

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2022

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

Header section A-M containing organization details: Name (MOTION PICTURE AND TELEVISION FUND), EIN (95-1652916), address (23388 MULHOLLAND DR), and officer (ROBERT L. BEITCHER).

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission statement, membership counts, and financial data for 2022 and prior years.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block form with fields for officer signature (ROBERT L. BEITCHER), preparer name (LAUREN A. HAVERLOCK), firm name (MOSS ADAMS LLP), and address (225 S. LAKE AVENUE, SUITE 900).

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 31,108,367. including grants of \$) (Revenue \$ 24,910,642.) 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. 2022 SERVICE VOLUMES INCLUDED 24,758 TOTAL PATIENT DAYS.

4b (Code:) (Expenses \$ 18,091,134. including grants of \$) (Revenue \$ 7,347,047.) MPTF PROVIDES VARIOUS PROGRAMS AND CHARITABLE SERVICES INCLUDING A 166 UNIT RETIREMENT COMMUNITY, RESIDENTIAL SUBSIDIES AND RESIDENTIAL SOCIAL SERVICES. 2022 SERVICE VOLUMES INCLUDED 53,048 RESIDENTIAL DAYS (SEE SCHEDULE O).

4c (Code:) (Expenses \$ 6,394,864. including grants of \$ 855,913.) (Revenue \$ 279,290.) MPTF PROVIDES COMMUNITY PROGRAMS INCLUDING SOCIAL SERVICES, FINANCIAL ASSISTANCE, PALLIATIVE CARE, ELDER CONNECTION, HEALTH INSURANCE COUNSELING, SOCIAL ISOLATION PROGRAMS.

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

4e Total program service expenses 55,594,365.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-21 contain various questions about organizational activities, with 'X' marks in the Yes or No columns.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

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 ID, Question Text, 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, question text, and Yes/No columns. Includes sections for employees reported (2a-3b), prohibited tax shelter transactions (5a-5c), annual gross receipts (6a-6b), organizations receiving deductible contributions (7a-7h), sponsoring organizations (8-9), section 501(c)(7) organizations (10), section 501(c)(12) organizations (11), section 4947(a)(1) non-exempt charitable trusts (12a-12b), section 501(c)(29) qualified nonprofit health insurance issuers (13a-13c), indoor tanning services (14a-14b), section 4960 tax (15), section 4968 excise tax (16), and section 501(c)(21) organizations (17).

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

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

X

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 14; 1b Enter the number of voting members included on line 1a... 13; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... 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; 7b 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 on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on 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 on 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; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, NY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
JEFF ARNETT - (818) 876-4168
23388 MULHOLLAND DRIVE, WOODLAND HILLS, CA 91364-2792

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT L. BEITCHER PRESIDENT / CEO	40.00	X		X			831,688.	0.	26,402.	
(2) MICHAEL H. KUEHL CHIEF FINANCIAL OFFICER	40.00			X			282,118.	0.	-51,315.	
(3) SHARON A. SIEPERT VP, LEGAL AFFAIRS	40.00			X			251,223.	0.	19,681.	
(4) CHRIS G. LIVANOS CHIEF INFORMATION OFFICER	40.00				X		233,186.	0.	27,481.	
(5) COURTENEY D. BAILEY CHIEF DEVELOPMENT OFFICER	40.00				X		194,879.	0.	23,175.	
(6) LINDA K. HEALY DIRECTOR- PC&GERIATRIC SER	40.00					X	247,775.	0.	-4,115.	
(7) VILMA DINHAM HOSPITAL ADMINISTRATOR/CNO	40.00					X	227,694.	0.	15,801.	
(8) JEFF D. ARNETT DIRECTOR, FINANCE	40.00					X	202,002.	0.	14,803.	
(9) JENNIFER S. CALIXTO DIRECTOR, LONG TERM CARE	40.00					X	202,140.	0.	23,785.	
(10) JULIA KYLE DIRECTOR, PHARMACY SERVICES	40.00					X	186,119.	0.	18,060.	
(11) JIM GIANOPULOS CHAIR	1.00	X		X			0.	0.	0.	
(12) MARK FLEISCHER VICE CHAIR	1.00	X		X			0.	0.	0.	
(13) MICHAEL KARLIN SECRETARY	1.00	X		X			0.	0.	0.	
(14) JAY D. ROTH TREASURER	1.00	X		X			0.	0.	0.	
(15) GEORGE CLOONEY DIRECTOR	1.00	X					0.	0.	0.	
(16) RUSSELL HOLLANDER DIRECTOR	1.00	X					0.	0.	0.	
(17) HAWK KOCH DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JESSIE KORBERG DIRECTOR	1.00	X						0.	0.	0.
(19) MATTHEW LOEB DIRECTOR	1.00	X						0.	0.	0.
(20) LISA PIEROZZI DIRECTOR	1.00	X						0.	0.	0.
(21) NINA SHAW DIRECTOR	1.00	X						0.	0.	0.
(22) CASEY WASSERMAN DIRECTOR	1.00	X						0.	0.	0.
(23) DAVID WHITE DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								2,858,824.	0.	113,758.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,858,824.	0.	113,758.

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

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- 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

	Yes	No
3		X
4	X	
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	2,891,036.
COMMUNITY LIVING HOLDINGS LLC, 1500 LIBERTY RIDGE DRIVE, STE 210, WAYNE, PA	HOUSEKEEPING AND LAUNDRY	645,842.
UNIVERSAL PROTECTION SERV., LP, 1551 N TUSTIN AVENUE, STE 650, SANTA ANA, CA	SECURITY SERVICES	642,519.
PROFESSIONAL STAFFING, 17645 CHATSWORTH STREET, GRANADA HILLS, CA 91344	TEMP SERVICES	591,537.
REVELRY, INC 3536 MEDFORD STREET, LOS ANGELES, CA 90063	OTHER PURCHASED SERVICES	555,965.
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		31

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns					
	1 b	Membership dues					
	1 c	Fundraising events	9,775,936.				
	1 d	Related organizations					
	1 e	Government grants (contributions)					
	1 f	All other contributions, gifts, grants, and similar amounts not included above	22,451,772.				
	1 g	Noncash contributions included in lines 1a-1f	\$ 706,516.				
	1 h	Total. Add lines 1a-1f		32,227,708.			
Program Service Revenue			Business Code				
	2 a	INPATIENT REVENUE	623000	24,910,642.	24,910,642.		
	2 b	RESIDENTIAL REVENUE	623990	7,347,047.	7,347,047.		
	2 c	MANAGEMENT SERVICE FEE	551112	38,130.	38,130.		
	2 d	HEALTH AND WELLNESS CE	713940	1,660.	1,660.		
	2 e						
	2 f	All other program service revenue	621990	239,500.	239,500.		
2 g	Total. Add lines 2a-2f		32,536,979.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,003,920.		5,052.	1,998,868.
	4	Income from investment of tax-exempt bond proceeds					940,273.
	5	Royalties		940,273.			
	6 a	Gross rents	(i) Real				
			(ii) Personal				
			6a	305,201.			
	6 b	Less: rental expenses	6b	4,512.			
	6 c	Rental income or (loss)	6c	300,689.			
	6 d	Net rental income or (loss)		300,689.			300,689.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			7a	65,250,619.			
	7 b	Less: cost or other basis and sales expenses	7b	66,121,002.			
	7 c	Gain or (loss)	7c	-870,383.			
	7 d	Net gain or (loss)		-870,383.			-870,383.
8 a	Gross income from fundraising events (not including \$ 9,775,936. of contributions reported on line 1c). See Part IV, line 18						
		8a	934,876.				
		8b	5,217,779.				
8 c	Net income or (loss) from fundraising events		-4,282,903.			-4,282,903.	
9 a	Gross income from gaming activities. See Part IV, line 19						
		9a	31,450.				
		9b	9,010.				
9 c	Net income or (loss) from gaming activities		22,440.			22,440.	
10 a	Gross sales of inventory, less returns and allowances						
		10a					
		10b					
10 c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
	11 a	OTHER NON-OPERATING RE	541900	400,016.		400,016.	
	11 b	CONTRACT AND OTHER REV	541900	235,642.		235,642.	
	11 c	HOSPITAL AND GIFT SHOP	459420	728.		728.	
	11 d	All other revenue					
11 e	Total. Add lines 11a-11d		636,386.				
12	Total revenue. See instructions		63,515,109.	32,536,979.	5,052.	-1,254,630.	

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 VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	855,913.	855,913.		
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	1,901,630.		1,683,576.	218,054.
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	30,212,455.	26,234,929.	3,481,470.	496,056.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,977,566.	1,782,334.	165,960.	29,272.
9 Other employee benefits	7,362,171.	6,520,382.	712,922.	128,867.
10 Payroll taxes	2,374,742.	2,103,215.	229,960.	41,567.
11 Fees for services (nonemployees):				
a Management	91,611.	91,611.		
b Legal	688,762.	1,129.	687,633.	
c Accounting	232,663.		232,663.	
d Lobbying	27,772.	27,772.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	95,000.		95,000.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	8,530,220.	8,011,527.	345,682.	173,011.
12 Advertising and promotion				
13 Office expenses	1,618,506.	1,067,885.	340,852.	209,769.
14 Information technology	750,295.	104,069.	545,306.	100,920.
15 Royalties				
16 Occupancy	2,778,740.	2,533,763.	244,977.	
17 Travel	27,800.	9,107.	11,216.	7,477.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	363,044.	363,044.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,600,810.	2,343,605.	166,282.	90,923.
23 Insurance	799,338.		799,338.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a REPAIRS AND MAINTENANCE	1,460,081.	1,395,468.	63,350.	1,263.
b MEDICAL SUPPLIES	919,792.	919,792.		
c SOFTWARE HOSTING FEES	618,195.	7,879.	610,316.	
d PHARMACEUTICALS	577,979.	577,979.		
e All other expenses	1,077,107.	642,962.	208,472.	225,673.
25 Total functional expenses. Add lines 1 through 24e	67,942,192.	55,594,365.	10,624,975.	1,722,852.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	3,599,861.	1	5,319,160.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	17,582,182.	3	17,938,933.
	4	Accounts receivable, net	8,813,695.	4	8,969,698.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	274,575.	8	249,059.
	9	Prepaid expenses and deferred charges	936,214.	9	1,506,079.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 133,060,547.		
	b	Less: accumulated depreciation	10b 114,215,928.	10c	18,844,619.
	11	Investments - publicly traded securities	47,146,005.	11	29,352,325.
	12	Investments - other securities. See Part IV, line 11	14,711,774.	12	12,578,600.
	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	1,055,569.	15	1,749,987.
16	Total assets. Add lines 1 through 15 (must equal line 33)	117,551,107.	16	99,208,460.	
Liabilities	17	Accounts payable and accrued expenses	9,597,792.	17	8,988,496.
	18	Grants payable		18	
	19	Deferred revenue	718,603.	19	119,968.
	20	Tax-exempt bond liabilities	14,955,639.	20	6,747,842.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	31,990,322.	25	23,808,231.
	26	Total liabilities. Add lines 17 through 25	57,262,356.	26	39,664,537.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	8,186,758.	27	8,882,468.
	28	Net assets with donor restrictions	52,101,993.	28	50,661,455.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	60,288,751.	32	59,543,923.	
33	Total liabilities and net assets/fund balances	117,551,107.	33	99,208,460.	

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	63,515,109.
2	Total expenses (must equal Part IX, column (A), line 25)	2	67,942,192.
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,427,083.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	60,288,751.
5	Net unrealized gains (losses) on investments	5	-5,638,588.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	9,320,843.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	59,543,923.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
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			
2b	Were the organization's financial statements audited by an independent accountant?	X	
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			
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
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 on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2022)

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	37,768,381.	18,928,110.	29,149,359.	28,866,603.	32,227,708.	146,940,161.
2 Tax revenues levied for the 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	37,768,381.	18,928,110.	29,149,359.	28,866,603.	32,227,708.	146,940,161.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						18,514,086.
6 Public support. Subtract line 5 from line 4.						128,426,075.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	37,768,381.	18,928,110.	29,149,359.	28,866,603.	32,227,708.	146,940,161.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,907,813.	2,909,562.	2,188,517.	2,436,886.	3,244,342.	14,687,120.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	26,552.	1,008,336.	2,219,368.	414,000.	636,386.	4,304,642.
11 Total support. Add lines 7 through 10						165,931,923.
12 Gross receipts from related activities, etc. (see instructions)					12	135,491,121.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	77.40	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	75.44	%
16a 33 1/3% support test - 2022. If the organization did 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 - 2021. 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 - 2022. 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 - 2021. 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

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2022. 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 - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 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)

- 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 on lines 11b and 11c below, the governing body of a supported organization?
 - b A family member of a person described on line 11a above?
 - c A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.*

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 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.*

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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?
- 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).*
- 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

	Yes	No
1		
2		
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 The organization satisfied the Activities Test. Complete line 2 below.
 - b The organization is the parent of each of its supported organizations. Complete line 3 below.
 - c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b 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.*
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *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.*

3 Parent of Supported Organizations. Answer lines 3a and 3b 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? *If "Yes" or "No" provide details in Part VI.*
- 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.*

	Yes	No
2a		
2b		
3a		
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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

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

2018 AMOUNT: \$ 26,552.

2019 AMOUNT: \$ 1,008,336.

2020 AMOUNT: \$ 2,219,368.

2021 AMOUNT: \$ 414,000.

2022 AMOUNT: \$ 636,386.

Multiple horizontal lines for providing additional information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

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

Organization type (check one):

Filers of:

Section:

- | | |
|--------------------|---|
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization

<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation

<input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation

<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation

<input type="checkbox"/> 501(c)(3) taxable private foundation |

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,582,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

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

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

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 <p style="text-align:center;">MOTION PICTURE AND TELEVISION FUND</p>	Employer identification number <p style="text-align:center;">95-1652916</p>
--	--

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) 2022

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 (grassroots 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"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
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?														

Yes No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(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				

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
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		27,772.
j Total. Add lines 1c through 1i			27,772.
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 expenditures 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, 2022 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

2022

Open to Public Inspection

Name of the organization

MOTION PICTURE AND TELEVISION FUND

Employer identification number

95-1652916

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

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

Form with multiple sections: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 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)?, 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.

Form with multiple sections: 1a If the organization elected, as permitted under FASB 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 FASB 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 FASB 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) 2022

232051 09-01-22

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	32,915,998.	28,458,317.	28,147,361.	26,662,640.	28,224,476.
b Contributions	13,468.	4,476,028.	168,165.	199,049.	62,394.
c Net investment earnings, gains, and losses	-2,930,800.	1,427,939.	802,791.	2,468,463.	-1,134,230.
d Grants or scholarships					
e Other expenditures for facilities and programs	0.	1,446,285.	660,000.	1,182,791.	490,000.
f Administrative expenses					
g End of year balance	29,998,666.	32,915,998.	28,458,317.	28,147,361.	26,662,640.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.0000 %
 - b Permanent endowment 100 %
 - c Term endowment 0.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,821,411.		1,821,411.
b Buildings		94,815,114.	80,820,315.	13,994,799.
c Leasehold improvements		708,520.	666,670.	41,850.
d Equipment		22,962,890.	21,612,474.	1,350,416.
e Other		12,752,612.	11,116,469.	1,636,143.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				18,844,619.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) D.E. SHAW ORIENTEER ENDOWMENT	3,269,533.	END-OF-YEAR MARKET VALUE
(B) PANAGORA DIVERSIFIED RISK ENDOWMENT	3,402,713.	END-OF-YEAR MARKET VALUE
(C) KING STREET CAPITAL LTD.	3,237,643.	END-OF-YEAR MARKET VALUE
(D) D.E. SHAW ORIENTEER FUND	889,022.	END-OF-YEAR MARKET VALUE
(E) ENDOWMENT HAWK RIDGE	1,776,764.	END-OF-YEAR MARKET VALUE
(F) STONE RIDGE REINSURANCE	2,925.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	12,578,600.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" 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	14,718,761.
(3) ACCRUED WORKER'S COMPENSATION	3,982,000.
(4) ACCRUED GENERAL LIABILITY INSURANCE	3,107,047.
(5) INTEREST RATE SWAP OBLIGATION	12,947.
(6) DUE TO AFFILIATES	890,477.
(7) ACTUARIAL LIABILITY UNDER SPLIT-INTEREST AGREEMENTS	225,904.
(8) OPERATING LEASE LIABILITIES	871,095.
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	23,808,231.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-rows (2a-2d, 4a-4b), and a final column for totals (1, 2e, 3, 4c, 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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-rows (2a-2d, 4a-4b), and a final column for totals (1, 2e, 3, 4c, 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 RESPECTIVE ENDOWMENT.

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

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

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see 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

Part V Supplemental Information

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

Multiple horizontal lines for supplemental information.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		THE NIGHT BEFORE (event type)	THE EVENING BEFORE (event type)	3 (total number)		
Revenue	1	Gross receipts	4,443,208.	3,040,319.	3,227,285.	10,710,812.
	2	Less: Contributions	4,210,832.	2,681,795.	2,883,309.	9,775,936.
	3	Gross income (line 1 minus line 2)	232,376.	358,524.	343,976.	934,876.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	30,212.	29,238.	45,486.	104,936.
	6	Rent/facility costs	6,507.	165,619.	82,850.	254,976.
	7	Food and beverages	225,869.	192,905.	261,126.	679,900.
	8	Entertainment	17,995.	57,820.	168,677.	244,492.
	9	Other direct expenses	1,173,015.	1,358,578.	1,401,881.	3,933,474.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				5,217,778.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-4,282,902.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue			
Direct Expenses	2	Cash prizes				
	3	Noncash prizes			9,010.	9,010.
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				9,010.	
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				22,440.	

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

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	
b 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? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b 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: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
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	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c 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
b If "Yes," did the organization make it available to the public?		

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			29,596.	0.	29,596.	.04%
b Medicaid (from Worksheet 3, column a)			21,888,401.	15,940,059.	5,948,342.	8.76%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			21,917,997.	15,940,059.	5,977,938.	8.80%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			8,000,255.	270,715.	7,729,540.	11.38%
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			8,000,255.	270,715.	7,729,540.	11.38%
k Total. Add lines 7d and 7j			29,918,252.	16,210,774.	13,707,478.	20.18%

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: 20 <u>22</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
6b 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: 20 <u>22</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>HTTP://WWW.MPTF.COM/FINANCIALS</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
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/SERVICES/</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>HTTPS://WWW.MPTF.COM/SERVICES/</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

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	
21		

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) 2022

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

MOTION PICTURE AND TELEVISION HOSPITAL:

PART V, SECTION B, LINE 5: THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS

PREPARED BY ZEPHYRH HEALTHCARE ADVISORS SENIOR MANAGEMENT IN 2022. THE

ASSESSMENT INCORPORATED A COMBINATION OF QUALITATIVE AND QUANTITATIVE

RESEARCH INCLUDING INTERVIEWS WITH SENIOR MANGEMENT , ENTERTAINMENT

INDUSTRY HEALTH PLAN LEADERS, NONPROFIT ORGANIZATIONS, LOS ANGELES COUNTY

HEALTH OFFICIALS AND REGIONAL HEALTH CARE LEADERS. INDIVIDUALS INTERVIEWED

ARE IDENTIFIED IN APPENDIX A OF THE 2022 CHNA. FEEDBACK WAS USED TO

DETERMINE BOTH IMMEDIATE AND SHORT TERM HEALTH NEEDS FOR INDUSTRY MEMBERS

AND AREAS OF FOCUS FOR MPTF. THE INTERVIEWS ALSO SOUGHT TO IDENTIFY THE

EFFECT OF THE COVID-19 PUBLIC HEALTH EMERGENCY ("PHE") ON ACCESSIBILITY OF

PROGRAMS AND SERVICES. SOURCES INCLUDED CALIFORNIA DEPARTMENT OF HEALTH

SERVICES ("CDHS"), CALIFORNIA DEPARTMENT OF HEALTH CARE ACCESS AND

INFORMATION, LOS ANGELES COUNTY ECONOMIC DEVELOPMENT CORPORATION KYSER

CENTER FOR ECONOMIC RESEARCH. EXTERNAL INTERVIEWS TOOK PLACE WITH LEADERS

FROM: LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH, PROJECT ANGEL FOOD,

USC FAMILY CAREGIVER SUPPORT CENTER, ONEGENERATION, USC LEONARD DAVIS

SCHOOL OF GERONTOLOGY, UCLA HEALTH GERONTOLOGY, CENTER FOR INFORMATION

TECHONOLOGY RESERACH IN THE INTERST OF SOCIETY, FRONT PORCH, LGBT CENTER

OF HOLLYWOOD, SANFERNANDO VALLEY MENTAL HEALTH CLINIC AND LOS ANGLS

COUNTY DEPARTMENT OF AGING AND COMMUNITY SERVICES.

MOTION PICTURE AND TELEVISION HOSPITAL:

PART V, SECTION B, LINE 11: MPTF SERVES A COMMUNITY OF CURRENT AND

RETIRED ENTERTAINMENT INDUSTRY WORKERS AND THEIR FAMILIES WHO ARE

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.

GEOGRAPHICALLY DISPERSED ACROSS LOS ANGELES COUNTY AND BEYOND. CURRENT

HEALTH CARE SERVICES PROVIDED DIRECTLY BY MPTF ARE PRIMARILY ORIENTED TO

OLDER ADULTS, MANY OF WHOM EXPERIENCE FRAILTY, COGNITIVE IMPAIRMENT,

MOBILITY ISSUES, HEARING IMPAIRMENT AND VISION LOSS. MPTF SOCIAL SERVICES

EXTEND TO A GREATER POPULATION OF RETIRED AND WORKING INDUSTRY MEMBERS AND

THEIR FAMILIES. IN CONJUNCTION WITH UCLA HEALTH, MPTF SOCIAL WORKERS ARE

EMBEDDED IN UCLA HEALTH'S COMMUNITY-BASED CLINICS (VIRTUALLY DURING THE

PHE), PROVIDING CRISIS INTERVENTION. THE SAMUEL GOLDWYN JR. CENTER FOR

BEHAVIORAL HEALTH PROVIDES INPATIENT GERIATRIC PSYCHIATRY SERVICES (55+)

TO ENTERTAINMENT INDUSTRY AND THE GENERAL POPULATION.

MPTF PROVIDES SOCIAL SERVICES TO A VULNERABLE POPULATION WHOSE WORK

ENTAILS INCONSISTENT EMPLOYMENT, TIGHTENING UNION RESTRICTIONS REGARDING

HEALTH CARE PLAN MEMBERSHIP, AGEISM, LOSS OF LOCAL FILM PRODUCTION TO

OTHER STATES AND CANADA AND COMPETITION FROM EMERGING MEDIA REDUCING

AVAILABLE JOBS. THE COVID-19 PHE COMPOUNDED THESE STRESSORS BY

INTERRUPTING PRODUCTIONS AND REDUCING QUALIFYING HOURS FOR BENEFIT

COVERAGE. MEMBERS OF THE ENTERTAINMENT INDUSTRY FACE CHRONIC HEALTH AND

MENTAL HEALTH NEEDS THAT STEM FROM THE EMOTIONAL ROLLER-COASTER OF THE

INDUSTRY'S FREELANCE EMPLOYMENT CYCLE, THE CREEP OF SOCIAL ISOLATION AS

FRIENDS AND FAMILIES BEGIN TO MOVE AWAY OR JOB OPPORTUNITIES BECOME MORE

SCARCE.

MPTF REMAINS FOCUSED ON IMPROVING THE WELL-BEING OF THE INDUSTRY WORKER

AND RETIREE POPULATION BY ADDRESSING SOCIAL DETERMINANTS OF HEALTH.

MPTF'S WORK IS ORGANIZED AROUND FIVE GOALS, WITH THE ENTERTAINMENT

INDUSTRY WORKFORCE AT ITS CENTER; SAFETY NET, WELLNESS, SUPPORTIVE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

COMMUNITY, EXTENDING CREATIVITY AND EDUCATION.

MPTF CONTINUALLY GAUGES COMMUNITY NEEDS THROUGH A COMBINATION OF INPUT

TOOLS SUCH AS FOCUS GROUPS, SURVEYS AND ONGOING DIALOUGE WITH ENTERTANMENT

INDUSTRY GUILDS, UNIONS AND HEALTH PLANS, MANAGEMENT WORKS IN CONJUNCTION

WITH REGIONAL AGENCIES SUCH AS THE LA COUNTY DEPARTMENT OF HEALTH, AARP,

AARP FOUNDATION, ALZHEIMER'S GREATER LOS ANGELES, ALZHEIMER'S NATIONAL,

USC CAREGIVER RESOURCE CENTER, LOS ANGELES ALLIANCE FOR COMMUNITY HEALTH

AND AGING, THE DEPARTMENT OF AGING AND DISABILITIES, AND OTHERS TO MONITOR

AND GATHER RELEVANT DATA RELATED TO AREA HEALTH CARE NEEDS. MAJOR

IDENTIFIED HEALTH NEEDS ARE AS FOLLOWS: DIABETES, HYPERTENSION, HIGH

CHOLESTEROL, DEPRESSION AND ANXIETY, DEMENTIA, ARTHRITIS MANAGEMENT AND

HEALTH MANGEMENT. ADDITIONALLY, THE FOLLOWING NEEDS WERE IDENTIFIED:

ACCESS TO SOCIAL WORKERS AND PROFESSIONALS FOR INSURANCE MATTERS, AND

GENERAL ASSISTANCE NAVIGATING THE COMPLEX HEALTH CARE SYSTEM; LONG-TERM

CARE/SKILLED NURSING, SENIOR HOUSING AVAILABILITY AND AFFORDABILITY AND

GREATER NEED FOR VIRTUAL SOCIAL PROGRAMS.

IDENTIFIED HEALTH CARE CONCERNS: MEDICAL MANGEMENT AND OUT-OF-NETWORK

COVERAGE ISSUES WERE IDENTIFIED AS PROBLEMATIC FOR BEHAVIORAL HEALTH

SERVICES IN PARTICULAR; GROWING NEED AND UNDERSUPPLY OF SENIOR SERVICES

AVAILABLE FOR THE GENERAL PUBLIC INCLUDING SKILLED NURSING AND ACUTE

MENTAL HEALTH CARE; RISE IN INSURANCE PREMIUMS, CO-PAYMENTS AND

DEDUCTIBLES; TRANSPORTATION ACCESS; TROUBLESHOOTING HEALTH CARE ISSUES;

SOCIAL ISOLATION FOR OLDER ADULTS; ALZHEIMER'S DISEASE AND RELATED

DEMENTIAS (ADRD) IDENTIFIED AS THE THIRD LEADING CAUSE OF DEATH IN LA

COUNTY. SAFETY ISSUES AROUND AGING IN COMMUNITY AND CAREGIVING DEMANDS.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SIXTY-ONE PERCENT OF ADRD CAREGIVERS EXPERIENCING FINANCIAL STRESS.

COVID-19 PHE AND RESULTING ECONOMIC DOWNTURN HAVE INCREASED MENTAL HEALTH

SERVICE NEEDS FOR OLDER ADULTS AND CAREGIVERS.

PLAN TO ADDRESS NEEDS: BASED ON INTERNAL DISCUSSION, DELIBERATIONS WITH

ITS BOARD, INPUT FROM KEY CONSTITUENTS, MARKET ANALYSIS, AND DISCUSSIONS

WITH OTHER REGIONAL CARE PROVIDERS, MPTF IS FOCUSING ON THE FOLLOWING

AREAS VIS-A-VIS THE COMMUNITY THAT IT SERVES:

BUILDING ON ITS NATIONALLY-RECOGNIZED PLATFORM OF COMMUNITY-BASED

PALLIATIVE CARE SERVICES TO INCREASE EARLY INTERVENTIONS IN THE LIVES OF

INDUSTRY MEMBERS AND THEIR FAMILIES WHO HAVE RECEIVED SERIOUS MEDICAL

DIAGNOSES. CONTINUE PROGRAM EXPANSION AS CONTEMPLATED UNDER THE UNIHEALTH

PLANNING GRANT. ADVOCATING FOR A LONG-TERM SUSTAINABLE REIMBURSEMENT

MODEL.

PROVIDING VOLUNTEER ENGAGEMENT PROGRAMS: "THE DAILY CALL SHEET" AND CARE

CALL SOCIAL CALL PROGRAMS PROVIDING SOCIAL PHONE CONTACT (THROUGH

VOLUNTEER SUPPORT) WITH FRAIL AND VULNERABLE ADULTS; ANGEL CARDS

-CONNECTING THE CREATIVITY OF INDUSTRY MEMBER VOLUNTEERS THROUGH HANDMADE

CARDS ADDRESSING SOCIAL ISOLATION; FRIENDLY VISITORS PROVIDING FOOD

SUPPORT AND GROCERY DELIVERY. EXPLORING PARTNERSHIPS WITH FUNDERS TO

ADDRESS SOCIAL ISOLATION AND LONELINESS EPIDEMIC AND TO EXPAND

CONNECTIVITY TOOLS.

MPTF'S CAMPUS BASED TELEVISION STATION PIVOTED DURING THE COVID-19 PHE AND

PROVIDED LIVE SHOW PRODUCTION FOR RESIDENTS AND NEW OPPORTUNITIES TO

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

CONNECT VIRTUALLY. INDUSTRY MEMBERS VOLUNTEERED THEIR TIME TO HOST A

VARIETY OF PROGRAMS. OVER 20,000 COMMUNITY MEMBERS VIEWED INSIDE

HOLLYWOOD.

CONTINUING TO EXPLORE PARTNERSHIPS WITH NATIONALLY KNOWN INNOVATIVE

NATIONAL AND REGIONAL HEALTH SYSTEMS AND PHILANTHROPIC PARTNERS.

COMPLETE COLLABORATION WITH AN INDEPENDENT DEVELOPER AND OPERATOR TO

LAUNCH A NEW ADULT HOUSING DEVELOPMENT ADJACENT TO THE MPTF WASSERMAN

CAMPUS IN WOODLAND HILLS THAT WILL PROVIDE AN ACTIVE SENIOR COMMUNITY FOR

APPROXIMATELY 650 RESIDENTS.

THE COVID-19 PUBLIC HEALTH EMERGENCY SIGNIFICANTLY IMPACTED MPTF'S

DEDICATION OF RESOURCES. RESOURCES WERE FOCUSED ON: A MULTI-DISCIPLINARY

COVID-19 TASK FORCE THAT DEVELOPED AND OVERSAW THE COVID-19 MITGATION

PLAN, INCLUDING VACCINE CLINICS FOR RESIDENTS, STAFF, FAMILIES AND

COMMUNITY ENTERTIANMENT INDUSTRY MEMBERS. CMS AWARDED MPTF FOR HIGH RATES

OF STAFF AND RESIDENT VACCINATIONS. DURING THE PHE, MPTF LAUNCHED A

LABRATORY FOR COVID-19 TESTING SERVING ITS CAMPUS AND SUPPORTING INDUSTRY

WORK SITES.

TEMPORARY EMERGENCY FINANCIAL ASSISTANCE IS AVAILABLE FOR FINANCIAL

HARDSHIP RELATED TO COVID-19 WORK STOPPAGES, ILLNESS, DISABILITY AND OTHER

REASONS. THE ASSISTANCE COVERS HOUSING PAYMENTS, UTILITY BILLS, HEALTH

INSURANCE PREMIUMS, TRANSPORATION SUPPORT AND FOOD.

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

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

THROUGH ITS INSURANCE COUNSELING AND PREMIUM SUPPORT, CRISIS SUPPORT AND

CONFIDENTIAL REFERRALS. MPTF OFFERS CRISES SUPPORT SERVICES THAT CAN

PROVIDE EMOTIONAL SUPPORT, FINANCIAL RELIEF AND CONFIDENTIAL REFERRALS TO

PEOPLE AND FAMILIES DURING HARDSHIP.

MPTF'S VETERAN'S BENEFITS PROGRAM SCREENS CLIENTS FOR VA BENEFIT ELGIBITY

AND SUPPORTS VETERANS IN NAVIGATING THE VA BUREAUCRACY. AS OF OCTOBER

2022, MPTF'S VETERAN'S PROGRAM HAS RECOVERED OVER 1.5 MILLION IN

RETROACTIVE BENEFITS, ADDRESSING HOUSING AND CARE NEEDS.

MPTF IS ADDRESSING MEDICAL MANAGEMENT AND OUT-OF-NETWORK COVERAGE ISSUES

FOR BEHAVIORAL HEALTH SERVICES BY PROVIDING DEMENTIA CARE AND INPATIENT

GERIATRIC PSYCHIATRY. MPTF CONTINUES TO PROVIDE HIGH QUALITY INPATIENT

SERVICES TO THOSE INDUSTRY MEMBERS SUFFERING MEMORY IMPAIRMENT OR RELATED

ISSUES. MPTF ALSO PROVIDES INPATIENT GERIATRIC PSYCHIATRY SERVICES IN ITS

12 BED PRIVATE ROOM DEDICATED UNIT.

MPTF IS ADDRESSING UNDERSUPPLY OF SENIOR SERVICES BY PROVIDING LONG-TERM

CARE, ASSISTED AND INDEPENDENT LIVING, THE ELDER CONNECTION, PALLIATIVE

CARE, AGE WELL AND COMMUNITY CARE TEAM PROGRAMS. MPTF PROVIDES

HOSPITAL-BASED SKILLED NURSING AND DEMENTIA CARE SERVICES ON THE WOODLAND

HILLS CAMPUS. MPTF'S ELDER CONNECTION IS A TRUSTED RESOURCE FOR

ENTERTAINMENT INDUSTRY MEMBERS AND THEIR PARENTS WHO FACE CHALLENGES

LIVING ON THEIR OWN OR MAY HAVE A SUDDEN LIFE EVENT THAT REQUIRES AN

URGENT INTERVENTION. MPTF PROVIDES SPECIALIZED MEDICAL CARE FOR INDUSTRY

MEMBERS WITH SERIOUS ILLNESSES THROUGH ITS PALLIATIVE CARE PROGRAM.

MPTF'S AGE WELL PROGRAM PROVIDES EARLY ASSESSMENT AND INTERVENTION

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

REGARDING AGE-RELATED MEDICAL AND EMOTIONAL CONCERNS, AND MAKE INFORMED

RECOMMENDATIONS TO PRIMARY CARE PHYSICIANS AND FAMILY MEMBERS. MPTF

COMMUNITY CARE TEAMS ARE A COORDINATED TEAM OF PHYSICIANS, NURSE

PRACTITIONERS, REGISTERED NURSES, SOCIAL WORKERS, AND PASTORAL CARE TEAM

MEMBERS VISITING INDUSTRY MEMBERS IN OUTSIDE SKILLED NURSING,

REHABILITATION, ASSISTED LIVING AND BOARD AND CARE FACILITIES, AS WELL AS

PRIVATE HOMES.

LOS ANGELES ALLIANCE FOR COMMUNITY HEALTH AND AGING RECOGNIZED MPTF WITH

AN INNOVATION FOR LEADERSHIP AWARD IN 2021. MPTF CONTINUES ITS EFFORTS TO

TRAIN OTHER ORGANIZATIONS TO ADDRESS SOCIAL ISOLATION AND LONELINESS.

MPTF'S INNOVATION EFFORTS INCLUDE CONVENING THE LOS ANGELES SOCIAL

ISOLATION IMPACT COALITION WHICH BRINGS TOGETHER REGIONAL ORGANIZATIONS

THAT PRIORITIZE SOCIAL ISOLATION AND LONELINESS TO COLLABORATE AND

REIMAGINE SERVICE DELIVERY.

MOTION PICTURE AND TELEVISION HOSPITAL

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

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

MOTION PICTURE AND TELEVISION HOSPITAL:

PART V, SECTION B, LINE 16J: DURING 2022, THE FAP WAS MADE WIDELY

AVAILABLE TO PATIENTS THROUGH CONSPICUOUS DISPLAY IN THE HOSPITAL

ADMISSIONS AREA WHERE THE FAP WAS ROUTINELY PROVIDED TO PATIENTS UPON

REQUEST. THE HOSPITAL PATIENT BUSINESS SERVICES DEPARTMENT (PBS) ALSO

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.

NOTIFIED PATIENTS ABOUT THE FAP DURING COMMUNICATIONS WITH PATIENTS

RELATED TO THEIR OUTSTANDING BALANCES.

Multiple horizontal lines for providing supplemental information.

Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 7:

THE COSTING METHODOLOGY UTILIZED FOR PART I, LINE 7 AND PART II REPRESENTS

DIRECT COST OF THE PROGRAMS PLUS AN ALLOCATION OF OVERHEAD AND INFORMATION

TECHNOLOGY APPLIED USING RELEVANT COST DRIVERS, A COST-TO-CHARGE RATIO,

DERIVED FROM FORM 990 INSTRUCTIONS, WORKSHEET 3, RATIO OF PATIENT CARE

COST-TO-CHARGES, WAS USED TO CALCULATE THE AMOUNTS PRESENTED IN PART I,

LINE 7B.

PART II, COMMUNITY BUILDING ACTIVITIES:

MPTF PROVIDES VARIOUS COMMUNITY BUILDING PROGRAMS AND SERVICES INCLUDING

SUBSIDIES FOR RETIREMENT COMMUNITY RESIDENTS, SUBSIDIZED RETIREE

ACTIVITIES, SAFETY ASSESSMENTS AND PHYSICAL IMPROVEMENTS TO RETIREES'

HOMES IN THE COMMUNITY AND CHILDCARE SERVICES. APPROXIMATELY 53% OF MPTF'S

RETIREMENT COMMUNITY RESIDENTS RECEIVE SOME LEVEL OF FINANCIAL SUBSIDY

FROM MPTF (SUBSIDIES ON RENT, HEALTH INSURANCE PREMIUMS, CAREGIVING

SUPPORT, MEDICATION, AND OTHER NECESSITIES). MPTF PROVIDES A VARIETY OF

RETIREE ACTIVITIES DESIGNED TO ENCOURAGE MENTAL AND PHYSICAL ENGAGEMENT.

THESE ACTIVITIES INCLUDE THE SABAN HEALTH AND WELLNESS CENTER OFFERING

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 120 CHILDREN AT THE SAMUEL
 GOLDWYN FOUNDATION CHILDCARE CENTER.

PART III, LINE 2:

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

PART III, LINE 3:

SINCE THERE WERE NO BAD DEBTS IN THE CURRENT YEAR, NONE WERE APPLICABLE TO
 THE PATIENTS ELIGIBLE UNDER THE FINANCIAL ASSISTANCE POLICY AND NO BAD
 DEBT WAS REPORTED AS COMMUNITY BENEFIT.

PART III, LINE 4:

THE ORGANIZATION DOES NOT HAVE A FOOTNOTE IN THE FINANCIAL STATEMENTS
 RELATED TO BAD DEBT. AMOUNTS ARE IMMATERIAL.

PART III, LINE 8:

THE SHORTFALL REPORTED IS CONSIDERED COMMUNITY BENEFIT AS THE SERVICES
 PROVIDED MEET THE NEEDS OF THE COMMUNITY MPTF SERVES BUT ARE NOT EXPECTED
 TO BE FINANCIALLY SELF-SUPPORTING. THE SOURCE FOR THE SHORTFALL REPORTED
 ON LINE 7 IS THE AMOUNT AS FILED ON THE MEDICARE COST REPORT FOR 2022.

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 101 YEARS AS A PUBLICLY SUPPORTED ORGANIZATION EXEMPT FROM TAXATION UNDER IRC SECTION 170 (B) (1) (A) (VI).

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

PART VI, LINE 6:

THE ORGANIZATION DOES NOT HAVE AN AFFILIATED HEALTH SYSTEM.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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.

OMB No. 1545-0047

2022

Open to Public
Inspection

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 noncash 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

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

Schedule I (Form 990) 2022

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	281	855,913.	0.	NONE	NONE

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

PART I, LINE 2:

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

Part IV Supplemental Information

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

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

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

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

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

MOTION PICTURE AND TELEVISION FUND

Employer identification number

95-1652916

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment?
- 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
1a		
1b		
2		
3		
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) 2022

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4B:

MPTF PROVIDES A STANDARD PROGRAM OF HEALTH, WELFARE AND RETIREMENT

BENEFITS TO ALL OF ITS EMPLOYERS AND LIMITED PERQUISITES TO SOME OF ITS

EXECUTIVES. PRIOR TO 2017, MPTF OFFERED A SUPPLEMENTAL NONQUALIFIED

RETIREMENT PLAN (EXECUTIVE SERP). DURING THE YEAR, AN AGGREGATE AMOUNT

OF \$25,757 WAS DISTRIBUTED TO FORMER MPTF EMPLOYEES. UNDER THE EXECUTIVE

SERP, MPTF IS CONTRACTUALLY OBLIGATED TO MAKE THESE DISTRIBUTIONS.

PART I, LINE 7:

MPTF MAINTAINS AN ANNUAL INCENTIVE PLAN THAT ALLOWS CERTAIN EXECUTIVES TO

EARN AN INCENTIVE AWARD. FOR THE 2022 PLAN YEAR AN INCENTIVE WAS APPROVED

BY THE COMPENSATION COMMITTEE. UNDER A SEPARATE PLAN, THE CEO'S INCENTIVE

PAY FOR THE 2022 PLAN YEAR WAS APPROVED BY THE COMPENSATION COMMITTEE AND

THE FULL BOARD AND PAID IN 2022.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds
(Form 990)**
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

2022

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 COLUMN (F) CONTINUATIONS

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Deceased (h) On behalf of issuer		(i) Pooled financing			
						Yes	No	Yes	No	Yes	No
CALIFORNIA STATEWIDE COMMUNITIES A DEVELOPMENT AUTHORITY	68-0164610	NONE	12/28/17	19,805,000.	PROCEEDS USED TO CURRENTLY REFUND PRIOR BO		X		X		
B											
C											
D											

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired			12,835,000.					
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			358,173.					
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds			19,446,827.					
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion			2017					
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) 2022

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		.00				%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		.00				%		%
6 Total of lines 4 and 5		.00				%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of						%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X							
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							

Part IV Arbitrage (continued)

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

Part V Procedures To Undertake Corrective Action

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

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

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT AUTHORITY

(F) DESCRIPTION OF PURPOSE:

PROCEEDS USED TO CURRENTLY REFUND PRIOR BOND ISSUE

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

MOTION PICTURE AND TELEVISION FUND

Employer identification number

95-1652916

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		600.	SEE PART II
5 Clothing and household goods	X		12,536.	SEE PART II
6 Cars and other vehicles	X	1	42,000.	SALES PRICE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	18	414,161.	SEE PART II
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (DONOR GIFTS)	X	64	237,216.	SEE PART II
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2022

Part II

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

SCHEDULE M, LINE 30B:

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

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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

MOTION PICTURE AND TELEVISION FUND

Employer identification number

95-1652916

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

MPTF PROVIDES VARIOUS PROGRAMS AND CHARITABLE SERVICES INCLUDING

RETIREMENT COMMUNITY ACCOMMODATIONS, TEMPORARY FINANCIAL ASSISTANCE

BASED ON NEED, SOCIAL SERVICES, CHILD CARE AND VARIOUS WELLNESS AND

EDUCATION PROGRAMS. MPTF'S RETIREMENT COMMUNITY, LOCATED ON THE

WASSERMAN CAMPUS IN WOODLAND HILLS (OFTEN REFERRED TO AS 'THE HOME'),

OFFERS INDEPENDENT AND ASSISTED LIVING ACCOMMODATIONS FOR ENTERTAINMENT

INDUSTRY RETIREES AND THEIR SPOUSES BASED ON YEARS OF SERVICE

REGARDLESS OF THEIR ABILITY TO PAY THE FEES. MPTF PROVIDED OVER \$3.1

MILLION IN RESIDENTIAL CARE SUBSIDY IN 2022. TOTAL 2022 RESIDENTIAL

DAYS WERE 53,048. MPTF PROVIDED TEMPORARY FINANCIAL ASSISTANCE TO

INDUSTRY MEMBERS OF APPROXIMATELY \$856K IN 2022 FOR RENT, FOOD,

HOUSING, HEALTH INSURANCE PREMIUMS AND OTHER NEEDS. MPTF'S

COMMUNITY-BASED SOCIAL SERVICE ACTIVITIES INCLUDE INDIVIDUAL AND CASE

MANAGEMENT, ASSESSMENTS, INFORMATION REFERRALS, AND INCREASED

ASSISTANCE FOR SENIORS WISHING TO REMAIN IN THEIR OWN HOMES THROUGH

HOME MODIFICATIONS AND VOLUNTEER VISITING PROGRAMS.

TOTAL SOCIAL SERVICE CONTACTS IN 2022 WERE 29,391.

MPTF IS ALSO COMMITTED TO BUILDING GEOGRAPHICALLY-BASED COMMUNITIES OF

INTEREST AMONG INDUSTRY RETIREES. THESE INCLUDE ACTIVITIES LIKE WALKING

GROUPS, COMMUNITY "CONVERSATIONS" WITH PROGRAMS OF SPEAKERS, MOVIE

NIGHTS, BOOK CLUBS, AND OTHER SOCIAL EVENTS. THESE ACTIVITIES TARGET

INDUSTRY RETIREES WHO ARE CHOOSING TO "AGE IN PLACE" IN THEIR HOMES AS

OPPOSED TO CHOOSING INSTITUTIONAL SETTINGS.

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

Schedule O (Form 990) 2022

232211 10-28-22

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

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

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

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

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

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

Name of the organization

MOTION PICTURE AND TELEVISION FUND

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95-1652916

ON WHETHER THE TRANSACTION IS IN THE BEST INTEREST OF THE CORPORATION, IF A

CONFLICT IS DISCOVERED WHICH WAS NOT REPORTED, THE BOARD MAY TAKE

APPROPRIATE DISCIPLINARY OR CORRECTIVE ACTION,

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

THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS ("COMPENSATION
COMMITTEE") IS RESPONSIBLE FOR ESTABLISHING THE EXECUTIVE COMPENSATION

POLICY AND PROGRAMS FOR SENIOR EXECUTIVES OF MPTF, AND THE MPTF

COMPENSATION COMMITTEE OF MANAGEMENT (THE "MANAGEMENT COMMITTEE") IS

RESPONSIBLE FOR ADMINISTERING THE COMPENSATION POLICY AND PROGRAMS FOR ALL

OTHER MPTF EXECUTIVES AND EMPLOYEES, THE COMPENSATION COMMITTEE ANNUALLY

REVIEWS THE PERFORMANCE AND COMPENSATION OF THE CEO AND OTHER SENIOR

EXECUTIVES AND APPROVES ANY CHANGES TO BASE SALARY, INCENTIVE PLAN GOALS,

OBJECTIVES AND AWARDS, AND EMPLOYMENT AGREEMENTS. THE MANAGEMENT COMMITTEE

PERFORMS THE SAME TASKS FOR ALL OTHER MPTF EXECUTIVES AND EMPLOYEES. AN

INDEPENDENT OUTSIDE CONSULTANT IS RETAINED TO PROVIDE MARKET COMPARABILITY

DATA AND ADVISE ON EXTERNAL MARKET PRACTICES, INCLUDING RELEVANT

INFORMATION FROM THE FORM 990S OF OTHER ORGANIZATIONS, THE GENERAL POLICY

AND/OR PRACTICE OF THE COMPENSATION COMMITTEE AND THE MANAGEMENT COMMITTEE

IS TO COMPENSATE MPTF'S EXECUTIVES AT APPROXIMATELY THE MEDIAN OF THE

MARKET FOR COMPARABLE ROLES AND RESPONSIBILITIES, WITH SUCH EXCEPTIONS AS

THE COMPENSATION COMMITTEE OR, AS APPLICABLE, THE MANAGEMENT COMMITTEE,

DEEMS TO BE REASONABLE IN CONSULTATION WITH THE OUTSIDE CONSULTANT.

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

THE ORGANIZATION MAKES ITS AUDITED CONSOLIDATED FINANCIAL STATEMENTS

AVAILABLE TO THE PUBLIC ON ITS WEBSITE. THE ORGANIZATION'S GOVERNING

DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT CURRENTLY AVAILABLE TO

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

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

OTHER PROFESSIONAL FEES - SEE BELOW:

PROGRAM SERVICE EXPENSES	8,011,527.
MANAGEMENT AND GENERAL EXPENSES	345,682.
FUNDRAISING EXPENSES	173,011.
TOTAL EXPENSES	8,530,220.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	8,530,220.

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

OTHER PROFESSIONAL FEES DETAIL:

BEHAVIORAL HEALTH - \$1,678,958
LAUNDRY - \$310,071
REGISTRY NURSING - \$1,173,060
SECURITY - \$611,865
FOOD SERVICE & HOUSEKEEPING - \$3,082,972
CHAPLANCY SERVICES - \$71,510
TEMPORARY EMPLOYEES - \$413,064
OTHER CONTRACTED SERVICES - \$1,188,720

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

MINIMUM PENSION LIABILITY	9,365,587.
CHANGE IN SPLIT INTEREST AGREEMENTS	-15,378.
NET LOSS FROM UNCOLLECTIBLE PLEDGES	-24,479.
NET UBI FROM K-1S	-4,887.

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.

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?

	Yes	No
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)				

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. MOTION PICTURE AND TELEVISION FUND	Taxpayer identification number (TIN) 95-1652916
File by the due date for filling your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 23388 MULHOLLAND DR, MAIL STOP 218	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WOODLAND HILLS, CA 91364-2792	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

JEFF ARNETT

• The books are in the care of ▶ 23388 MULHOLLAND DRIVE - WOODLAND HILLS, CA 91364-2792

Telephone No. ▶ (818)876-4168 Fax No. ▶

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 2022 or
 ▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.