930000109

Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
X								ACUTE PSYCH, DP SNF	

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
Community Health Needs Assessment		
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 16</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 16</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:			
13	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)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	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 his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her 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)		
16	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/</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>HTTPS://WWW.MPTF.COM/</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>HTTPS://WWW.MPTF.COM/</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 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)		

Part V Facility Information (continued)

Billing and Collections

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

- 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?
- 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 Reporting to credit agency(ies)
 - b Selling an individual's debt to another party
 - c 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 Actions that require a legal or judicial process
 - e Other similar actions (describe in Section C)
 - f 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?
- If "Yes," check all actions in which the hospital facility or a third party engaged:
- a Reporting to credit agency(ies)
 - b Selling an individual's debt to another party
 - c 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 Actions that require a legal or judicial process
 - e 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 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 Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
 - c Processed incomplete and complete FAP applications (if not, describe in Section C)
 - d Made presumptive eligibility determinations (if not, describe in Section C)
 - e Other (describe in Section C)
 - f None of these efforts were made

	Yes	No
17	X	
18		
19		X
20		

Policy Relating to Emergency Medical Care

- 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?
- If "No," indicate why:
- a The hospital facility did not provide care for any emergency medical conditions
 - b The hospital facility's policy was not in writing
 - c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
 - d Other (describe in Section C)

	Yes	No
21	X	
22		

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

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 The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

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.

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.

	Yes	No
23		X
24		X

Schedule H (Form 990) 2018

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 COMMUNITY HEALTH NEEDS ASSESSMENT WAS PREPARED BY MDS CONSULTING IN CONJUNCTION WITH SENIOR MANAGEMENT IN 2016. THE ASSESSMENT INCORPORATED A COMBINATION OF QUALITATIVE AND QUANTITATIVE RESEARCH INCLUDING INTERVIEWS WITH SENIOR MANAGEMENT, FOCUS GROUPS WITH CONSTITUENTS, DISCUSSIONS WITH REGIONAL HEALTH CARE LEADERS AND STATISTICAL ANALYSIS. FEEDBACK WAS USED TO DETERMINE BOTH IMMEDIATE AND SHORT-TERM HEALTH NEEDS FOR INDUSTRY MEMBERS AND AREAS OF FOCUS FOR MPTF OVER THE FOLLOWING 24 MONTHS. QUANTITATIVE DATA EVALUATED INCLUDED DEMOGRAPHIC AND INDUSTRY OVERVIEW DATA. ATTRIBUTED SOURCES INCLUDED THE CALIFORNIA DEPARTMENT OF HEALTH SERVICES ("CDHS"), THE OFFICE OF STATEWIDE HEALTHCARE PLANNING AND DEVELOPMENT ("OSHPD"), AND LAEDC KYSER CENTER FOR ECONOMIC RESEARCH. EXTERNAL INTERVIEWS TOOK PLACE WITH LEADERS FROM THE LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH, INCLUDING LA COUNTY DEPARTMENT OF MENTAL HEALTH, HOSPITAL ASSOCIATION OF SOUTHERN CALIFORNIA, AARP FOUNDATION, AARP AND ALZHEIMER'S GREATER LOS ANGELES. MPTF ALSO CONDUCTED AND ANALYZED SURVEYS OF INDUSTRY MEMBERS REGARDING THEIR NEEDS, WITH A FOCUS ON THE SOCIAL DETERMINANTS THAT IMPACT HEALTH AND WELLNESS.

MOTION PICTURE AND TELEVISION HOSPITAL:

PART V, SECTION B, LINE 11: MPTF SERVES A COMMUNITY OF CURRENT AND RETIRED ENTERTAINMENT INDUSTRY WORKERS AND THEIR FAMILIES WHO ARE GEOGRAPHICALLY DISPERSED ACROSS LOS ANGELES COUNTY AND BEYOND. CURRENT HEALTH CARE SERVICES PROVIDED DIRECTLY BY MPTF ARE SPECIFICALLY ORIENTED TO SENIOR CITIZENS AND FRAIL ELDERLY. OUR SOCIAL SERVICES EXTEND TO A

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.

GREATER POPULATION INCLUDING HEALTHY SENIORS, FRAIL ELDERLY, AND WORKING
INDUSTRY MEMBERS AND THEIR FAMILIES. IN CONJUNCTION WITH UCLA HEALTH, MPTF
SOCIAL WORKERS ARE EMBEDDED IN UCLA HEALTH'S COMMUNITY-BASED CLINICS.

MPTF PROVIDES SOCIAL SERVICES TO A PARTICULARLY VULNERABLE POPULATION
WHOSE WORK ENTAILS INCONSISTENT EMPLOYMENT, TIGHTENING UNION RESTRICTIONS
REGARDING HEALTH CARE PLAN MEMBERSHIP, AGEISM, RUNAWAY FILM PRODUCTION,
AND COMPETITION FROM EMERGING MEDIA. THE STRESSES THAT MEMBERS OF THE
ENTERTAINMENT INDUSTRY FACE RANGE FROM INDUSTRY WORKERS SERVING AS
CAREGIVERS FOR AGING PARENTS TO RETIREMENT PLANNING; FROM THE PRESSURES OF
STAYING ON PHYSICALLY TAXING JOBS TO UNDERSTANDING HOW TO APPLY FOR
MEDICARE; FROM THE EMOTIONAL ROLLER-COASTER OF THE INDUSTRY'S FREELANCE
EMPLOYMENT CYCLE TO TACKLING THE CREEP OF SOCIAL ISOLATION AS FRIENDS AND
FAMILIES BEGIN TO MOVE AWAY OR JOB OPPORTUNITIES BECOME MORE SCARCE.

MPTF IS FOCUSED ON IMPROVING THE WELL-BEING OF THE INDUSTRY WORKER
POPULATION THROUGH A FOCUS ON SOCIAL DETERMINANTS OF HEALTH. PROGRAMS
CENTERED ON ADDRESSING SOCIAL AND ECONOMIC FACTORS, HEALTH BEHAVIORS, AND
THE PHYSICAL ENVIRONMENT ARE KEY TO MPTF'S CURRENT AND FUTURE PLANS.
MPTF'S WORK IS ORGANIZED AROUND 5 GOALS, WITH THE ENTERTAINMENT INDUSTRY
WORKFORCE AT ITS CENTER: SAFETY NET, WELLNESS, SUPPORTIVE COMMUNITY,
EXTENDING CREATIVITY AND EDUCATION.

MPTF CONTINUALLY GAUGES COMMUNITY NEEDS THROUGH A COMBINATION OF INPUT
TOOLS SUCH AS FOCUS GROUPS, MEETINGS, AND SURVEYS. IN ADDITION,
MANAGEMENT WORKS IN CONJUNCTION WITH REGIONAL AGENCIES SUCH AS THE LOS
ANGELES COUNTY DEPARTMENT OF HEALTH, AARP, AARP FOUNDATION, ALZHEIMER'S

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.

GREATER LOS ANGELES, AND OTHERS TO MONITOR AND GATHER RELEVANT DATA RELATED TO AREA HEALTH CARE NEEDS INDICATORS SUCH AS INCIDENCE OF DISEASE AND MORTALITY/MORBIDITY. BASED ON DATA AND INPUT OVER THE PAST 12 MONTHS, MAJOR IDENTIFIED HEALTH NEEDS ARE AS FOLLOWS: DIABETES, HYPERTENSION, HIGH CHOLESTEROL, DEPRESSION AND ANXIETY, DEMENTIA, ARTHRITIS MANAGEMENT AND HEALTH MANAGEMENT. ADDITIONALLY, THE FOLLOWING NEEDS WERE IDENTIFIED: ACCESS TO SOCIAL WORKERS AND PROFESSIONALS FOR INSURANCE MATTERS, AND GENERAL ASSISTANCE NAVIGATING THE COMPLEX HEALTH CARE SYSTEM ; LONG-TERM CARE/SKILLED NURSING (LARGE DEMAND AND MOST FACILITIES ARE FULL) AND SENIOR HOUSING AVAILABILITY.

IDENTIFIED HEALTH CARE CONCERNS (GENERAL): RISE IN INSURANCE PREMIUMS UNDER THE ACA, CO-PAYMENTS AND DEDUCTIBLES ARE AN ONGOING CHALLENGE; MEDICAL MANAGEMENT AND OUT-OF-NETWORK COVERAGE ISSUES WERE IDENTIFIED AS PROBLEMATIC FOR BEHAVIORAL HEALTH SERVICES IN PARTICULAR; GENERAL PERCEPTION THAT THERE IS A GROWING NEED AND UNDERSUPPLY OF SENIOR SERVICES AVAILABLE FOR THE GENERAL PUBLIC INCLUDING SKILLED NURSING, OTHER LONG-TERM CARE, AND ACUTE MENTAL HEALTH CARE; TRANSPORTATION OPTIONS; GENERAL ASSISTANCE WITH TROUBLESHOOTING HEALTH CARE ISSUES; SOCIAL ISOLATION FOR SENIORS; SAFETY ISSUES AROUND AGING IN COMMUNITY AND CAREGIVING DEMANDS.

ORGANIZATIONAL PLAN TO ADDRESS NEEDS: BASED ON INTERNAL DISCUSSION, DELIBERATIONS WITH ITS BOARD, INPUT FROM KEY CONSTITUENTS, MARKET ANALYSIS, AND DISCUSSIONS WITH OTHER REGIONAL CARE PROVIDERS, MPTF IS FOCUSING ON THE FOLLOWING AREAS VIS-A-VIS THE COMMUNITY THAT IT SERVES:

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.

CONTINUING TO ACT AS AN ADVOCATE, OVERSEER AND CONVENER TO DIRECT/LINK

INDUSTRY WORKERS, DEPENDENTS, AND RETIREES WITH APPROPRIATE SOCIAL

SERVICES, WHETHER PROVIDED DIRECTLY BY MPTF OR OTHER REGIONAL PROVIDERS

AND, WHERE APPROPRIATE, TO PROVIDE LINKAGE TO HEALTH CARE SERVICES.

BUILDING ON ITS NATIONALLY-RECOGNIZED PLATFORM OF COMMUNITY-BASED

PALLIATIVE CARE SERVICES TO INCREASE EARLY INTERVENTIONS IN THE LIVES OF

INDUSTRY MEMBERS (AND THEIR FAMILY MEMBERS) WHO HAVE RECEIVED SERIOUS

MEDICAL DIAGNOSES.

FOCUSING PRIMARILY ON THE CONTINUUM OF SENIOR SERVICES, INCLUDING SKILLED

NURSING, PALLIATIVE CARE, INPATIENT GERIATRIC PSYCHIATRY, AND

ALZHEIMER'S/DEMENTIA CARE.

LAUNCHING A PROGRAM WITH AARP AND OTHER PARTNERS TO PROVIDE PHONE CONTACT

(THROUGH VOLUNTEER SUPPORT) WITH FRAIL AND VULNERABLE SENIORS WHO MAY LACK

SOCIAL INTERACTION AND THEREFORE ARE AT RISK.

CONTINUING TO EXPLORE PARTNERSHIPS WITH NATIONALLY KNOWN INNOVATIVE HEALTH

SYSTEMS AND PHILANTHROPIC PARTNERS.

OPENING AN ADULT DAY CARE SERVICE, IN COLLABORATION WITH A LOS ANGELES

NONPROFIT, ON THE WASSERMAN CAMPUS THAT WILL PROVIDE SUPPORT FOR OLDER

ADULTS WITH MEMORY LOSS AND THEIR FAMILIES.

MPTF IS ADDRESSING THE CONCERNS ABOUT THE UNISURED AND ACCESS TO SERVICES

THROUGH ITS INSURANCE COUNSELING AND PREMIUM SUPPORT, CRISIS SUPPORT AND

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.

CONFIDENTIAL REFERRALS. MPTF OFFERS CRISIS SUPPORT SERVICES THAT CAN PROVIDE EMOTIONAL SUPPORT, FINANCIAL RELIEF AND CONFIDENTIAL REFERRALS TO PEOPLE AND FAMILIES DURING HARDSHIP.

MPTF IS ADDRESSING MEDICAL MANAGEMENT AND OUT-OF-NETWORK COVERAGE ISSUES FOR BEHAVIORAL HEALTH SERVICES BY PROVIDING DEMENTIA CARE AND INPATIENT GERIATRIC PSYCHIATRY. MPTF CONTINUES TO PROVIDE HIGH QUALITY INPATIENT SERVICES TO THOSE INDUSTRY MEMBERS SUFFERING MEMORY IMPAIRMENT OR RELATED ISSUES. MPTF ALSO PROVIDES INPATIENT GERIATRIC PSYCHIATRY SERVICES IN ITS 12 ROOM DEDICATED UNIT.

MPTF IS ADDRESSING A GROWING NEED AND UNDERSUPPLY OF SENIOR SERVICES BY PROVIDING LONG-TERM CARE, ASSISTED AND INDEPENDENT LIVING, THE ELDER CONNECTION, PALLIATIVE CARE, AGE WELL AND COMMUNITY CARE TEAM PROGRAMS. MPTF PROVIDES HOSPITAL-BASED SKILLED NURSING AND DEMENTIA CARE SERVICES ON THE WOODLAND HILLS CAMPUS. MPTF OFFERS INDEPENDENT AND ASSISTED LIVING ACCOMODATIONS DESIGNED EXCLUSIVELY FOR ENTERTAINMENT INDUSTRY RETIREES ON A BEAUTIFUL CAMPUS WITH MANY RECREATIONAL AND SOCIAL ACTIVITIES, BOUNTIFUL GARDENS, WALKING PATHS, A THEATRE AND MUCH MORE. MPTF'S ELDER CONNECTION IS A TRUSTED RESOURCE FOR ENTERTAINMENT INDUSTRY MEMBERS AND THEIR PARENTS WHO FACE CHALLENGES LIVING ON THEIR OWN OR MAY HAVE A SUDDEN LIFE EVENT THAT REQUIRES AN URGENT INTERVENTION. MPTF PROVIDES SPECIALIZED MEDICAL CARE FOR INDUSTRY MEMBERS WITH SERIOUS ILLNESSES THROUGH ITS PALLIATIVE CARE PROGRAM. MPTF'S AGE WELL PROGRAM PROVIDES EARLY ASSESSMENT AND INTERVENTION REGARDING AGE-RELATED MEDICAL AND EMOTIONAL CONCERNS, AND MAKE INFORMED RECOMMENDATIONS TO PRIMARY CARE PHYSICIANS AND FAMILY MEMBERS. MPTF COMMUNITY CARE TEAMS ARE A COORDINATED TEAM OF PHYSICIANS,

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.

NURSE PRACTITIONERS, REGISTERED NURSES, SOCIAL WORKERS, AND PASTORAL CARE
TEAM MEMBERS VISITING INDUSTRY MEMBERS IN OUTSIDE SKILLED NURSING,
REHABILITATION, ASSISTED LIVING AND BOARD AND CARE FACILITIES, AS WELL AS
PRIVATE HOMES.

MOTION PICTURE AND TELEVISION HOSPITAL:

PART V, SECTION B, LINE 16J: DURING 2018, THE FAP WAS MADE WIDELY
AVAILABLE TO PATIENTS THROUGH CONSPICUOUS DISPLAY IN THE HOSPITAL
ADMISSIONS AREA WHERE THE FAP WAS ROUTINELY PROVIDED TO PATIENTS UPON
REQUEST. THE HOSPITAL PATIENT BUSINESS SERVICES DEPARTMENT (PBS) ALSO
NOTIFIED PATIENTS ABOUT THE FAP DURING COMMUNICATIONS WITH PATIENTS
RELATED TO THEIR OUTSTANDING BALANCES.

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 (e.g., 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 48% 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

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 RETIREES IN WRITING, DEVELOPING, DIRECTING, AND PRODUCING PROGRAMMING FOR AN IN-HOUSE TELEVISION CHANNEL AND EXTERNAL OUTLETS. IN ADDITION, MPTF PROVIDES CHILDCARE SERVICES FOR APPROXIMATELY 146 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 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 INSIGNIFICANT.

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 2018.

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 98 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.

PART VI, LINE 6:

THE ORGANIZATION DOES NOT HAVE AN AFFILIATED HEALTH SYSTEM.

PART VI, LINE 7:

THE ORGANIZATION FILES A COMMUNITY BENEFIT REPORT WITH CALIFORNIA.

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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

Name of the organization

MOTION PICTURE AND TELEVISION FUND

Employer identification number
95-1652916

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

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

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	399	1,030,905.	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 MASTER 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.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2018

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

▶ Attach to Form 990.

Open to Public Inspection

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

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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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
1b		
2		
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ROBERT L. BEITCHER PRESIDENT / CEO	(i)	520,399.	250,000.	18,036.	7,735.	18,797.	814,967.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KENNETH W. SCHERER VP, DEVELOPMENT (THRU 4/18)	(i)	114,465.	0.	387,693.	46,970.	4,723.	553,851.	3,812.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MICHAEL H. KUEHL CHIEF FINANCIAL OFFICER	(i)	254,816.	35,000.	6,676.	-9,353.	0.	287,139.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SHARON A. SIEPERT VP, LEGAL AFFAIRS	(i)	210,311.	15,000.	676.	4,647.	17,547.	248,181.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CHRIS G. LIVANOS CHIEF INFORMATION OFFICER	(i)	201,063.	12,020.	676.	6,607.	20,114.	240,480.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) PAUL FALCONE VP, HUMAN RESOURCES	(i)	199,159.	5,000.	1,264.	6,208.	16,797.	228,428.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) LINDA K. HEALY DIRECTOR- PC&GERIATRIC SERVICES	(i)	169,310.	10,103.	3,996.	-1,484.	18,797.	200,722.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JEFF D. ARNETT DIRECTOR, FINANCE	(i)	162,447.	12,000.	3,407.	1,860.	18,114.	197,828.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) SCOTT A. KAISER CHIEF INNOVATION OFFICER	(i)	240,234.	14,571.	0.	7,800.	26,175.	288,780.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JULIA KYLE DIRECTOR OF PHARMACY SERVICES	(i)	160,215.	7,500.	287.	752.	16,396.	185,150.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) DAVID SOLTERO DIRECTOR OF NURSING (THRU 4/18)	(i)	50,292.	0.	118,429.	1,519.	3,845.	174,085.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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, LINES 4A-B:

TWO EMPLOYEES RECEIVED SEVERANCE PAYMENTS IN 2018, HOWEVER DUE TO THE SEVERANCE AGREEMENT CONFIDENTIALITY, THE AMOUNTS ARE NOT DISCLOSED.

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 2018, MPTF OFFERED A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN (EXECUTIVE SERP). DURING THE YEAR, AN AGGREGATE AMOUNT OF \$32,477 WAS DISTRIBUTED TO FORMER MPTF EMPLOYEES. UNDER THE EXECUTIVE SERP, MPTF IS CONTRACTUALLY OBLIGATED TO MAKE THESE DISTRIBUTIONS.

KEN SCHERER PARTICIPATES IN THE EXECUTIVE SERP, AND RECEIVED A DISTRIBUTION OF \$6,945 IN 2018, OF WHICH \$3,812 IS TAXABLE AND IS REPORTED AS "OTHER REPORTABLE COMPENSATION" ON SCHEDULE J, PART II, COLUMN (B)(III) AS WELL AS ON SCHEDULE J, PART II, COLUMN (F). THIS WAS REPORTED AS DEFERRED COMPENSATION IN A PRIOR YEAR.

PART I, LINE 7:

MPTF MAINTAINS AN ANNUAL INCENTIVE PLAN THAT ALLOWS MANAGEMENT TO EARN AN

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.

INCENTIVE AWARD. FOR THE 2018 PLAN YEAR AN INCENTIVE WAS APPROVED BY THE
COMPENSATION COMMITTEE. UNDER A SEPARATE PLAN, THE CEO'S INCENTIVE PAY FOR
THE 2018 PLAN YEAR WAS APPROVED BY THE COMPENSATION COMMITTEE AND PAID IN
2018.

SCHEDULE K
(Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018
Open to Public Inspection

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

Part I Bond Issues							SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS					
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing		
						Yes	No	Yes	No	Yes	No	
CALIFORNIA STATEWIDE A COMMUNITIES DEVELOPMENT	68-0164610	NONE	12/28/17	19805000.	PROCEEDS USED TO CURRENTLY REFUND		X		X		X	
B												
C												
D												

Part II Proceeds		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	19,805,000.							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	358,173.							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds	19,446,827.							
12	Other unspent proceeds								
13	Year of substantial completion	2017							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X							
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

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

Schedule K (Form 990) 2018

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 ISSUE

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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	X				1,324	SEE PART II
5	Clothing and household goods	X				15,437	SEE PART II
6	Cars and other vehicles	X	2			473	FMV
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	4			519,823	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	X	1			1,475,937	SEE PART II
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (DONOR GIFTS)	X	105			256,954	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 IV, Donee Acknowledgement **29** **0**

	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 three 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.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

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, PART I, COLUMN (B):

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 M, LINE 32B:

THE ORGANIZATION UTILIZED KINGSTONE PROPERTIES TO SELL A REAL PROPERTY FOR \$1.5M. THE PROPERTY WAS DONATED IN MARCH AND SOLD IN DECEMBER 2018.

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

MOTION PICTURE AND TELEVISION FUND

Employer identification number

95-1652916

FORM 990, PART III, LINE 4A:

MPTF PROVIDES VARIOUS PROGRAMS AND CHARITABLE SERVICES INCLUDING
RETIREMENT COMMUNITY ACCOMODATIONS, 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 ACCOMODATIONS FOR ENTERTAINMENT
INDUSTRY RETIREES AND THEIR SPOUSES BASED ON YEARS OF SERVICE
REGARDLESS OF THEIR ABILITY TO PAY THE FEES. MPTF PROVIDED OVER \$2.3
MILLION IN RESIDENTIAL CARE SUBSIDY IN 2018. TOTAL 2018 RESIDENTIAL
DAYS WERE 56,958. MPTF PROVIDED TEMPORARY FINANCIAL ASSISTANCE TO
INDUSTRY MEMBERS OF APPROXIMATELY \$1 MILLION IN 2018 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 MODIFICAITONS AND VOLUNTEER VISITING PROGRAMS. TOTAL SOCIAL
SERVICE CONTACTS IN 2018 WERE 32,408.

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.

Name of the organization

MOTION PICTURE AND TELEVISION FUND

Employer identification number

95-1652916

FORM 990, PART VI, SECTION A, LINE 2:

MPTF PROVIDES SERVICES TO THE ENTERTAINMENT COMMUNITY AND THERE ARE, FROM TIME TO TIME, 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 CHAIRMAN OF THE AUDIT COMMITTEE. THE COMPLETED FORM 990 WAS APPROVED BY THE AUDIT COMMITTEE AND 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. THE CEO WHO, IN CONSULTATION WITH THE CHAIRMAN OF THE BOARD, PURSUES ANY NECESSARY FOLLOW-UP. THE BOARD'S BYLAWS ALSO REQUIRE NOTIFICATION TO THE CHAIRMAN OF ANY POTENTIAL CONFLICTS AT THE TIME THE CONFLICT ARISES. ONCE NOTICE OF A POTENTIAL CONFLICT IS RECEIVED, THE CHAIRMAN 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

Name of the organization

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BOARD MEMBERS (WITH THE MEMBER POTENTIALLY CONFLICTED NOT PRESENT) WHO VOTE 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

Name of the organization MOTION PICTURE AND TELEVISION FUND	Employer identification number 95-1652916
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DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT CURRENTLY AVAILABLE TO THE PUBLIC. THE ORGANIZATION'S FORM 990 IS MADE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL FEES - SEE BELOW:

PROGRAM SERVICE EXPENSES	6,138,054.
MANAGEMENT AND GENERAL EXPENSES	238,915.
FUNDRAISING EXPENSES	137,586.
TOTAL EXPENSES	6,514,555.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	6,514,555.

PART IX, LINE 11G, OTHER FEES, COLUMN A:

OTHER PROFESSIONAL FEES DETAIL:

BEHAVIORAL HEALTH - \$1,006,662
LAUNDRY - \$218,081
CONTRACTED PHYSICAL THERAPY - \$109,259
REGISTRY NURSING - \$402,192
SECURITY - \$584,656
FOOD SERVICE & HOUSEKEEPING - \$2,661,287
CHAPLANCY SERVICES - \$66,789
TEMPORARY EMPLOYEES - \$317,777
OTHER CONTRACTED SERVICES - \$1,147,851

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

MINIMUM PENSION LIABILITY	1,070,250.
CHANGE IN SPLIT INTEREST AGREEMENTS	-68,996.

Name of the organization

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NET LOSS FROM UNCOLLECTIBLE PLEDGES 813.

NET UBI FROM K-1S -138,235.

TOTAL TO FORM 990, PART XI, LINE 9 863,832.

Lined area for additional entries or calculations.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

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Open to Public Inspection

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

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
BEFORE & AFTER PRODUCTIONS, LLC - 03-0537114 23388 MULHOLLAND DRIVE WOODLAND HILLS, CA 91364	FUNDRAISING	DELAWARE	0.	0.	MOTION PICTURE AND TELEVISION FUND

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2018

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
THE INDUSTRY ADVANTAGE, LLC - 20-8827584 23388 HULHOLLAND DRIVE WOODLAND HILLS, CA 91364	HEALTH CARE	DE	MPTF	C CORP	203,850.	776,591.	100%	X	
POOLED INCOME TRUST	SPLIT-INTEREST TRUST	CA	N/A	TRUST					X
CHARITABLE REMAINDER TRUST	SPLIT-INTEREST TRUST	CA	N/A	TRUST					X

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(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)			

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

PART V, LINE 2(1), COLUMN (D):

A PORTION OF THE CORPORATE OVERHEAD EXPENSES ARE ALLOCATED ON A COST BASIS BY MPTF TO THE INDUSTRY ADVANTAGE, LLC.